

☐ IN CUSTODY ☐ Y & W DIV.  
☐ DET. BUREAU ☐ OTHER \_\_\_\_\_

# SUPPLEMENTARY REPORT

NO. 99-6810

| OFFENSE<br><b>Homicide</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CODE<br><b>062</b>                | DATE REPORTED<br><b>6-15-99</b>                 | TIME REPORTED<br><b>0108</b>                                                | PAGE NUMBER<br><b>2</b>                           |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------|------------------------|-------|-----------------|--------------------------------------------------------------|------|--------------------------|-------------|-----------|--------------------------------------|---------------------------------------------------|--------------------------------|------------------|--------------|--------------------------------------------------|--------------------------------------------------|-------------------|--------------|--------------------------------------------------------------|----------------------------------------------------|-----------------------------------|-------------------------------|--------------|-------------------------------|-----------------------------------------------------|---------------------------------------------------|----------------------|-------------------|--|-----------------------------------------------------|--|---------------------|--------------------------|--|--|--|--------------------|---------------------------------|--|--|--|---------------------|-----------------------------------|--|--|--|
| COMPLAINANT'S NAME<br><b>ALONDRAE DAVIS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   | ADDRESS<br><b>27017 FLORENCE 29618 GLENWOOD</b> |                                                                             | PHONE<br><b>UNK</b>                               |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| <table border="1"><thead><tr><th>PROP</th><th>VALUE</th><th>PROP</th><th>VALUE</th><th>PROP</th><th>VALUE</th><th>PROP</th><th>VALUE</th><th>ADDITIONAL PROP LISTED</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> BELOW <input type="checkbox"/> SUPP</td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                 |                                                                             |                                                   | PROP                   | VALUE | PROP            | VALUE                                                        | PROP | VALUE                    | PROP        | VALUE     | ADDITIONAL PROP LISTED               |                                                   |                                |                  |              |                                                  |                                                  |                   |              | <input type="checkbox"/> BELOW <input type="checkbox"/> SUPP |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| PROP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VALUE                             | PROP                                            | VALUE                                                                       | PROP                                              | VALUE                  | PROP  | VALUE           | ADDITIONAL PROP LISTED                                       |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                 |                                                                             |                                                   |                        |       |                 | <input type="checkbox"/> BELOW <input type="checkbox"/> SUPP |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| <p>R/O's dispatched to ABOVE LOCATION REF. TO SHOTS FIRED, A MAN SHOT. UPON ARRIVAL R/O's OBSERVED A B/M LYING ON HIS BACK ON THE EAST SIDE OF ABOVE LISTED RESIDENCE. R/O KARLS OBSERVED A BAG OF SUSPECTED CRACK IN B/M RIGHT HAND, OFC. KARLS PLACED THE BAG OF SUSPECTED CRACK IN EVID. AND TAGGED #99-6810(15). AT THIS TIME <sup>TWO</sup> B/M (PRODERICK WARD; 26837 NEW YORK; DOB 12-8-74 AND LARRY R. ABDULLAH; 27341 CHIPP; DOB 6-25-75) ROSE UP TO US ON THEIR BICYCLES STATING "WE SAW WHO SHOT HIM". I ASKED THEM WHO WAS IT AND THEY STATED "MICHAEL DEGRAFFIN RIED (27334 YALE, DOB; 9-3-75) AND JERRY HUNTER (27334 YALE, DOB; 10-6-77) did it, IN A WHITE CELEBRITY". AT THIS MOMENT A WHITE CELEBRITY PULLED UP AND BOTH WITNESSES STATED "THAT'S THE CAR RIGHT THERE". OFC. KARLS AND I APPROACHED THE WHITE CELEBRITY, WHEN PRODERICK WARD CAME UP AND KICKED OUT THE BACK PASSENGER WINDOW STATING "WHY DID YOU SHOOT HIM". PRODERICK WARD WAS THEN HANDCUFFED (D/L AND T/L) BY ME, AND THEN TRANSPORTED TO IPD BY OFC. TRACALA. THE DRIVER OF THE WHITE CELEBRITY (TINA MANNING, 26992 ROSS, DOB; 3-10-80), (SHE WAS PICKED OUT BY BOTH WITNESSES AS THE DRIVER) WAS PLACED UNDER ARREST BY OFC. CROSS. THE OTHER TWO FEMALES, IN THE WHITE CELEBRITY WERE INTERVIEWED BY OFC'S AND THEY STATED "WE WERE WALKING EB NEW YORK</p>                                                                                                                                            |                                   |                                                 |                                                                             |                                                   |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| <table border="1"><thead><tr><th colspan="2">PROPERTY CLASS</th><th>PROPERTY STATUS</th><th colspan="2">THIS OFFENSE IS DECLARED:</th></tr></thead><tbody><tr><td>A. CURRENCY, NOTES, ETC.</td><td>I. FIREARMS</td><td>1. STOLEN</td><td>A <input type="checkbox"/> UNFOUNDED</td><td>E <input type="checkbox"/> CLEARED BY OTHER DEPT.</td></tr><tr><td>B. JEWELRY AND PRECIOUS METALS</td><td>J. OTHER WEAPONS</td><td>2. RECOVERED</td><td>B <input type="checkbox"/> INSUFFICIENT EVIDENCE</td><td>F <input type="checkbox"/> EXCEPTIONAL CLEARANCE</td></tr><tr><td>C. MOTOR VEHICLES</td><td>K. LIVESTOCK</td><td>3. REC. FOR OTHER JURISDICTION</td><td>C <input type="checkbox"/> COMPL. REFUSED TO PROS.</td><td>G <input type="checkbox"/> CLOSED</td></tr><tr><td>D. TVS, RADIOS, CAMERAS, ETC.</td><td>L. ALL OTHER</td><td>4. REC. BY OTHER JURISDICTION</td><td>D <input type="checkbox"/> WARRANT REFUSED BY PROS.</td><td>H <input type="checkbox"/> INACTIVE (NOT CLEARED)</td></tr><tr><td>E. CLOTHING AND FURS</td><td>M. FARM MACHINERY</td><td></td><td colspan="2">I <input type="checkbox"/> OFFENSE CHANGED TO _____</td></tr><tr><td>F. OFFICE EQUIPMENT</td><td>N. FARM REPAIR EQUIPMENT</td><td></td><td colspan="2"></td></tr><tr><td>G. HOUSEHOLD GOODS</td><td>O. HEAVY CONSTRUCTION EQUIPMENT</td><td></td><td colspan="2"></td></tr><tr><td>H. CONSUMABLE GOODS</td><td>P. CONSTRUCTION SUPPLIES OR TOOLS</td><td></td><td colspan="2"></td></tr></tbody></table> |                                   |                                                 |                                                                             |                                                   | PROPERTY CLASS         |       | PROPERTY STATUS | THIS OFFENSE IS DECLARED:                                    |      | A. CURRENCY, NOTES, ETC. | I. FIREARMS | 1. STOLEN | A <input type="checkbox"/> UNFOUNDED | E <input type="checkbox"/> CLEARED BY OTHER DEPT. | B. JEWELRY AND PRECIOUS METALS | J. OTHER WEAPONS | 2. RECOVERED | B <input type="checkbox"/> INSUFFICIENT EVIDENCE | F <input type="checkbox"/> EXCEPTIONAL CLEARANCE | C. MOTOR VEHICLES | K. LIVESTOCK | 3. REC. FOR OTHER JURISDICTION                               | C <input type="checkbox"/> COMPL. REFUSED TO PROS. | G <input type="checkbox"/> CLOSED | D. TVS, RADIOS, CAMERAS, ETC. | L. ALL OTHER | 4. REC. BY OTHER JURISDICTION | D <input type="checkbox"/> WARRANT REFUSED BY PROS. | H <input type="checkbox"/> INACTIVE (NOT CLEARED) | E. CLOTHING AND FURS | M. FARM MACHINERY |  | I <input type="checkbox"/> OFFENSE CHANGED TO _____ |  | F. OFFICE EQUIPMENT | N. FARM REPAIR EQUIPMENT |  |  |  | G. HOUSEHOLD GOODS | O. HEAVY CONSTRUCTION EQUIPMENT |  |  |  | H. CONSUMABLE GOODS | P. CONSTRUCTION SUPPLIES OR TOOLS |  |  |  |
| PROPERTY CLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | PROPERTY STATUS                                 | THIS OFFENSE IS DECLARED:                                                   |                                                   |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| A. CURRENCY, NOTES, ETC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I. FIREARMS                       | 1. STOLEN                                       | A <input type="checkbox"/> UNFOUNDED                                        | E <input type="checkbox"/> CLEARED BY OTHER DEPT. |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| B. JEWELRY AND PRECIOUS METALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | J. OTHER WEAPONS                  | 2. RECOVERED                                    | B <input type="checkbox"/> INSUFFICIENT EVIDENCE                            | F <input type="checkbox"/> EXCEPTIONAL CLEARANCE  |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| C. MOTOR VEHICLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | K. LIVESTOCK                      | 3. REC. FOR OTHER JURISDICTION                  | C <input type="checkbox"/> COMPL. REFUSED TO PROS.                          | G <input type="checkbox"/> CLOSED                 |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| D. TVS, RADIOS, CAMERAS, ETC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | L. ALL OTHER                      | 4. REC. BY OTHER JURISDICTION                   | D <input type="checkbox"/> WARRANT REFUSED BY PROS.                         | H <input type="checkbox"/> INACTIVE (NOT CLEARED) |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| E. CLOTHING AND FURS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | M. FARM MACHINERY                 |                                                 | I <input type="checkbox"/> OFFENSE CHANGED TO _____                         |                                                   |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| F. OFFICE EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N. FARM REPAIR EQUIPMENT          |                                                 |                                                                             |                                                   |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| G. HOUSEHOLD GOODS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | O. HEAVY CONSTRUCTION EQUIPMENT   |                                                 |                                                                             |                                                   |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| H. CONSUMABLE GOODS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P. CONSTRUCTION SUPPLIES OR TOOLS |                                                 |                                                                             |                                                   |                        |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |
| SIGNATURE OF COMMANDING OFFICER<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | DATE<br><b>6/15/99</b>                          | SIGNATURE OF INVESTIGATING OFFICER<br><i>[Signature]</i> KARLS/DEVOLL #1230 |                                                   | DATE<br><b>6-15-99</b> |       |                 |                                                              |      |                          |             |           |                                      |                                                   |                                |                  |              |                                                  |                                                  |                   |              |                                                              |                                                    |                                   |                               |              |                               |                                                     |                                                   |                      |                   |  |                                                     |  |                     |                          |  |  |  |                    |                                 |  |  |  |                     |                                   |  |  |  |

☐ IN CUSTODY      ☐ Y & W DIV.  
☐ DET. BUREAU      ☐ OTHER

NO. 99-6810

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                    |             |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|-------------|--------------------------------------------------------------|
| OFFENSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE REPORTED  | TIME REPORTED                                      | PAGE NUMBER | PHONE                                                        |
| Homicide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 06-2           | 6-15-99                                            | 0108        | 2                                                            |
| COMPLAINANT'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ADDRESS        |                                                    |             |                                                              |
| Alondra Davis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 29618 Glenwood | UNK                                                |             |                                                              |
| PROF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VALUE          | PROF                                               | VALUE       | ADDITIONAL PROP LISTED                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                    |             | <input type="checkbox"/> BELOW <input type="checkbox"/> SUPP |
| R/O's dispatched to above location. Ref. to show fired, a man shot upon arrival. R/O's observed a b/m lying on his back on the east side of above listed residence. R/O Kyles observed a bag of suspected crack in b/m right hand, ofc Kalls placed the bag of suspected crack in evid. and tagged #99-6816(15). At this time the b/m (Benedrick Ward; 26837 New York; DOB 12-5-74 and Lacey R. Abdulhadi; 2731 Chippies; DOB 6-25-75) rode up to us on their bicycles stating "we saw who shot him". I asked them who was it and they stated "Michael DeGroot" (27334 Yale, DOB 9-3-75) and Jerry Hunter (27334 Yale, DOB 10-6-77) did it, in a white celebrity. At this moment a white celebrity pulled up and both witnesses stated "that's the car right there". Ofc Kalls and I approached the white celebrity, when Benedrick Ward ran up and kicked out the back passenger window stating "why did you shoot him". Benedrick Ward was then handcuffed (D/L and H/L) by me, and then transported to IPD by Ofc. Tawala. The driver of the white celebrity (Tina Manning, 26992 Ross, DOB 3-10-80), (she was picked out by both witnesses as the driver) was placed under arrest by Ofc. Cross. The other two females, in the white celebrity were interviewed by Ofc's and they stated "we were walking to New York". |                |                                                    |             |                                                              |
| PROPERTY CLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | PROPERTY STATUS                                    |             |                                                              |
| A. CURRENCY, NOTES, ETC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | 1. STOLEN                                          |             |                                                              |
| B. JEWELRY AND PRECIOUS METALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | 2. RECOVERED                                       |             |                                                              |
| C. MOTOR VEHICLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | 3. REC. FOR OTHER JURISDICTION                     |             |                                                              |
| D. TVS, RADIOS, CAMERAS, ETC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | 4. REC. BY OTHER JURISDICTION                      |             |                                                              |
| E. CLOTHING AND FURS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                                    |             |                                                              |
| F. OFFICE EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                                    |             |                                                              |
| G. HOUSEHOLD GOODS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                    |             |                                                              |
| H. CONSUMABLE GOODS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |                                                    |             |                                                              |
| I. FIREARMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                                    |             |                                                              |
| J. OTHER WEAPONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                                    |             |                                                              |
| K. LIVESTOCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                    |             |                                                              |
| L. ALL OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                    |             |                                                              |
| M. FARM MACHINERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                    |             |                                                              |
| N. FARM REPAIR EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                                    |             |                                                              |
| O. HEAVY CONSTRUCTION EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                                    |             |                                                              |
| P. CONSTRUCTION SUPPLIES OR TOOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |                                                    |             |                                                              |
| THIS OFFENSE IS DECLARED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                                    |             |                                                              |
| A. <input type="checkbox"/> UNFOUNDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | E. <input type="checkbox"/> CLEARED BY OTHER DEPT. |             |                                                              |
| B. <input type="checkbox"/> INSUFFICIENT EVIDENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | F. <input type="checkbox"/> EXCEPTIONAL CLEARANCE  |             |                                                              |
| C. <input type="checkbox"/> COMPL. REFUSED TO PROS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | G. <input type="checkbox"/> CLOSED                 |             |                                                              |
| D. <input type="checkbox"/> WARRANT REFUSED BY PROS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | H. <input type="checkbox"/> INACTIVE (NOT CLEARED) |             |                                                              |
| I. <input type="checkbox"/> OFFENSE CHANGED TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                                    |             |                                                              |
| SIGNATURE OF COMMANDING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | SIGNATURE OF INVESTIGATING OFFICER                 |             |                                                              |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | DATE                                               |             |                                                              |
| 6/15/99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                | 6-15-99                                            |             |                                                              |
| 1000s/Devall #1230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                                    |             |                                                              |