

INCIDENT

OFFENSE

VICTIM

PAGE # 1 ORI NUMBER VA 1000000
 Case Number 2007-015405
 DATE(S) OF INCIDENT 07/03/07
 REPORT TYPE: Initial Report
 Arrest Rpt. Officer Flip
 Occurred On or Between: Date: 07/03/07 Time: Date: 07/03/07 Time:

INCIDENT REPORT
 BRISTOL VIRGINIA POLICE DEPARTMENT
 SOLVABILITY FACTORS:
 (1) Suspect Named (4) Unique M.O.
 (2) Witness to Crime (5) Suspect Identified
 (3) Property Traceable (6) Susp. Vehicle Identified
 (7) Significant Evidence

CASE DISPOSITION
 Exception Arrest Unfounded
 Active Inactive Citation
 Warrant Issued Not a Crime/Other Service

EXCEPTIONAL CLEARANCE STATUS:
 (A) Death of Offender
 (B) Prosecution Declined
 (C) Extradition Declined
 (D) Refused To Cooperate
 (E) Juvenile, No Custody
 (N) Not Applicable

NCIC Code 1117

OFFENSE STATUS:
 (A) Attempted (C) Completed

OFFENDER USED: (N) Not Applicable
 (A) Alcohol (C) Cptr. Equip. (D) Drugs

Burglary (220) Location: 543 19
 PREMISES ENTERED?

FORCED ENTRY?
 Yes No

OFFENSE NAME: Sexual Assault

ADDRESS OF OFFENSE: 45 North Street (NHC)

DIRECTION OF TRAVEL:
 N S E W UNK

LOCATION CODE (Enter 1)
 (01) Air/Bus/Train/Terminal
 (02) Bank/Savings & Loan
 (03) Bar/Night Club
 (04) Church/Synagogue/Temple
 (05) Commercial/Office Building
 (06) Construction Site
 (07) Convenience Store
 (08) Department/Discount Store
 (09) Drug Store/DR's Office/Hospital
 (10) Field/Woods
 (11) Government/Public Building
 (12) Grocery/Supermarket

TYPE SECURITY (Max. 2)
 (A) Alarm/Audio (I) Ext. Lights
 (B) Alarm/Silent (J) Int. Lights
 (C) Bars/Grate (K) Fence
 (D) Camera (L) Guard
 (E) Dog (M) Neighborhd. Watch
 (F) Dead Bolt (O) Other
 (G) Locked (N) None
 (H) Unlocked

WEAPON FORCE (Max. 3)
 (For 11-15, place "A" in space next to box if weapon was an Automatic.)
 (11) Firearm (Type not stated) (50) Poison
 (12) Handgun (60) Explosives
 (13) Rifle (65) Fire/Incendiary Device
 (14) Shotgun (70) Narcotics/Drugs/Sleeping Pills
 (15) Other Firearm (85) Asphyxiation
 (20) Knife/Cutting Instru. (Ax., etc.) (80) Other
 (30) Blunt Object (Club, etc.) (85) Unknown
 (35) Motor Vehicle (As weapon) (99) None
 (40) Personal Weapons (Knives, etc.)

TYPE CRIMINAL ACTIVITY (Max. 3)
 (B) Buying
 (C) Cultivate/Manufacture/Publish
 (D) Distributing/Selling
 (E) Exploiting Children
 (O) Operating/Promoting/Assisting
 (P) Possessing/Concealing
 (T) Transport/Transmit/Import
 (U) Using/Consuming

TYPE SECURITY (Max. 2)
 (A) Alarm/Audio (I) Ext. Lights
 (B) Alarm/Silent (J) Int. Lights
 (C) Bars/Grate (K) Fence
 (D) Camera (L) Guard
 (E) Dog (M) Neighborhd. Watch
 (F) Dead Bolt (O) Other
 (G) Locked (N) None
 (H) Unlocked

ENTRY/EXIT (Max. 2 Entry, 2 Exit)
 En Ex (01) Front (10) Attached Garage
 (02) Rear (11) Wall
 (03) Side (12) Vehicle
 (04) Attic (13) Floor
 (05) Vent/A.C. (14) Roof/Skylight
 (06) Window (15) Hidden/Within
 (07) Door (16) Other
 (08) Patio/Sliding Dr. (17) Unknown
 (09) Balcony/Fire Escape

HOW LEFT SCENE (enter 1)
 (1) Auto
 (2) Truck
 (3) Van
 (4) Motorcycle
 (5) Bicycle
 (6) Foot
 (7) Moped
 (8) Other
 (9) Unknown

VICTIM NAME: Last [redacted] First [redacted] Middle [redacted]

SOC. SEC. NO. [redacted] DATE OF BIRTH [redacted]

RESIDENCE ADDRESS: Street City State ZIP
 45 North St Bristol VA 24201

RELATIONSHIP OF THIS VICTIM TO OFFENDERS
 (check relationship under appropriate offender number)

OCCUPATION: Retired RESIDENCE PHONE: [redacted]

#1 #2 #3 #4 #5 #6 #7 #8 #9 #10
 (SE) Spouse (CS) Common-Law Spouse
 (PA) Parent (SB) Sibling
 (CH) Child (GR) Grandparent
 (GC) Grandchild (IL) In Law
 (SP) Stepparent (SC) Stepchild
 (SS) Steppibling (OF) Other Family Member
 (AQ) Acquaintance (FR) Friend
 (NE) Neighbor (BE) Babysitter (baby)
 (BG) Boyfriend/Girlfriend (CF) Child of Boyfriend/Girlfriend
 (HR) Homosexual Relationship (XS) Ex-Spouse
 (EE) Employee (ER) Employer
 (OK) Otherwise Known (RU) Relationship Unknown
 (ST) Stranger (VC) Victim was Offender

EMPLOYMENT PHONE: () SEX: (M) Male (F) Female (U) Unknown

AGE: Exact Age 80

ETHNIC: (H) Hispanic (N) Nonhispanic (U) Unknown

Range: /

RACE: (W) White (I) American Indian (U) Unknown
 (B) Black (A) Asian/Pacific Islander

(NN) Under 24 Hrs. Old
 (NB) 1-6 Days Old
 (BB) 7-364 Days Old
 (99) Over 98 Yrs. Old
 (00) Unknown

RES. STATUS: (R) Resident (N) Nonresident (U) Unknown

VICTIM TYPE: (I) Individual (B) Business (F) Financial Institution (U) Unknown
 (G) Government (R) Religious (S) Society/Public (O) Other (L) Law Enf./Off.

VICTIM INJURY (Max. 5) (M) Apparent-Minor Injury
 (N) None

(B) Apparent Broken Bones (O) Other Major Injury
 (I) Possible Internal Injury (T) Loss of Teeth
 (L) Severe Laceration (U) Unconsciousness

AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES
 Aggravated Assault/Murder (max. 2)
 (01) Argument (30) Child Playing with Weapon
 (02) Assault On Law Enf. Officer (31) Gun-Cleaning Accident
 (03) Drug Dealing (32) Hunting Accident
 (04) Gangland (33) Other Negligent Weapon Handling
 (05) Juvenile Gang (34) Other Negligent Killings
 (06) Lover's Quarrel (07) Mercy Killing
 (08) Other Fatality Involved (09) Other Circumstances
 (10) Unknown Circumstances

Justifiable Homicide (enter 1)
 (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer

ADDITIONAL JUSTIFIABLE HOMICIDE CIRC. (enter 1)
 (A) Criminal Attacked Police Officer
 (B) Criminal Attacked Fellow Police Officer
 (C) Criminal Attacked Civilian
 (D) Criminal Attempted Flight from a Crime
 (E) Criminal Killed in Commission of a Crime
 (F) Criminal Resisted Arrest
 (G) Unable to Determine/Not Enough Information

REPORT DATE DAY TIME (Military) REPORTING OFFICER BADGE # APPROVING SUPERVISOR BADGE # DATE APPROVED

INCIDENT

OFFENSE

VICTIM

ADM.

PAGE # 1 ORI NUMBER VA 1000000
 Case Number 2007-015405
 DATE(S) OF INCIDENT 07/03/07
 REPORT TYPE: Initial Report
 Arrest Rpt. Officer Fup
 Report Info. Source: Office Phone Field Informant

INCIDENT REPORT
 BRISTOL VIRGINIA POLICE DEPARTMENT

SOLVABILITY FACTORS:
 (1) Suspect Named (4) Unique M.O.
 (2) Witness to Crime (5) Suspect Identified
 (3) Property Traceable (6) Susp. Vehicle Identified
 (7) Significant Evidence

Occurred On or Between:
 Date: 07/03/07 Time:
 Date: 07/03/07 Time:

CASE DISPOSITION
 Exception
 Arrest
 Unfounded
 Inactive
 Citation
 Warrant issued
 Not a Crime/Other Service

EXCEPTIONAL CLEARANCE STATUS:
 (A) Death of Offender
 (B) Prosecution Declined
 (C) Extradition Declined
 (D) Refused To Cooperate
 (E) Juvenile, No Custody
 (N) Not Applicable

Exceptional Clearance Date:

NCIC Code 1117 OFFENSE STATUS: (A) Attempted (C) Completed
 OFFENDER USED: (N) Not Applicable
 Burglary (220) Location 14 & 19: # PREMISES ENTERED? Yes No
 OFFENSE NAME: Sexual Assault ADDRESS OF OFFENSE: 45 North Street (NHC)
 LOCATION CODE (Enter 1):
 (01) Air/Bus/Train/Terminal (13) Highway/Road/Alley
 (02) Bank/Savings & Loan (14) Hotel/Motel/Etc.
 (03) Bar/Night Club (15) Jail/Prison
 (04) Church/Synagogue/Temple (16) Lake/Waterway
 (05) Commercial/Office Building (17) Liquor Store
 (06) Construction Site (18) Parking Lot/Garage
 (07) Convenience Store (19) Rentals/Storage Facility
 (08) Department/Discount Store (20) Residence/Home
 (09) Drug Store/DR's Office/Hospital (21) Restaurant
 (10) Field/Woods (22) School/College
 (11) Government/Public Building (23) Service/Gas Station
 (12) Grocery/Supermarket (24) Specialty Store (TV, Fur, Etc.)
 (25) Other/Unknown

WEAPON FORCE: (Max. 3)
 (For 11-15, place "A" in space next to box if weapon was an Automatic.)
 (11) Firearm (Type not stated) (50) Poison
 (12) Handgun (80) Explosives
 (13) Rifle (85) Fire/Incendiary Device
 (14) Shotgun (70) Narcotics/Drugs/Sleeping Pills
 (15) Other Firearm (85) Asphyxiation
 (20) Knife/Cutting Instru. (Ax, etc.) (90) Other
 (30) Blunt Object (Club, etc.) (95) Unknown
 (35) Motor Vehicle (As weapon) (99) None
 (40) Personal Weapons (Hands, etc.)

ENTRY / EXIT: (Max. 2 Entry, 2 Exit)
 En Ex En Ex
 (01) Front (10) Attached Garage
 (02) Rear (11) Wall
 (03) Side (12) Vehicle
 (04) Attic (13) Floor
 (05) Vent/A.C. (14) Roof/Skylight
 (06) Window (15) Hidden Within
 (07) Door (16) Other
 (08) Patio/Siding Dr. (17) Unknown
 (09) Balcony/Fire Escape

HOW LEFT SCENE: (enter 1)
 (1) Auto
 (2) Truck
 (3) Van
 (4) Motorcycle
 (5) Bicycle
 (6) Foot
 (7) Moped
 (8) Other
 (9) Unknown

BIAS MOTIVATED CRIME: Yes, if yes, specify what type:
 No Unknown

VICTIM NAME: [Redacted] Middle [Redacted] SOC. SEC. NO. [Redacted] DATE of BIRTH 7/10/27
 RESIDENCE ADDRESS: Street City State ZIP
 45 North Street Bristol VA 24201
 OCCUPATION: Retired RESIDENCE PHONE: [Redacted]
 EMPLOYMENT PHONE: () SEX: (M) Male (F) Female (U) Unknown
 ETHNIC: (H) Hispanic (N) Nonhispanic (U) Unknown AGE: Exact Age 30
 RACE: (W) White (I) American Indian (U) Unknown
 (B) Black (A) Asian/Pacific Islander Range: /
 (NN) Under 24 Hrs. Old
 (NB) 1-6 Days Old
 (BB) 7-364 Days Old
 (99) Over 98 Yrs. Old
 (00) Unknown
 RES. STATUS: (R) Resident (N) Nonresident (U) Unknown
 VICTIM TYPE: (I) Individual (B) Business (F) Financial Institution (U) Unknown
 (G) Government (R) Religious (S) Society/Public (O) Other (L) Law Enf. Off.
 VICTIM INJURY: (Max. 5) (N) None (M) Apparent Minor Injury
 (B) Apparent Broken Bones (O) Other Major Injury
 (I) Possible Internal Injury (T) Loss of Teeth
 (L) Severe Laceration (U) Unconsciousness
 AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES
 Aggravated Assault/Murder (max. 2)
 (01) Argument (30) Child Playing with Weapon
 (02) Assault On Law Enf. Officer (31) Gun-Cleaning Accident
 (03) Drug Dealing (32) Hunting Accident
 (04) Gangland (33) Other Negligent Weapon Handling
 (05) Juvenile Gang (34) Other Negligent Killings
 (06) Lover's Quarrel
 (07) Meroy Killing
 (08) Other Felony Involved
 (09) Other Circumstances
 (10) Unknown Circumstances
 Negligent Manslaughter: (enter 1)
 (20) Criminal Killed by Private Citizen
 (21) Criminal Killed by Police Officer
 Justifiable Homicide: (enter 1)

RELATIONSHIP OF THIS VICTIM TO OFFENDERS
 (check relationship under appropriate offender number):

#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Relationship
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-Law Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-Law
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of Boyfriend/Girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual Relationship
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise Known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was Offender

ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1)
 (A) Criminal Attacked Police Officer
 (B) Criminal Attacked Fellow Police Officer
 (C) Criminal Attacked Civilian
 (D) Criminal Attempted Fight from a Crime
 (E) Criminal Killed in Commission of a Crime
 (F) Criminal Resisted Arrest
 (G) Unable to Determine/Not Enough Information

REPORT DATE 07/06/07 DAY Fri TIME 1715 REPORTING OFFICER D. Francis / Sgt. Henderson BADGE # 1399 APPROVING SUPERVISOR Sgt. Henderson BADGE # 1399 DATE APPROVED 7-8-07
 BVPD-0001 (11/94) Au 7-9-07 Doi Arthur

OFFENDER/ARRESTEE

Bristol Virginia Police Department

AD	PAGE# 2	DATE 07/14/19	CASE NUMBER 2007-0154105	REPORTING OFFICER D Francis Sgt Henderson	BADGE # 1319	VICTIM NAME [REDACTED]
NAME Last, <u>Wright</u>		First, <u>James</u>		Middle		AKA
RESIDENT ADDRESS Street		City		State		Zip
RESIDENT PHONE		EMPLOYMENT/SCHOOL PHONE		DRIVER'S LICENSE		DR. LI. STATE
ARREST LOCATION		OCCUPATION NHC		PLACE OF EMPLOYMENT		ARREST TYPE: <input type="checkbox"/> (O) On View/Arrest <input type="checkbox"/> (S) Summons / Citied <input type="checkbox"/> (T) Taken into Cust.
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		AGE EXACT AGE:		MULTI-ARREST INDIC. <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A		WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if automatic)
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		AGE RANGE: — to —		DISPOSITION OF JUVENILE:		<input type="checkbox"/> (10) Unarmed
RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian		<input type="checkbox"/> (99) Over 99 Yrs. Old		<input type="checkbox"/> (H) Handled within Department		<input type="checkbox"/> (11) Firearm
<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (R) Referred outside Department		<input type="checkbox"/> (12) Handgun
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown		NCIC CODE 1117		OFFENSE NAME Sexual Assault		<input type="checkbox"/> (13) Rifle
TYPE ARREST ACTIVITY: (Max. 3)		AR. DRUG TYPE: (Max. 3)		ARREST DATE		<input type="checkbox"/> (14) Shotgun
<input type="checkbox"/> (B) Buying / Receiving		<input type="checkbox"/> (A) "Crack" Cocaine		ARREST SHEET #		<input type="checkbox"/> (15) Other Firearm
<input type="checkbox"/> (C) Cultivate/Manufacture/Publish		<input type="checkbox"/> (B) Cocaine				<input type="checkbox"/> (16) Legal Cutting Instr.
<input type="checkbox"/> (D) Distributing / Selling		<input type="checkbox"/> (C) Hashish				<input type="checkbox"/> (17) Club/Black Jack/Brass
<input type="checkbox"/> (E) Exploiting Children		<input type="checkbox"/> (D) Heroin				
<input type="checkbox"/> (O) Operating/Promoting/Assisting		<input type="checkbox"/> (E) Marijuana				
<input type="checkbox"/> (P) Possession/Concealing		<input type="checkbox"/> (F) Morphine				
<input type="checkbox"/> (T) Transport / Transmit / Import		<input type="checkbox"/> (G) Opium				
<input type="checkbox"/> (U) Using / Consuming		<input type="checkbox"/> (H) Other Narcotics				
		<input type="checkbox"/> (I) LSD				
		<input type="checkbox"/> (J) PCP				
		<input type="checkbox"/> (K) Other Hallucinogens				
		<input type="checkbox"/> (L) Amphetamines/Methamphetamines				
		<input type="checkbox"/> (M) Other Stimulants				
		<input type="checkbox"/> (N) Barbiturates				
		<input type="checkbox"/> (O) Other Depressants				
		<input type="checkbox"/> (P) Other Drugs				
		<input type="checkbox"/> (U) Unknown Type Drug				
		<input type="checkbox"/> (X) Over 3 Drug Types				

OFFENDER/ARRESTEE	PAGE#	DATE	CASE NUMBER	REPORTING OFFICER	BADGE #	VICTIM NAME
NAME Last, _____		First, _____		Middle		AKA
RESIDENT ADDRESS Street		City		State		Zip
RESIDENT PHONE		EMPLOYMENT/SCHOOL PHONE		DRIVER'S LICENSE		DR. LI. STATE
ARREST LOCATION		OCCUPATION		PLACE OF EMPLOYMENT		ARREST TYPE: <input type="checkbox"/> (O) On View/Arrest <input type="checkbox"/> (S) Summons / Citied <input type="checkbox"/> (T) Taken into Cust.
SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		AGE EXACT AGE:		MULTI-ARREST INDIC. <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A		WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if automatic)
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		AGE RANGE: — to —		DISPOSITION OF JUVENILE:		<input type="checkbox"/> (10) Unarmed
RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian		<input type="checkbox"/> (99) Over 99 Yrs. Old		<input type="checkbox"/> (H) Handled within Department		<input type="checkbox"/> (11) Firearm
<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (R) Referred outside Department		<input type="checkbox"/> (12) Handgun
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown		NCIC CODE		OFFENSE NAME		<input type="checkbox"/> (13) Rifle
TYPE ARREST ACTIVITY: (Max. 3)		AR. DRUG TYPE: (Max. 3)		ARREST DATE		<input type="checkbox"/> (14) Shotgun
<input type="checkbox"/> (B) Buying / Receiving		<input type="checkbox"/> (A) "Crack" Cocaine		ARREST SHEET #		<input type="checkbox"/> (15) Other Firearm
<input type="checkbox"/> (C) Cultivate/Manufacture/Publish		<input type="checkbox"/> (B) Cocaine				<input type="checkbox"/> (16) Legal Cutting Instr.
<input type="checkbox"/> (D) Distributing / Selling		<input type="checkbox"/> (C) Hashish				<input type="checkbox"/> (17) Club/Black Jack/Brass
<input type="checkbox"/> (E) Exploiting Children		<input type="checkbox"/> (D) Heroin				
<input type="checkbox"/> (O) Operating/Promoting/Assisting		<input type="checkbox"/> (E) Marijuana				
<input type="checkbox"/> (P) Possession/Concealing		<input type="checkbox"/> (F) Morphine				
<input type="checkbox"/> (T) Transport / Transmit / Import		<input type="checkbox"/> (G) Opium				
<input type="checkbox"/> (U) Using / Consuming		<input type="checkbox"/> (H) Other Narcotics				
		<input type="checkbox"/> (I) LSD				
		<input type="checkbox"/> (J) PCP				
		<input type="checkbox"/> (K) Other Hallucinogens				
		<input type="checkbox"/> (L) Amphetamines/Methamphetamines				
		<input type="checkbox"/> (M) Other Stimulants				
		<input type="checkbox"/> (N) Barbiturates				
		<input type="checkbox"/> (O) Other Depressants				
		<input type="checkbox"/> (P) Other Drugs				
		<input type="checkbox"/> (U) Unknown Type Drug				
		<input type="checkbox"/> (X) Over 3 Drug Types				

Subject #1 (Offender/Arrestee) is described in 1st column of blocks (Circle either Offender or Arrestee).		Name: _____		1st FT. _____ in.'s _____	
Subject #2 (Offender/Arrestee) is described in 2nd column of blocks. (Circle either Offender or Arrestee).		Name: _____		HEIGHT: _____	
2nd FT. _____ in.'s _____		1st lbs. _____		WEIGHT: _____	
2nd lbs. _____		1 2 TEETH:			
1 2 HAIR HANDED:		1 2 BUILD:		1 2 GLASSES:	
<input type="checkbox"/> (1) Right		<input type="checkbox"/> (1) Light		<input type="checkbox"/> (1) Sunglasses	
<input type="checkbox"/> (2) Left		<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) Glasses	
<input type="checkbox"/> (3) Ambidex.		<input type="checkbox"/> (3) Heavy		<input type="checkbox"/> (3) Contacts	
<input checked="" type="checkbox"/> (4) Unknown		<input type="checkbox"/> (4) Muscular		<input type="checkbox"/> (4) Other	
1 2 SPEECH:		1 2 UNIQUE ID:		<input type="checkbox"/> (5) None	
<input type="checkbox"/> (01) Normal		<input type="checkbox"/> (1) Stocking Mask		<input checked="" type="checkbox"/> (6) Unknown	
<input type="checkbox"/> (02) Foreign		<input type="checkbox"/> (2) Halloween Mask		1 2 COMPLEXION:	
<input type="checkbox"/> (03) Southern		<input type="checkbox"/> (3) Wore Gloves		<input type="checkbox"/> (1) Light	
<input type="checkbox"/> (04) Lips		<input type="checkbox"/> (4) Cap/Hat		<input type="checkbox"/> (2) Medium	
<input type="checkbox"/> (05) Mumbles		<input type="checkbox"/> (5) Impersonation		<input type="checkbox"/> (3) Dark	
<input type="checkbox"/> (06) Rapid/Loud		<input type="checkbox"/> (6) Jewelry		<input type="checkbox"/> (4) Acne	
<input type="checkbox"/> (07) Soft/Low		<input type="checkbox"/> (7) Sun Tanned		<input type="checkbox"/> (5) Freckled	
<input type="checkbox"/> (08) Stutters		<input type="checkbox"/> (8) None		<input type="checkbox"/> (6) Ruddy	
<input type="checkbox"/> (09) Vulgar / Profane		<input checked="" type="checkbox"/> (9) Unknown		<input type="checkbox"/> (7) Other	
<input type="checkbox"/> (10) Street Talk		1 2 HAIR COLOR:		<input type="checkbox"/> (8) Unknown	
<input type="checkbox"/> (11) Other		<input type="checkbox"/> (1) Black		1 2 EYES:	
<input checked="" type="checkbox"/> (12) Unknown		<input type="checkbox"/> (2) Blonde		<input type="checkbox"/> (1) Normal	
1 2 TATTOO:		<input type="checkbox"/> (3) Brown		<input type="checkbox"/> (2) Brown	
<input type="checkbox"/> (1) Designs		<input type="checkbox"/> (4) Gray		<input type="checkbox"/> (3) Grey	
<input type="checkbox"/> (2) Initials		<input type="checkbox"/> (5) Red		<input type="checkbox"/> (4) Green	
<input type="checkbox"/> (3) Names		<input type="checkbox"/> (6) Sandy		<input type="checkbox"/> (5) Hazel	
<input type="checkbox"/> (4) Pictures		<input type="checkbox"/> (7) Other		<input type="checkbox"/> (6) Other	
<input type="checkbox"/> (5) Words		<input checked="" type="checkbox"/> (8) Unknown		<input checked="" type="checkbox"/> (7) Unknown	
<input type="checkbox"/> (6) Numbers		1 2 HAIR LENGTH:		1 2 EYES:	
<input type="checkbox"/> (7) Insignia		<input type="checkbox"/> (1) Long		<input type="checkbox"/> (1) Normal	
<input type="checkbox"/> (8) None		<input type="checkbox"/> (2) Medium		<input type="checkbox"/> (2) False / Missing	
<input checked="" type="checkbox"/> (9) Unknown		<input type="checkbox"/> (3) Short		<input type="checkbox"/> (3) Crossed	
		<input type="checkbox"/> (4) Bald(ing)		<input type="checkbox"/> (4) Bulging	
		<input type="checkbox"/> (5) Other		<input type="checkbox"/> (5) Squint	
		<input checked="" type="checkbox"/> (6) Unknown		<input type="checkbox"/> (6) Bloodshot	
				<input type="checkbox"/> (7) Other	
				<input checked="" type="checkbox"/> (8) Unknown	
				1 2 FACIAL HAIR:	
				<input type="checkbox"/> (01) Clean Shaven	
				<input type="checkbox"/> (02) Unshaven	
				<input type="checkbox"/> (03) Full Beard	
				<input type="checkbox"/> (04) Must. (Hvy.)	
				<input type="checkbox"/> (05) Must. (Thin)	
				<input type="checkbox"/> (06) Brows (Hvy)	
				<input type="checkbox"/> (07) Brows (Thin)	
				<input type="checkbox"/> (08) Side Burns	
				<input type="checkbox"/> (09) Fu Manchu	
				<input type="checkbox"/> (10) Goatee	
				<input type="checkbox"/> (11) Other	
				<input checked="" type="checkbox"/> (12) Unknown	
				1 2 SCARS/BTHMARKS:	
				<input type="checkbox"/> (01) Head	
				<input type="checkbox"/> (02) Neck	
				<input type="checkbox"/> (03) Hand (rt)	
				<input type="checkbox"/> (04) Hand (ft)	
				<input type="checkbox"/> (05) Arm (rt)	
				<input type="checkbox"/> (06) Arm (ft)	
				<input type="checkbox"/> (07) Body	
				<input type="checkbox"/> (08) Leg (rt)	
				<input type="checkbox"/> (09) Leg (ft)	
				<input type="checkbox"/> (10) Other	
				<input type="checkbox"/> (11) None	
				<input checked="" type="checkbox"/> (12) Unknown	

GROUP "B" OFFENSES

INVESTIGATION REPORT
Bristol Virginia Police Department

VEHICLE AD	PAGE # 5	DATE 07/06/67	PLATE NUMBER 2007-101-505	REPORTING OFFICER P. Francis Sgt Henderson	BADGE # 2331	1599
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER
OWNER'S NAME				ADDRESS		
TOP/SOLID COLOR	SECOND COLOR	DISPOSITION OF RECOVERY:		REC. TIME	SUSP. VEHICLE?	TELETYPE NUMBER
		<input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Rel. To Owner			<input type="checkbox"/> Y <input type="checkbox"/> N	

VEHICLE	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE
	OWNER'S NAME				ADDRESS		
TOP/SOLID COLOR	SECOND COLOR	DISPOSITION OF RECOVERY:		REC. TIME	SUSP. VEHICLE?	TELETYPE NUMBER	
		<input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Rel. To Owner			<input type="checkbox"/> Y <input type="checkbox"/> N		

PROPERTY	PROPERTY STATUS	IP. DES.	QTY	DESCRIPTION (Include serial number, size, color, etc.)	OWNER:	ITEM VALUE	RECOV. DATE
	TOTAL NUMBER VEHICLES STOLEN	TOTAL NUMBER VEHICLES RECOVERED:	TOTAL VALUE LOSS:				

- PROPERTY CODES**
- Property Status: (1) None (B) Both Stolen and Recovered (S) Stolen/Etc. (D) Destroyed/Damaged/Vandalized
 (6) Seized in Drug, Forgery/Counterfeiting or Gambling Offenses (3) Counterfeited/Forged (2) Burned
 (P) Property Suspected in Crime (U) Used in the Crime (E) Evidence (K) Held for Safe Keeping
 (L) Lost (F) Found (A) Abandoned (I) Information Only
- PROPERTY DESCRIPTION:
- | | | | |
|-------------------------------------|------------------------------|-------------------------------------|--|
| (01) Aircraft | (11) Drug/Narc. Equipment | (21) Negotiable Instruments | (32) Structures-Industrial/Manufacture |
| (02) Alcohol | (12) Farm Equipment | (22) Non negotiable Instruments | (33) Structures-Public/Community |
| (03) Automobiles | (13) Firearms | (23) Office-Type Equipment | (34) Structures-Storage |
| (04) Bicycles | (14) Gambling Equipment | (24) Other Motor Vehicles | (35) Structures-Other |
| (05) Buses | (15) Heavy Equipment- | (25) Purses/Handbags/Wallets | (36) Tool-Power/Hand |
| (06) Colthes/Furs | Construction/Industry | (26) Radios/TVs/VCRs | (37) Trucks |
| (07) Computer Hardware/
Software | (16) Household Goods | (27) Recordings-Audio/Visual | (38) Vehicle Parts/Accessories |
| (08) Consumable Goods | (17) Jewelry/Precious Metals | (28) Recreational Vehicles | (39) Watercraft |
| (09) Credit Cards/Debit Cards | (18) Livestock | (29) Structures-Single Occupancy | (77) Other |
| (10) Drugs/Narcotics | (19) Merchandise | (30) Structures-Other Dwellings | (88) Pending inventory (of Property) |
| | (20) Money | (31) Structures-Commercial/Business | (99) Special Category |

DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT	TYPE DRUG MEASUREMENT																			
	<p><u>DRUG TYPE:</u></p> <table border="0"> <tr> <td>(A) "Crack" Cocaine</td> <td>(F) Morphine</td> <td>(K) Other Hallucinogens</td> <td>(O) Other Depressants</td> </tr> <tr> <td>(B) Cocaine</td> <td>(G) Opium</td> <td>(L) Amphetamines/ Methamphetamines</td> <td>(P) Other Drugs</td> </tr> <tr> <td>(C) Hashish</td> <td>(H) Other Narcotics</td> <td>(M) Other Stimulants</td> <td>(U) Unknown</td> </tr> <tr> <td>(D) Heroin</td> <td>(I) LSD</td> <td>(N) Barbituates</td> <td>(X) Over 3 Drug Types</td> </tr> <tr> <td>(E) Marijuana</td> <td>(J) PCP</td> <td></td> <td></td> </tr> </table>				(A) "Crack" Cocaine	(F) Morphine	(K) Other Hallucinogens	(O) Other Depressants	(B) Cocaine	(G) Opium	(L) Amphetamines/ Methamphetamines	(P) Other Drugs	(C) Hashish	(H) Other Narcotics	(M) Other Stimulants	(U) Unknown	(D) Heroin	(I) LSD	(N) Barbituates	(X) Over 3 Drug Types	(E) Marijuana	(J) PCP		
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(D) Heroin	(I) LSD	(N) Barbituates	(X) Over 3 Drug Types																					
(E) Marijuana	(J) PCP																							

COMPLNT.	SAME AS VICTIM		SEX:	AGE: 29	RACE:
	NAME: Last	First	<input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (00) Unknown	<input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown
RESIDENT ADDRESS: Street		City	State	Zip	RESIDENT PHONE
			VA	22701	EMPLOYT PHONE

PAGE # 4	DATE 07/06/07	CASE NUMBER 2007-15405	REPORTING OFFICER D Francis Sgt Henderson	BADGE # 1399	VICTIM NAME [REDACTED]
INVESTIGATOR ASSIGNED TO CASE		BADGE #	SCENE PROCESSED BY:	BADGE #	PRINTS FOUND? <input type="checkbox"/> Yes <input type="checkbox"/> No PHOTOGRAPHED? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPROVING SUPERVISOR Sgt Henderson		BADGE # 1399	DATE APPROVED 7-8-07	NARRATIVE INCLUDES: <input type="checkbox"/> JUVENILE INFO. <input type="checkbox"/> WITNESS INFO. <input type="checkbox"/> INFORMATION ON EVIDENCE RETRIEVED <input type="checkbox"/> ADDITIONAL VEHICLE INFO.	
NAME: Last, First, Middle	SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander		
RESIDENT ADDRESS: Street City State Zip	RESIDENT PHONE () () () ()	EMPL. PHONE () () () ()			
NAME: Last, First, Middle	SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander		
RESIDENT ADDRESS: Street City State Zip	RESIDENT PHONE () () () ()	EMPL. PHONE () () () ()			

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NARRATIVE:

On 07/06/07 Myself, Officer D Francis, and Sgt Henderson responded to Bristol Regional Medical Center for a Report of Sexual Assault. Upon arrival we made contact with the complainant [REDACTED]. Ms [REDACTED] stated that her mother [REDACTED] is a Resident of NHC. Ms [REDACTED] further stated that her daughter [REDACTED] was employed at NHC. [REDACTED] was told by a Nurse who was changing her Grandmother on 07/05/07 that Ms [REDACTED] asked the Nurse why she was putting on latex gloves and the Nurse stated it was to change her. The Nurse then stated that Ms [REDACTED] made the comment of you aren't going to finger me like that Bay yesterday. [REDACTED] told her Mother of this who took Ms [REDACTED] to the Emergency room to be checked. When asked Ms [REDACTED] said she doesn't remember anything that has happened or even making the comment. [REDACTED] Resigned from NHC. [REDACTED] told her mother [REDACTED] that NHC took statements from all employees but unknown who has them or where they are. [REDACTED] Contact information [REDACTED] VA [REDACTED] [REDACTED] also stated that a representative from NHC contacted her on late 07/05/07. Ray Stevens, Regional Vice President Eastern Regional Office 2100 Highland Ave Knoxville TN 37916 [REDACTED] or [REDACTED] CID was notified by Sgt Henderson.