

KYIBRS REPORT

COMMONWEALTH OF KENTUCKY

ADMINISTRATIVE	AGENCY ORI/NAME KSP1000 KY STATE POLICE, POST 10				INCIDENT NUMBER KY 10-21-0490					
	NCIDFNT DATE/T MF 8/27/2021 17:00		EXACT / FST MATF ESTIMATE		RFRPT DATE 8/27/2021		RCEIVED 17:00			
	DISPATCHED 17:00		ARRIVED 17:30		C L FARED					
	REPORTED BY: CLEM, RONNIE						HOW REPORTED			
	LICENSE/ID STATE:		LICENSE/ID NUMBER:				PHONE			
	ADDRESS:									
	CITY: COLDIRON		STATE: KY		ZIP CODE: 40863		PHONE NUMBER:			
	EXACT LOCATION OF OFFENSE CLIFF BRANCH RD						SECTOR NO:			
	ADDRESS CLIFF BRANCH RD									
	CITY COLDIRON				STATE: KY		ZIP CODE: 40863			
COUNTY HARLAN				LATITUDE		LONGITUDE				
		36 DEG		49.297 MIN		83 DEG				
				27.187 MIN						
OFFENSE DATA	SEQUENCE # 1 OF 1		LOCATION TYPE: FIELD, WOODS			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION: MISSING PERSONS									
	OFFENSE CODE: 03011		ASCF CODE: 0	KRS CODE: ***.***	CLASS:	DEGREE: O	COUNTS: 1			
	BIAS MOTIVATION:			METHOD ENTRY:		NUMBER PREMISES: 0				
	SCHOOL NAME:			SCHOOL TYPE:			CAMPUS?			
	OFFENDER SUSPECTED OF US NG: NOT APPLICABLE				COURT ORDER TYPE:					
	SEQUENCE # OF		LOCATION TYPE:			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION:									
	OFFENSE CODE:		ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:			
	BIAS MOTIVATION:			METHOD ENTRY:		NUMBER PREMISES:				
SCHOOL NAME:			SCHOOL TYPE:			CAMPUS?				
OFFENDER SUSPECTED OF US NG:			<input type="checkbox"/> VAWA	<input type="checkbox"/> Title IX	COURT ORDER TYPE:					
SEQUENCE # OF		LOCATION TYPE:			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO			
OFFENSE DESCRIPTION:										
OFFENSE CODE:		ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:				
BIAS MOTIVATION:			METHOD ENTRY:		NUMBER PREMISES:					
SCHOOL NAME:			SCHOOL TYPE:			CAMPUS?				
OFFENDER SUSPECTED OF US NG:			<input type="checkbox"/> VAWA	<input type="checkbox"/> Title IX	COURT ORDER TYPE:					
PROPERTY DATA	SEQ #	PROPERTY DESCRIPTION			TYPE OF LOSS	VALUE	RECVRD VALUE	REC. COND.	DT RECOVERED	
	PROPERTY DESCRIPTION									
	OWNER APPLIED NUMBER					SERIAL NUMBER				
	MAKE					MODEL			OWNER	
	SEQ #	PROPERTY DESCRIPTION			TYPE OF LOSS	VALUE	RECVRD VALUE	REC. COND.	DT RECOVERED	
	PROPERTY DESCRIPTION									
	OWNER APPLIED NUMBER					SERIAL NUMBER				
	MAKE					MODEL			OWNER	
	TOTAL STOLEN VALUE:		TOTAL RECOVERED VALUE:			TOTAL VEHICLES STOLEN:		TOTAL VEHICLES RECOVERED:		
	INC DENT STATUS	CLOSED DATE		CLEARANCE TYPE			CLEARED EXCEPTIONALLY		EX. CLEARANCE DATE	UCR REPORTING FOR OTHER AGENCY
OPEN									<input type="checkbox"/> YES	
ORIGINATING OFFICER			ASSIGNED TO		UNIT/BADGE #	REVIEWED BY		SUPPLEMENTED BY		
Caldwell, Aaron			Caldwell, Aaron		281	Perkins, Jerry				

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VICTIM DATA	VICT M SEQUENCE		VICTIM NAME						PHONE		
	1 of 1		DOE, JANE								
	LICENSE/ID STATE:			LICENSE/ID NUMBER:							
	<input type="checkbox"/> Address Unknown		ADDRESS:					VICT M TYPE: INDIVIDUAL			
	CITY: COLDIRON			STATE: KY		ZIP CODE: 40863		KY RESIDENT: RESIDENT			
	DATE OF BIRTH		SSN	HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR			
						BROWN		BROWN			
	GENDER		RACE			ETHNIC ORIGIN			PEACE OFFICER?		
	FEMALE		WHITE			NOT HISPANIC			<input type="checkbox"/> YES		
	NBR	OFFENDER #	VICTIM RELATIONSH P TO OFFENDER: VICTIM WAS		NBR	OFFENDER #	VICTIM RELATIONSH P TO OFFENDER: VICTIM WAS		INJURY TYPE		
	VICTIM OF OFFENSE(S)			AGG ASSAULT/ HOMIC DE C RC			ADDTL JUSTIFIABLE HOMICIDE C RC				
	03011										
LEOKA ASSIGNMENT					LEOKA ACTIVITY						
SUSPECT / ARRESTEE DATA	SUSPECT SEQ. #		NAME:						ARRESTED?	ARREST DATE	
	of		ALIAS:						<input type="checkbox"/> YES		
	LICENSE/ID STATE:			LICENSE/ID NUMBER:							
	ADDRESS						DATE OF BIRTH:	PHONE:	KY RESIDENT:		
	CITY:			STATE:		ZIP CODE:					
	SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		
	ARRESTEE SEQ. #	MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS					
	of					1	4	8			
	ARRESTEE ARMED WITH					2	5	7			
					3	6	9				
SUSPECT / ARRESTEE DATA	SUSPECT SEQ. #		NAME:						ARRESTED?	ARREST DATE	
	of		ALIAS:						<input type="checkbox"/> YES		
	LICENSE/ID STATE:			LICENSE/ID NUMBER:							
	ADDRESS						DATE OF BIRTH:	PHONE:	KY RESIDENT:		
	CITY:			STATE:		ZIP CODE:					
	SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		
	ARRESTEE SEQ. #	MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS					
	of					1	4	7			
	ARRESTEE ARMED WITH					2	5	8			
					3	6	9				
WITNESS / OTHER	WITNESS/OTHER SEQ		WITNESS/OTHER NAME						PHONE		
	of										
	LICENSE/ID STATE:			LICENSE/ID NUMBER:							
	ADDRESS:								DATE OF BIRTH		
	CITY:			STATE:		ZIP CODE:		SSN:			