

SEXUAL ASSAULT OFFENSE

INCIDENT LEVEL

MULTI AGENCY

JUVENILE

INCIDENT REPORT

Chattanooga Police Department
3410 Amnicola Hwy

REPORT NUMBER: 06-014840

ORI# TN0330100

DATE FROM: 02/10/2006 TIME: 20:00

DATE TO: TIME:

REPORTED DATE: 02/10/2006 TIME: 20:00

ADMIN	LOCATION: 121 Isbille RD CHATTANOOGA,, TN 37419				BRIEF DESCRIPTION OF INCIDENT			
	OFFENSE TRACT C13	DISPOSITION NOT CLEARED	CASE STATUS 3	EXCEPTIONAL CLEARANCE CODE	EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY		

OFFENSE	UCR CODE 250	OFFENSE 250 FORGERY/COUNTERFEITING	DEPT CODE 250Forgery	RELATED TO TCA#	COUNTS 1	F/M
	BIAS MOTIVATION 88	PREMISE TYPE 12	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1.P 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED IDENTITY THEFT

VICTIM	NAME WATSON, BOB				STATEMENT <input type="checkbox"/>	HOME 423-821-9842	CELL	
	ADDRESS 3031 Cummings HWY CHATTANOOGA,, TN 37419				WORK 423-825-5634	EMAIL		
	DOB 6/10/1932	AGE 73	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN
	EYE COLOR BROWN	HAIR COLOR WHITE	HEIGHT 507	WEIGHT 175	DLN	STATE	EMPLOYER SELF	
	VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM		
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT				SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
	RELATED OFFENSES: 1. 250 2. 3. 4. 5. 6. 7. 8. 9. 10.							
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
	SMTS							
LEOKA TYPE			LEOKA VEHICLE		LEOKA ACTIVITY			

SUSPECT	NAME Richard, James				MONIKER	ARRESTED? <input type="checkbox"/>	HOME 706-877-0196	
	ADDRESS 365 OAK ST ROSSVILLE,, GA 30741-				CELL	WORK		
	DOB	AGE 00	TO AGE	RACE U	SEX M	RESIDENT NON RESIDENT	ETHNICITY U	SSN
	EYE COLOR	HAIR COLOR	FACIAL HAIR UNKNOWN	HEIGHT	WEIGHT 0	DLN *****	STATE TN	
	CLOTHING				GANG NAME/AFFILIATION			
	SMTS							
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							

REPORTING OFFICER 61435 William Curvin	PARTNER	REVIEWING OFFICER 60767 Grissom, Devora	REVIEW DATE 02/13/2006
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PROPERTY/VEHICLE/DRUG

Chattanooga Police Department

REPORT NUMBER: 06-014840

ORI# TN0330100

PROPERTY	UCR CODE 250	IBR STATUS 3	STATUS 3	CLASS 21	PROPERTY DESCRIPTION Rent A Center Payroll Check/\$356.22				
	MAKE		MODEL		SERIAL		COLOR	QTY	VALUE \$356.00
	RECOVERED VALUE	DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO	
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE 250	IBR STATUS 3	STATUS 3	CLASS 21	PROPERTY DESCRIPTION Logan's Roadhouse Pay roll Check/\$369.26				
	MAKE		MODEL		SERIAL		COLOR	QTY	VALUE \$369.00
	RECOVERED VALUE	DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO	
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION				
	MAKE		MODEL		SERIAL		COLOR	QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO	
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

VEHICLE	LICENSE PLATE	STATE	TYPE		MAKE	MODEL	VIN			
	YEAR	STYLE		COLOR	DESCRIPTION			STATUS	RECOVERED PARTS <input type="checkbox"/>	
	RECOVERED DATE	NCIC CLEARANCE			RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO		RELEASED LOCATION		RELEASED BY		RELATED TO		

VEHICLE	LICENSE PLATE	STATE	TYPE		MAKE	MODEL	VIN			
	YEAR	STYLE		COLOR	DESCRIPTION			STATUS	RECOVERED PARTS <input type="checkbox"/>	
	RECOVERED DATE	NCIC CLEARANCE			RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO		RELEASED LOCATION		RELEASED BY		RELATED TO		

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE		COLOR
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING								

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE		COLOR
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING								

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE		COLOR
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING								

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE		COLOR
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING								

OFFENSES/OTHER PERSONS

Chattanooga Police Department

REPORT NUMBER: 06-014840

ORI# TN0330100

OFFENSE	UCR CODE	OFFENSE				DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS	<input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3			
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3		
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE				DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS	<input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3			
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3		
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE				DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS	<input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3			
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3		
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE				DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS	<input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3			
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3		
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OTHERS	INVOLVEMENT TYPE	NAME				MONIKER		HOME PHONE	
	<input type="checkbox"/> STATEMENT	WATSON, BOB						423-821-9842	
		ADDRESS						WORK PHONE	
		3031 Cummings HWY CHATTANOOGA,, TN 37419						423-825-5634	
OTHERS	INVOLVEMENT TYPE	EMAIL		DOB	SSN	CELL PHONE			
	<input type="checkbox"/> STATEMENT			6/10/1932					
		NAME				MONIKER		HOME PHONE	
		WATSON, BOB						423-821-9842	
OTHERS	INVOLVEMENT TYPE	ADDRESS				WORK PHONE		CELL PHONE	
	<input type="checkbox"/> STATEMENT	3031 Cummings HWY CHATTANOOGA,, TN 37419						423-825-5634	
		EMAIL		DOB	SSN	CELL PHONE			
				6/10/1932					
OTHERS	INVOLVEMENT TYPE	NAME				MONIKER		HOME PHONE	
	<input type="checkbox"/> STATEMENT	Richard, James						706-877-0196	
		ADDRESS						WORK PHONE	
		365 OAK ST ROSSVILLE,, GA 30741-							
OTHERS	INVOLVEMENT TYPE	EMAIL		DOB	SSN	CELL PHONE			
	<input type="checkbox"/> STATEMENT								
		NAME				MONIKER		HOME PHONE	
OTHERS	INVOLVEMENT TYPE	ADDRESS				WORK PHONE		CELL PHONE	
	<input type="checkbox"/> STATEMENT								
		EMAIL		DOB	SSN	CELL PHONE			

ADDITIONAL VICTIMS
Chattanooga Police Department

REPORT NUMBER: 06-014840

ORI# TN0330100

VICTIM

NAME WATSON, BOB					STATEMENT <input type="checkbox"/>	HOME 423-821-9842	CELL
ADDRESS 3031 Cummings HWY CHATTANOOGA,, TN 37419					WORK 423-825-5634	EMAIL	
DOB 6/10/1932	AGE 73	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN
EYE COLOR BROWN	HAIR COLOR WHITE	HEIGHT 507	WEIGHT 175	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME					OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME					OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME					OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

ADDITIONAL SUSPECTS
Chattanooga Police Department

REPORT NUMBER: 06-014840

ORI# TN0330100

SUSPECT

SUSPECT

SUSPECT

SUSPECT

SUSPECT

NAME Richard, James					MONIKER		ARRESTED? <input type="checkbox"/>	HOME 706-877-0196		
ADDRESS 365 OAK ST ROSSVILLE,, GA 30741-						CELL		WORK		
DOB	AGE 00	TO AGE	RACE U	SEX M	RESIDENT NON RESIDENT	ETHNICITY U		SSN		
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT 0	DLN *****	STATE TN	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME		
ADDRESS						CELL		WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN		
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME		
ADDRESS						CELL		WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN		
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME		
ADDRESS						CELL		WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN		
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME		
ADDRESS						CELL		WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN		
DEYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

ADDITIONAL NARRATIVE

Chattanooga Police Department

REPORT NUMBER: 06-014840

ORI# TN0330100

NARRATIVE TITLE

Title:

<<Entered By: William Curvin, on 2/10/2006 10:12:02 PM >>

On 02/10/2006 at 20:00 hours, Officers William Curvin EMP # 61435 responded to False Pretenses, Confidence Game at 121 Isbill Rd. A male suspect cashed two checks at Odell's Grocery. The checks turned out to be counterfeit. Store owner Bob Watson said that he went to the address on the suspects ID and found that it does not exist. I ran the Georgia I.D. number and it does not exist. The suspect used the name of James Richard. Bob was not there when the suspect came in and did not know anything about him. The checks were payroll checks from Rent-a-Center and Logan's roadhouse. The Rent-a-center check was for \$356.22. Logan's was \$369.26. Bob contacted both business's and found that the checks were counterfeit. Copies of the checks were put into property. R-17.

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE