

INCIDENT REPORT

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AGENCY Bellaire Police Department		REPORT DATE 03/23/2008 4:55:00 AM	
DATE(S) OF INCIDENT: TIME(S) OF INCIDENT:	REPORT TYPE:	INCIDENT STATUS:	
Start 03-23-2008 Start 04:55	<input checked="" type="checkbox"/> INITIAL REPORT	<input type="checkbox"/> UNFOUNDED	
End 03-23-2008 End 04:55	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> CLEARED BY ARREST	
		<input checked="" type="checkbox"/> PENDING	
		<input type="checkbox"/> INACTIVE	
EXCEPTIONAL CLEARANCE DATE		EXCEPTIONAL CLEARANCE	

LOCATION OF INCIDENT 5200 IH 610 N/B Bellaire	COUNTY CODE 101	WEATHER: 1 CLEAR	LIGHTING: DARK (STREET LAMPS)
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Statute UCR CODE	Statute DESCRIPTION UCR CODE DESCRIPTION	CJIS	STATUS		OFFENDER
			COMPLETED	ATTEMPTED	
149.04 90D	DRIVING WHILE INTOXICATED 90D DRIVING UNDER THE	54040009	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Navaira Emilio H III
2			<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	

FFENSE

BIAS MOTIVATION (OFFENSE 1 - 3)	LOCATION OF OFFENSE (OFFENSE 1 - 3)
1 _____	1 5200 IH 610 N/B
2 _____	2 _____
3 _____	3 _____

TYPE CRIMINAL ACTIVITY:	TYPE WEAPON/ FORCE INVOLVED
1 _____	1 _____ <input type="checkbox"/> AUTOMATIC
2 _____	2 _____ <input type="checkbox"/> AUTOMATIC
3 _____	3 _____ <input type="checkbox"/> AUTOMATIC

(For Burglary Only) NUMBER OF PREMISES ENTERED	METHOD OF ENTRY: F <input type="checkbox"/> FORCIBLE N <input checked="" type="checkbox"/> NO FORCE	OFFENDER(S) USED: A <input checked="" type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIP
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VICTIM NAME: _____ PHONE: _____

ADDRESS (Street, City, State, Zip) _____

TYPE OF VICTIM	RACE:	SEX:	RESIDENT STATUS:	ETHNICITY:	AGE:
					DOB:
					CONNECTED TO OFFENSE:

VICTIM

AGGRAVATED ASSAULT CIRCUMSTANCES	JUSTIFIABLE HOMICIDE CIRCUMSTANCE	INJURY TYPE
1 _____		B <input type="checkbox"/> BROKEN BONES N <input type="checkbox"/> NONE
2 _____		I <input type="checkbox"/> POSS. INT INJURIES M <input type="checkbox"/> MINOR INJURY
		L <input type="checkbox"/> SEVERE LACERATION O <input type="checkbox"/> MAJOR INJURY
		U <input type="checkbox"/> UNCONSCIOUSNESS T <input type="checkbox"/> LOSS OF TEETH

RELATIONSHIP OF VICTIM TO OFFENDER 1 - 10

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

6 _____ 7 _____ 8 _____ 9 _____ 10 _____

ADMIN

Kerr, Daniel	07873	03-23-2008	 REPORTING OFFICER SIGNATURE
REPORTING OFFICER	ID	DATE	
W.T. Blundell	01135	04-28-08	 APPROVING SUPERVISION SIGNATURE
APPROVING SUPERVISOR	ID	DATE	
Jenkins, Joseph	99456		
INVESTIGATOR	ID	ASSISTING OFFICER	ID