Shreveport Police Department
OFFENSE REPORT

CAD # 20061703

OFFENSE # 2020010610

☐ Felony ☐ Misdemeanor ☑ Incident

Report Received By
1 ☐ Phone 4 ☐ Mail
2 ☐ 911 5 ☑ Person
3 ☐ Teletype 6 ☐ Other

OFFICER'S NAME Hinderberger, M S BADGE # 372 SUPERVISOR'S NAME _____ BADGE # _____

DATE REPORTED 04/19/2020 TIME REPORTED 22:01 OCCURRENCE DATE 04/19/2020

OCCURRENCE TIME 22:00/ 22:01 DAY SUNDAY OFFENSE AS REPORTED _____
Narrative LRS#

LOCATION OF INCIDENT 4220 REILY LN APT. C107 SHREVEPORT, LA 71105 DISTRICT 05
Numerical Street Name

DID VICTIM RECEIVE VINE INFO ☐ WAS AFFIDAVIT SUBMITTED ☐ WAS DOMESTIC VIOLENCE INVOLVED ☐

(RECORDS USE ONLY) REVIEWERS BADGE # 0

OFFENSE

OFFENSE	LRS#	UCR	ATT/COM	LOCATION ENTER CODE	WEAPON ENTER CODE	ENTER 'A' AUTOMATIC	CRIMINAL ACTIVITY ENTER UP TO 3 CODES		
I INCIDENT	I	I	☐ ATT ☑ COM	20					
			☐ ATT ☐ COM						
			☐ ATT ☐ COM						
			☐ ATT ☐ COM						
			☐ ATT ☐ COM						

INCIDENT STATUS:
- ☐ UNFOUNDED
- ☐ CLEARED BY ARREST
- ☐ PENDING
- ☐ CLEARED EXCEPTIONALLY

- A ☐ DEATH OF OFFENDER
- B ☐ PROSECUTION DECLINED
- C ☐ EXTRADITION DECLINED
- D ☐ REFUSED TO COOPERATE
- E ☐ JUVENILE NO CUSTODY
- O ☐ OTHER
- N ☐ NOT APPLICABLE

LOCATION OF OFFENSE

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 BUILDINGS
12 GROCERY/SUPERMARKET
13 HIGHWAY/ROAD/ALLEY
14 HOTEL/MOTEL/ETC.
15 JAIL/PRISON
16 LAKE/WATERWAY
17 LIQUOR STORE
18 PARKING LOT/GARAGE
19 RENTAL STORAGE/FACILITY
20 RESIDENCE/HOME
21 RESTAURANT
22 SCHOOL/COLLEGE
23 SERVICE/GAS STATION
24 SPECIALTY STORE (TV,FUR,ETC)
25 OTHER/UNKNOWN
40 CASINO LAND BASED
41 CASINO RIVER BOAT

TYPE OF WEAPON/FORCE INVOLVED:

11 FIREARM (type not stated)
12 HANDGUN
13 RIFLE
14 SHOTGUN
15 OTHER FIREARM
20 KNIFE/CUTTING INSTRUMENT
30 BLUNT OBJECT
35 MOTOR VEHICLE
40 PERSONAL WEAPONS
50 POISON
60 EXPLOSIVES
65 FIRE/INCENDIARY
70 NARCOTICS/DRUGS
85 ASPHYXIATION
90 OTHER
95 UNKNOWN
99 NONE

TYPE CRIMINAL ACTIVITY:

B BUYING/RECEIVING
C CULTIVATION/ MANUFACTURING/PUBLISHING
D DISTRIBUTION/SELLING
E EXPLOITING CHILDREN
O OPERATING/PROMOTING/ ASSISTING
P POSSESSING/CONCEALING
T TRANSPORTING/TRANSMITTING IMPORTING
U USING/CONSUMING
I POSSESSION W/ INTENT TO DIST.
X OTHER

BRIEF NARRATIVE

SPD responded to a welfare concern and located male needing medical evaluation. Officers had to remove him from the apartment when he became unconscious. Transported to hospital and pronounced deceased.

(For Burglary Only) POINT OF ENTRY: _____
TOOL/EVIDENCE USED: _____
NUMBER OF PREMISES ENTERED: _____
METHOD OF ENTRY: ☐ FORCIBLE ☐ NO FORCE

INVESTIGATIVE FACTORS

Info Element	Wgt	Info Element	Wgt
Est. time lapse between crime and the initial investigation		On view report of offense	1 ☐
		Usable fingerprints	7 ☐
Less than 1 hour	5 ☐	Suspect name	9 ☐
1 to 12 hours	1 ☐	Suspect description	5 ☐
More than 12 hours	0 ☐	Vehicle description	2 ☐
Witness report of offense	7 ☐	Vehicle license number	5 ☐
		Total Score:	0

REPORTING PERSON CLASS CODE: JUVENILE ☐ WITNESS ☐ INTERVIEWED ☐

REPORTING PERSON:
Spd 1501 SEX U RACE U DOB _____
Last First Middle

ADDRESS 1234 TEXAS AV SHREVEPORT, LA HOME PHONE (318) 673-2583 BUSINESS PHONE _____
Numerical Street Name City/Town State Zip

VICTIM

VICTIM # 1 (Last, First, Middle): Wavey, Austin T

D.L.:

Phone: (Home):

Phone: (Bus.):

ADDRESS: (Street, City, State, Zip): 4220 REILY LN APT. C107 SHREVEPORT,

ADDRESS: (Bus.):

VICTIM CONNECTED TO OFFENSE: 1 ☑ 2 ☐ 3 ☐ 4 ☐ 5 ☐

NEGLIGENT HOMICIDE
- 30 ☐ Child Playing w/ Weapon:
- 31 ☐ Gun Cleaning Accident
- 32 ☐ Hunting Accident
- 33 ☐ Other Negligent Weapons Handling
- 34 ☐ Other Negligent Killing
- 40 ☐ Child Abuse

TYPE OF VICTIM: (Check Only One)
- I ☑ INDIVIDUAL
- B ☐ BUSINESS
- F ☐ FINANCIAL
- G ☐ GOVERNMENT
- R ☐ RELIGIOUS
- S ☐ SOCIETY/PUBLIC
- O ☐ OTHER
- U ☐ UNKNOWN
- J ☐ JUVENILE
- L ☐ L.E. OFFICER

RACE:
- W ☐ WHITE
- B ☑ BLACK
- I ☐ INDIAN
- A ☐ ASIAN
- U ☐ UNKNOWN

SEX:
- M ☑ MALE
- F ☐ FEMALE
- U ☐ UNKNOWN

AGE: 64

DOB: 04/22/1956

RESIDENT STATUS FOR VICTIM:
- R ☐ RESIDENT
- N ☐ NONRESIDENT
- U ☐ UNKNOWN

ETHNICITY:
- H ☐ HISPANIC
- N ☐ NON-HISPANIC
- U ☐ UNKNOWN

AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check up to Two)
- 01 ☐ ARGUMENT
- 02 ☐ ASSAULT ON OFFICER
- 03 ☐ DRUG DEALING
- 04 ☐ GANGLAND
- 05 ☐ JUVENILE GANG
- 06 ☐ LOVER'S QUARREL
- 07 ☐ MERCY KILLING
- 08 ☐ OTHER FELONY INVOLVED
- 09 ☐ OTHER CIRCUMSTANCES
- 10 ☐ UNKNOWN CIRCUMSTANCES
- 40 ☐ CHILD ABUSE

If law enforcement officer assaulted, mark box 2. If law enforcement officer is killed, mark any box except 2

ADDITIONAL JUSTIFIED HOMICIDE CIRCUMSTANCES (Check only one code)
- A ☐ Criminal Attacked Officer, Officer Killed Criminal
- B ☐ Criminal Attacked Officer, Other Officer Killed Criminal
- C ☐ Criminal Attacked by Civilian
- D ☐ Criminal Attempted Flight from a Crime
- E ☐ Criminal Killed in the Commission of a Crime
- F ☐ Criminal Resisted Arrest
- G ☐ Unable to Determine/Not Enough Information

This Section is Filled Out if Victim is Law Enforcement Officer

LEOKA in line of duty. Type of Assignment (Mark one box)
- 12 ☐ TWO-OFFICER VEHICLE
- 13 ☐ ONE-OFFICER VEHICLE
- 14 ☐ ONE-OFFICER VEHICLE ASSISTED
- 15 ☐ DETECTIVE OR SPECIAL ASSIGNMENT ALONE
- 16 ☐ DETECTIVE OR SPECIAL ASSIGNMENT ASSISTED
- 17 ☐ OTHER ALONE
- 18 ☐ OTHER ASSISTED

RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number(s) in space)
- SE ☐ SPOUSE
- CS ☐ COMMON-LAW SPOUSE
- PA ☐ PARENT
- SB ☐ SIBLING
- CH ☐ CHILD
- GP ☐ GRANDPARENT
- GC ☐ GRANDCHILD
- IL ☐ IN-LAW
- SP ☐ STEPPARENT
- SC ☐ STEPCHILD
- SS ☐ STEP SIBLING
- OF ☐ OTHER FAMILY
- AQ ☐ AQUAINTANCE
- FR ☐ FRIEND
- NE ☐ NEIGHBOR
- BE ☐ BABYSITTEE (baby)
- BG ☐ BOY/GIRL FRIEND
- CF ☐ CHILD OF "BG" ABOVE
- HR ☐ HOMOSEXUAL REL.
- XS ☐ EX-SPOUSE
- EE ☐ EMPLOYEE
- ER ☐ EMPLOYER
- OK ☐ OTHERWISE KNOWN
- ST ☐ STRANGER
- RU ☐ RELATIONSHIP UNKNOWN
- NM ☐ NON-MARRIED LIVE IN
- VO ☐ VICTIM WAS OFFENDER
- ES ☐ VICTIM WAS ESTRANGED SPOUSE
- XB ☐ EX BOY/GIRL FRIEND

JUSTIFIABLE HOMICIDE (Check One)
- 20 ☐ Criminal killed by citizen
- 21 ☐ Criminal killed by police

INJURY TYPE (Check all that apply)
- N ☐ NONE
- B ☐ BROKEN BONES
- I ☐ POSS. INTERNAL INJURY
- L ☐ SEVERE LACERATION
- M ☐ MINOR INJURY
- O ☐ MAJOR INJURY
- T ☐ LOSS OF TEETH
- U ☐ UNCONSCIOUSNESS

LEOKA in line of duty: Type of Activity (Mark one box.)
- K ☐ RESPONDING TO "DISTURBANCE CALLS"
- L ☐ BURGLARIES IN PROGRESS OR PURSUING BURGLARY SUSPECTS
- M ☐ ROBBERIES IN PROGRESS OR PURSUING ROBBERY SUSPECTS
- N ☐ ATTEMPTING OTHER ARRESTS
- D ☐ CIVIL DISORDER
- P ☐ HANDLING, TRANSPORTING, CUSTODY OF PRISONERS
- Q ☐ INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES
- R ☐ AMBUSH - NO WARNING
- S ☐ MENTALLY DERANGED
- T ☐ TRAFFIC PURSUITS AND STOPS
- U ☐ ALL OTHER

OFFENDER/ARRESTEE

Class Code: # 1 NAME:

ADDRESS: (Street, City, State, Zip)

ALIAS:

HOME PHONE:

BUS. PHONE:

OFFENDER/ARRESTEE CONNECTED TO OFFENSE: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

AGE:

DOB:

SEX:
- M ☐ MALE
- F ☐ FEMALE
- U ☐ UNKNOWN

RACE:
- W ☐ WHITE
- B ☐ BLACK
- I ☐ INDIAN
- A ☐ ASIAN
- U ☐ UNKNOWN

OFFENDER USED/MOTIVE
- A ALCOHOL
- C COMPUTER EQUIPMENT
- D DRUGS/NARCOTICS
- G GAMING ACTIVITY MOTIVE

HEIGHT:

WEIGHT: 0

EYES:

HAIR:

EHTNICITY:
- H ☐ HISPANIC
- N ☐ NON-HISPANIC
- U ☐ UNKNOWN

HATE/BIAS MOTIVATED: (Check One)

ANTI-RACIAL BIAS
- 11 ☐ WHITE
- 12 ☐ BLACK
- 13 ☐ AMERICAN INDIAN OR ALASKAN NATIVE
- 14 ☐ ASIAN/PACIFIC ISLANDER
- 15 ☐ MULTI-RACIAL GROUP

ANTI-RELIGIOUS BIAS
- 21 ☐ JEWISH
- 22 ☐ CATHOLIC
- 23 ☐ PROTESTANT
- 24 ☐ ISLAMIC (MUSLIM)
- 25 ☐ OTHER RELIGION
- 26 ☐ MULTI-RELIGIOUS GROUP
- 27 ☐ ATHEISM/ AGNOSTICISM

ANTI-ETHNICITY/ NATIONAL ORIGIN
- 32 ☐ HISPANIC
- 33 ☐ OTHER ETHNICITY/ NATIONAL ORIGIN

ANTI-SEXUAL
- 41 ☐ MALE HOMOSEXUAL (GAY)
- 42 ☐ FEMALE HOMOSEXUAL (LESBIAN)
- 43 ☐ HOMOSEXUAL (GAY & LESBIAN)
- 44 ☐ HETEROSEXUAL
- 45 ☐ BISEXUAL

OTHER BIAS
- 70 ☐ AGE
- 71 ☐ ANCESTRY
- 72 ☐ CREED
- 73 ☐ GENDER
- 74 ☐ ORGANIZATIONAL AFFILIATION

DISABILITY BIAS
- 51 ☐ ANTI-PHYSICAL DISABILITY
- 52 ☐ ANTI-MENTAL DISABILITY

NON-SPECIFIC
- 88 ☐ NONE
- 99 ☐ UNKNOWN

IF ARRESTED, COMPLETE SHADED AREA

MULTIPLE CLEARANCE INDICATOR:
- M ☐ MULTIPLE
- C ☐ COUNT ARRESTEE
- N ☐ NOT APPLICABLE

ARRESTEE WAS ARMED WITH: (Check all that apply) (Enter "A" in box if automatic)
- 01 ☐ UNARMED
- 11 ☐ FIREARM type not stated)
- 12 ☐ HANDGUN
- 13 ☐ RIFLE
- 14 ☐ SHOTGUN
- 15 ☐ OTHER FIREARM
- 16 ☐ LETHAL CUTTING INSTRUMENT (e.g. Switchblades, Knife, etc.)
- 17 ☐ CLUB/BLACK JACK/BRASS KNUCKLES

TYPE OF ARREST:
- O ☐ ON-VIEW
- S ☐ SUMMONED/CITIED
- T ☐ TAKEN INTO CUSTODY

DISPOSITION OF ARREST UNDER 17:
- D ☐ HANDLED WITHIN DEPARTMENT
- J ☐ REFERRED TO JUVENILE COURT OR PROBATION DEPARTMENT
- W ☐ REFERRED TO WELFARE AGENCY
- P ☐ REFERRED TO OTHER POLICE AGENCY
- A ☐ REFERRED TO CRIMINAL OR ADULT COURT

LRS #
- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

Connected to Offense #
- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____

1. ARRESTED
2. MISSING
3. SUSPECT
4. WANTED
5. WITNESS
6. JUVENILE
7. BUSINESS
8. OTHER VICTIM
9. INTERVIEWED
10. HOSPITAL
11. TREAT AND RELEASE
12. MEDICAL ATTENTION REFUSED
13. DECEASED
14. SUMMONS

WITNESS

NAME (Last, First, Middle)	DOB	SEX	RACE	ALIAS	HOME ADDRESS (Street, City, State, Zip)	Home Phone	Bus. Phone