

|              |              |                                    |  |                        |  |   |
|--------------|--------------|------------------------------------|--|------------------------|--|---|
| <b>EVENT</b> | SIGNAL<br>21 | INCIDENT<br>MISCELLANEOUS INCIDENT | DATE/TIME OCCURRED<br>03.01.10 4:30pm  | DIST./ZONE/SUB<br>2102 | STATUS<br><input checked="" type="checkbox"/> OPEN<br><input type="checkbox"/> CLEARED BY ARREST<br><input type="checkbox"/> CLEARED BY EXCEPT.<br><input type="checkbox"/> WARRANT ISSUED<br><input type="checkbox"/> UNFOUNDED | BULLETIN REQUIRED<br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO |
|              | [REDACTED]   |                                    | DATE/TIME OF REPORT<br>03.01.10 4:30pm | LIGHTING<br>G          | [REDACTED]   |   |

|                                |   |   |                              |                                      |                                      |               |             |              |
|--------------------------------|---|---|------------------------------|--------------------------------------|--------------------------------------|---------------|-------------|--------------|
| <b>VICTIM/REPORTING PERSON</b> | <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input checked="" type="checkbox"/> REPORTING PERSON <input checked="" type="checkbox"/> INTERVIEW | DATE OF BIRTH OR AGE<br>[REDACTED]-1988 | RACE<br>W                    | SEX<br>M                             | VICTIM TYPE<br>N                     | VICTIM #<br>1 |             |              |
|                                | NAME<br>LESLIE, RYAN  | HOME ADDRESS<br>[REDACTED]              | ZIP CODE<br>70115            | HOME PHONE<br>[REDACTED]             | SOCIAL SECURITY NUMBER<br>[REDACTED] | SOBRIETY<br>S | INJURY<br>N | TREATED<br>X |
|                                | BUSINESS ADDRESS<br>[REDACTED]  | ZIP CODE<br>[REDACTED]                  | BUSINESS PHONE<br>[REDACTED] | DRIVERS LICENSE NUMBER<br>[REDACTED] | OCCUPATION<br>[REDACTED]             | X             |             |              |

|                                |   |                                    |                              |                                      |                          |               |              |
|--------------------------------|---|------------------------------------|------------------------------|--------------------------------------|--------------------------|---------------|--------------|
| <b>VICTIM/REPORTING PERSON</b> | <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> INTERVIEW | DATE OF BIRTH OR AGE<br>[REDACTED] | RACE<br>X                    | SEX<br>X                             | VICTIM TYPE<br>X         | VICTIM #<br>X |              |
|                                | HOME ADDRESS<br>[REDACTED]  | ZIP CODE<br>[REDACTED]             | HOME PHONE<br>[REDACTED]     | SOCIAL SECURITY NUMBER<br>[REDACTED] | SOBRIETY<br>K            | INJURY<br>X   | TREATED<br>X |
|                                | BUSINESS ADDRESS<br>[REDACTED]  | ZIP CODE<br>[REDACTED]             | BUSINESS PHONE<br>[REDACTED] | DRIVERS LICENSE NUMBER<br>[REDACTED] | OCCUPATION<br>[REDACTED] | X             |              |

|                     |  |   |   |  |                                    |                      |                        |
|---------------------|--|---|---|--|------------------------------------|----------------------|------------------------|
| <b>OFFENDER NO.</b> | <input type="checkbox"/> ARRESTED <input type="checkbox"/> WANTED <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY  | DATE OF BIRTH OR AGE<br>[REDACTED]  | RACE<br>[REDACTED]  | SEX<br>[REDACTED]  | HEIGHT<br>[REDACTED]               | WEIGHT<br>[REDACTED] |                        |
|                     | HOME ADDRESS<br>[REDACTED]   | ZIP CODE<br>[REDACTED]  | DATE/TIME OF ARREST<br>[REDACTED]   | ARREST CREDIT<br>[REDACTED]  | SOBRIETY<br>[REDACTED]             | INJURY<br>[REDACTED] | TREATED<br>[REDACTED]  |
|                     | ARREST LOCATION<br>[REDACTED]  | SOCIAL SECURITY NUMBER<br>[REDACTED]  | DRIVERS LICENSE NUMBER<br>[REDACTED]  | DIST./ZONE/SUB<br>[REDACTED]   | RIGHTS WAIVED FORM #<br>[REDACTED] |                      |                        |
|                     | ALIAS/NICKNAME<br>[REDACTED]   | MAGISTRATE DATE/TIME<br>[REDACTED]  | TRANSPORTED BY<br>[REDACTED]  |  | UNIT<br>[REDACTED]                 |                      |                        |
|                     | ARRESTEE ARMED AT TIME OF ARREST<br><input type="checkbox"/> UNARMED <input type="checkbox"/> SHOTGUN <input type="checkbox"/> KNIFE <input type="checkbox"/> AUTOMATIC<br><input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER WEAPON <input type="checkbox"/> SEMI-AUTOMATIC | ARREST TYPE<br><input type="checkbox"/> ON VIEW <input type="checkbox"/> SUMMONS<br><input type="checkbox"/> EXISTING WARRANT | RESIDENT STATUS<br><input type="checkbox"/> ORLEANS RESIDENT<br><input type="checkbox"/> NON-RESIDENT | JUVENILE DISPOSITION<br><input type="checkbox"/> RELEASED TO PARENT<br><input type="checkbox"/> HELD FOR COURT |                                    |                      |                        |
|                     | CHARGES<br>[REDACTED]  |   |   |  |                                    |                      | VICTIM #<br>[REDACTED] |

|                    |   |   |   |  |   |  |   |   |  |
|--------------------|---|---|---|--|---|--|---|---|--|
| <b>DESCRIPTION</b> | <b>01-BUILD</b><br><input type="checkbox"/> 01 SMALL/PETITE<br><input type="checkbox"/> 02 THIN<br><input type="checkbox"/> 03 MEDIUM<br><input type="checkbox"/> 04 MUSCULAR<br><input type="checkbox"/> 05 HEAVY/STOCKY<br><input type="checkbox"/> 06 FLABBY<br><input type="checkbox"/> 07 STOOPED SHOULDERS<br><input type="checkbox"/> 08 NARROW SHOULDERS<br><input type="checkbox"/> 09 BROAD SHOULDERS<br><input type="checkbox"/> 10 DWARF/MIDGET | <b>02-ODDITIES</b><br><input type="checkbox"/> 01 LIMP<br><input type="checkbox"/> 02 CRIPPLED ARM<br><input type="checkbox"/> 03 MISSING ARM<br><input type="checkbox"/> 04 MISSING FINGER<br><input type="checkbox"/> 05 MISSING HAND<br><input type="checkbox"/> 06 MISSING FOOT<br><input type="checkbox"/> 07 MISSING LEG<br><input type="checkbox"/> 08 ABNORMAL GENITALS<br><input type="checkbox"/> 09 BODY ODOR<br><input type="checkbox"/> 10 LEFT HANDED | <b>03-SCARS</b><br><input type="checkbox"/> 01 CHEEK, LEFT<br><input type="checkbox"/> 02 CHEEK, RIGHT<br><input type="checkbox"/> 03 CHIN<br><input type="checkbox"/> 04 EAR, LEFT<br><input type="checkbox"/> 05 EAR, RIGHT<br><input type="checkbox"/> 06 EYEBROW, LEFT<br><input type="checkbox"/> 07 EYEBROW, RIGHT<br><input type="checkbox"/> 08 LIP UPPER<br><input type="checkbox"/> 09 NOSE<br><input type="checkbox"/> 10 NECK | <b>04-TATTOOS</b><br><input type="checkbox"/> 01 ARM, LEFT<br><input type="checkbox"/> 02 ARM, RIGHT<br><input type="checkbox"/> 03 HAND, LEFT<br><input type="checkbox"/> 04 HAND, RIGHT<br><input type="checkbox"/> 05 WRIST, LEFT<br><input type="checkbox"/> 06 WRIST, RIGHT<br><input type="checkbox"/> 07 CHEST<br><input type="checkbox"/> 08 BACK<br><input type="checkbox"/> 09 LEG, LEFT<br><input type="checkbox"/> 10 LEG, RIGHT | <b>05-APPAREL</b><br><input type="checkbox"/> 01 CLOTH OVER FACE<br><input type="checkbox"/> 02 STOCKING OVER FACE<br><input type="checkbox"/> 03 MASK<br><input type="checkbox"/> 04 EARRINGS<br><input type="checkbox"/> 05 SUNGLASSES<br><input type="checkbox"/> 06 RINGS<br><input type="checkbox"/> 07 GLOVES<br><input type="checkbox"/> 08 CAP/HAT<br><input type="checkbox"/> 09 MAN-FEMALE ATTIRE<br><input type="checkbox"/> 10 TENNIS SHOES | <b>06-SPEECH</b><br><input type="checkbox"/> 01 SOFT/POLITE<br><input type="checkbox"/> 02 RASPY/DEEP<br><input type="checkbox"/> 03 RAPID<br><input type="checkbox"/> 04 SLOW<br><input type="checkbox"/> 05 LOUD<br><input type="checkbox"/> 06 MUMBLE<br><input type="checkbox"/> 07 STUTTERS/LISP<br><input type="checkbox"/> 08 VULGAR<br><input type="checkbox"/> 09 APPOLOGETIC<br><input type="checkbox"/> 10 EFFEMINATE         |   |   |  |
|                    | <b>07-ACCENT</b><br><input type="checkbox"/> 01 AFRO/AMERICAN<br><input type="checkbox"/> 02 SPANISH<br><input type="checkbox"/> 03 ORIENTAL<br><input type="checkbox"/> 04 FRENCH<br><input type="checkbox"/> 05 ENGLISH<br><input type="checkbox"/> 06 JAMAICAN<br><input type="checkbox"/> 07 OTHER  | <b>08-FACIAL ODDITIES</b><br><input type="checkbox"/> 01 BIRTHMARKS<br><input type="checkbox"/> 02 BLOTCHES<br><input type="checkbox"/> 03 FRECKLES<br><input type="checkbox"/> 04 MOLE/WARTS<br><input type="checkbox"/> 05 PIMPLE/POCKS<br><input type="checkbox"/> 06 WRINKLES<br><input type="checkbox"/> 07 HIGH CHEEKS<br><input type="checkbox"/> 08 THICK LIPS<br><input type="checkbox"/> 09 DEFORMED EAR<br><input type="checkbox"/> 10 MISSING EAR       | <b>09-EYES</b><br><input type="checkbox"/> 01 BLUE<br><input type="checkbox"/> 02 BROWN<br><input type="checkbox"/> 03 GREY<br><input type="checkbox"/> 04 GREEN<br><input type="checkbox"/> 05 BLOODSHOT<br><input type="checkbox"/> 06 BULGING<br><input type="checkbox"/> 07 CROSSED<br><input type="checkbox"/> 08 MISSING/GLASS<br><input type="checkbox"/> 09 SQUINTS/BLINKS<br><input type="checkbox"/> 10 SLANTED/ORIENTAL        | <b>10-NOSE</b><br><input type="checkbox"/> 01 LARGE<br><input type="checkbox"/> 02 SMALL<br><input type="checkbox"/> 03 LONG<br><input type="checkbox"/> 04 THIN<br><input type="checkbox"/> 05 PUG<br><input type="checkbox"/> 06 POINTED<br><input type="checkbox"/> 07 BROAD<br><input type="checkbox"/> 08 FLAT<br><input type="checkbox"/> 09 HOOKED<br><input type="checkbox"/> 10 RED   | <b>11-TEETH</b><br><input type="checkbox"/> 01 IRREGULAR<br><input type="checkbox"/> 02 DECAYED<br><input type="checkbox"/> 03 PROTRUDING<br><input type="checkbox"/> 04 CAPS<br><input type="checkbox"/> 05 MISSING<br><input type="checkbox"/> 06 CHIPPED<br><input type="checkbox"/> 07 GOLD<br><input type="checkbox"/> 08 DESIGN<br><input type="checkbox"/> 09 DIAMOND<br><input type="checkbox"/> 10 BRACES                                      | <b>12-HAIR COLOR</b><br><input type="checkbox"/> 01 BLONDE<br><input type="checkbox"/> 02 RED<br><input type="checkbox"/> 03 BROWN<br><input type="checkbox"/> 04 BLACK<br><input type="checkbox"/> 05 GREY/SILVER<br><input type="checkbox"/> 06 SALT/PEPPER<br><input type="checkbox"/> 07 MULTI-COLOR<br><input type="checkbox"/> 08 PLAT. BLONDE<br><input type="checkbox"/> 09 STREAKED<br><input type="checkbox"/> 10 GREY PATCHES | <b>13-HAIR STYLE</b><br><input type="checkbox"/> 01 AFRO<br><input type="checkbox"/> 02 BRAIDED<br><input type="checkbox"/> 03 CURLY<br><input type="checkbox"/> 04 STRAIGHT<br><input type="checkbox"/> 05 CREWCUT<br><input type="checkbox"/> 06 BALD<br><input type="checkbox"/> 07 SHORT<br><input type="checkbox"/> 08 MEDIUM<br><input type="checkbox"/> 09 LONG<br><input type="checkbox"/> 10 FADE/DESIGN | <b>14-FACIAL HAIR</b><br><input type="checkbox"/> 01 SIDEBURNS<br><input type="checkbox"/> 02 MUTTON CHOPS<br><input type="checkbox"/> 03 BEARD<br><input type="checkbox"/> 04 GOATEE<br><input type="checkbox"/> 05 MUSTACHE<br><input type="checkbox"/> 06 FU-MANCHU<br><input type="checkbox"/> 07 HAIR UND. LIP<br><input type="checkbox"/> 08 UNSHAVEN<br><input type="checkbox"/> 09 BUSHY EYEBROWS<br><input type="checkbox"/> 10 CLEAN SHAVEN | <b>15-COMPLEXION</b><br><input type="checkbox"/> 01 ALBINO<br><input type="checkbox"/> 02 FAIR<br><input type="checkbox"/> 03 RUDDY<br><input type="checkbox"/> 04 OLIVE<br><input type="checkbox"/> 05 LIGHT<br><input type="checkbox"/> 06 BROWN<br><input type="checkbox"/> 07 DARK |
|                    | ADDITIONAL DESCRIPTION<br>[REDACTED]  |   |   |  |   |  |   |   |  |

|              |   |   |  |  |   |   |  |
|--------------|---|---|--|--|---|---|--|
| <b>CODES</b> | RACE<br>W-WHITE<br>B-BLACK<br>I-AMERIND<br>A-ASIAN<br>U-UNKNOWN | VICTIM TYPE<br>B-BUSINESS<br>F-FINANCIAL INST.<br>G-GOVERNMENT<br>L-LAW OFFICER<br>R-RELIGIOUS ORG. | S-SOCIETY<br>O-ORLEANS RESIDENT<br>M-METRO RESIDENT<br>N-NON RESIDENT<br>U-UNKNOWN | SOBRIETY<br>S-SOBER<br>A-ALCOHOL<br>D-DRUGS<br>U-UNKNOWN | INJURY<br>B-BROKEN BONES<br>I-INTERNAL INJURY<br>L-LACERATIONS<br>M-MINOR<br>O-OTHER MAJOR<br>N-NO INJURY | TREATED<br>R-REFUSED<br>T-TREATED<br>H-HOSPITALIZED | VICTIM RELATIONSHIP TO OFFENDER (VICTIM WAS:)<br>A-SPOUSE<br>B-COMMON LAW<br>C-PARENT<br>D-OFFSPRING<br>E-SIBLING<br>F-GRANDPARENT<br>G-GRANDCHILD<br>H-OTHER FAMILY<br>I-ACQUAINTANCE<br>J-NEIGHBOR<br>K-BEING BABYSAT<br>L-BOY/GIRL FRIEND<br>M-EX SPOUSE<br>N-EMPLOYEE<br>O-EMPLOYER<br>P-HOMOSEXUAL<br>S-STRANGER<br>U-UNKNOWN |
|              | DETECTIVE<br>E. GARCIA 1227                                     | CRIME LAB   | OTHER  | REPORTING CAR #<br>222 B                                 |   |   |  |

|                                 |                     |                                      |              |                          |                     |
|---------------------------------|---------------------|--------------------------------------|--------------|--------------------------|---------------------|
| REPORTING OFFICER<br>[REDACTED] | BADGE<br>[REDACTED] | REPORTING OFFICER<br>DOJ THOMAS RUFF | BADGE<br>873 | SUPERVISOR<br>[REDACTED] | BADGE<br>[REDACTED] |
|---------------------------------|---------------------|--------------------------------------|--------------|--------------------------|---------------------|

# NEW ORLEANS POLICE DEPARTMENT - INCIDENT M.O.

PAGE \_\_\_\_\_ OF \_\_\_\_\_

ITEM NUMBER \_\_\_\_\_

**MOTIVATION**

**16 - CRIMINAL ACTIVITY**

- 01 BUYING/RECEIVING
- 02 CULTIVATION/MANUFACTURE
- 03 DISTRIBUTION/SELLING
- 04 EXPLOITING CHILDREN
- 05 POSSESSION WITH INTENT TO SELL
- 06 OPERATING/PROMOTION
- 07 POSSESSING/CONCEALING
- 08 TRANSPORTING/TRANSMITTING
- 09 USING/CONSUMING
- 10 OTHER (DESCRIBE BELOW)

**17 - MOTIVE**

- 01 FINANCIAL GAIN
- 02 ARGUMENT
- 03 SEXUAL
- 04 REVENGE
- 05 JEALOUSY
- 06 NARCOTICS
- 07 DOMESTIC D
- 08 GAMBLING LOSSES
- 09 BIAS/HATE
- 10 NEGLIGENCE
- 11 CHILQ ABUSE
- 12 MERCY KILLING
- 13 OTHER CRIME INVOLVED
- 14 OFFENDER KILLED BY POLICE
- 15 OFFENDER KILLED BY CITIZEN
- 16 UNKNOWN

**18 - TARGETS**

- 01 BUSINESS
- 02 RESIDENCE
- 03 GARAGE/CARPORT
- 04 VEHICLE
- 05 PERSON
- 06 DELIVERYMAN
- 07 MAILMAN
- 08 SALESMAN
- 09 TAXI DRIVER
- 10 CASH REGISTER
- 11 DISPLAY ITEMS
- 12 GAMING DEVICE
- 13 JUKEBOX
- 14 SAFE/STRONGBOX
- 15 COIN OPERATED DEVICE
- 16 PURSE/WALLET
- 17 UNKNOWN
- 18 OTHER (DESCRIBE BELOW)

**MEANS OF ENTRY**

**19 - METHOD OF ENTRY**

- 01 ADMITTED ENTRY
- 02 OPENED/UNLOCKED
- 03 KEY
- 04 HID IN BUILDING
- 05 FOLLOWED VICTIM
- 06 OTHER NO FORCE
- 07 BODILY FORCE
- 08 BRICK/ROCK
- 09 BOLT CUTTER
- 10 PRY BAR
- 11 PUNCH LOCK
- 12 SAW/DRILL
- 13 EXPLOSIVE/INCENDIARY DEVICE
- 14 RAMMED W/ VEHICLE
- 15 OTHER TOOL
- 16 REMOVED SCREEN/BARS
- 17 JIMMIED LOCK
- 18 SMASHED/BROKE OUT WINDOW
- 19 SMASHED/BROKE OUT DOOR
- 20 SMASHED/BROKE OUT WALL
- 21 OTHER FORCE USED

**20 - POINT OF ENTRY/EXIT**

- 01 FRONT
- 02 SIDE
- 03 REAR
- 04 ROOF
- 05 FLOOR
- 06 DOOR
- 07 WINDOW
- 08 WALL
- 09 DUCT/VENT
- 10 ADJACENT APARTMENT
- 11 ADJACENT BUILDING
- 12 ATTACHED GARAGE
- 13 HOOD
- 14 TRUNK
- 15 UNKNOWN
- 16 OTHER (DESCRIBE)

USED DEF

**21 - SECURITY USED/DEFEATED**

- 01 ALARM
- 02 BARS
- 03 CAMERA
- 04 DOG
- 05 FENCE/GATE
- 06 GUARD
- 07 INTERIOR LIGHTING
- 08 EXTERIOR LIGHTING
- 09 LOCKED DOORS
- 10 LOCKED WINDOW
- 11 NEIGHBORHOOD WATCH
- 12 OTHER (DESCRIBE BELOW)

**CRIME LOCATION**

**22 - RESIDENTIAL**

- 01 SINGLE FAMILY DWELLING
- 02 DUPLEX
- 03 APARTMENT
- 04 CONDOMINIUM
- 05 PUBLIC HOUSING UNIT
- 06 MOBILE HOME
- 07 PRIVATE GARAGE/SHED
- 08 OTHER (DESCRIBE BELOW)

**24 - COMMERCIAL ESTABLISHMENT**

- 01 APPLIANCE STORE
- 02 AUTO PARTS STORE
- 03 AUTO SALES LOT
- 04 BAR/LOUNGE
- 05 BICYCLE SHOP
- 06 BOOKSTORE
- 07 CAMERA SHOP
- 08 CLEANERS
- 09 CLOTHING STORE
- 10 COIN LAUNDRY
- 11 CONVENIENCE STORE
- 12 COMPUTER STORE
- 13 DEPARTMENT STORE
- 14 DOCTOR'S OFFICE
- 15 DRUG STORE
- 16 ELECTRONICS STORE
- 17 FAST FOOD STORE
- 18 FINANCIAL INSTITUTION
- 19 FLORIST
- 20 GAS STATION
- 21 GUN STORE
- 22 HARDWARE STORE
- 23 HOTEL/MOTEL
- 24 JEWELRY STORE
- 25 LIQUOR STORE
- 26 MANUFACTURING
- 27 OFFICE BUILDING
- 28 PARKING GARAGE
- 29 PAWNSHOP
- 30 RENTAL STORAGE
- 31 RESTAURANT
- 32 SHOE STORE
- 33 SPORTING GOODS
- 34 SUPREMARKET/GROCERY
- 35 THEATER
- 36 VIDEO STORE
- 37 WAREHOUSE
- 38 OTHER (DESCRIBE BELOW)

**25 - PUBLIC ACCESS AREA**

- 01 AIRPORT
- 02 CONVENTION CENTER
- 03 FAIRGROUNDS
- 04 MUNICIPAL AUDITORIUM
- 05 SUPREDOME/ARENA
- 06 U.N.O. ARENA
- 07 UNION PASS TERM.
- 08 OTHER PUBLIC FACILITY
- 09 CASINO-RIVERBOAT
- 10 CASINO-LAND BASE
- 11 CASINO-PARKING
- 12 CHURCH
- 13 SYNAGOGUE
- 14 OTHER RELIGIOUS BUILDING
- 15 GOVERNMENT OFFICE BLDG.
- 16 POST OFFICE
- 17 JAIL/PRISON
- 18 OTHER GOVT FACILITY
- 19 ELEMENTARY SCHOOL
- 20 HIGH SCHOOL
- 21 COLLEGE/UNIVERSITY
- 22 HOSPITAL/CLINIC
- 23 OTHER (DESCRIBE BELOW)

**27 - TYPE STRUCTURE**

- 01 ONE STORY
- 02 MULTI-STORY
- 03 BRICK
- 04 CINDER BLOCK
- 05 CONCRETE
- 06 CORRUGATED METAL
- 07 WOOD FRAME
- 08 OTHER (DESCRIBE BELOW)

**23 - OUTDOOR AREA**

- 01 STREET/ROAD/ALLEY
- 02 VACANT LOT
- 03 PUBLIC PARK
- 04 WOODED AREA/FIELD
- 05 PUBLIC HOUSING COMMON
- 06 CONSTRUCTION SITE
- 07 PUBLIC PARKING AREA
- 08 COMMERCIAL PARKING LOT
- 09 LAKE/WATERWAY
- 10 OTHER (DESCRIBE BELOW)

**26 - MOVABLE**

- 01 AIRCRAFT
- 02 BOAT
- 03 COMMERCIAL VEHICLE
- 04 PERSONAL VEHICLE
- 05 PUBLIC TRANSIT VEHICLE
- 06 RAIL CAR/TRAIN
- 07 RECREATIONAL VEHICLE
- 08 TRACTOR TRAILER
- 09 OTHER (DESCRIBE BELOW)

**28 - STRUCTURE STATUS**

- 01 OPEN FOR BUSINESS
- 02 CLOSED
- 03 OCCUPIED
- 04 UNOCCUPIED
- 05 ABANDONED
- 06 VACANT
- 07 OTHER (DESCRIBE BELOW)

**OFFENDER'S ACTIONS**

**29 - OFFENDERS APPROACH TO VICTIM**

- 01 LOITERED IN AREA
- 02 STOOD AT BUS STOP
- 03 CASSED TARGET
- 04 FOLLOWED ON FOOT
- 05 FOLLOWED IN VEHICLE
- 06 APPROACHED FROM FRONT
- 07 APPROACHED FROM REAR
- 08 APPROACHED FROM VEHICLE
- 09 ATTACKED FROM CONCEALMENT
- 10 STOPPED VICTIM'S VEHICLE
- 11 ANSWERED AD
- 12 ASKED FOR HELP
- 13 ASKED FOR DIRECTIONS
- 14 ASKED FOR TIME
- 15 FEIGNED ILLNESS/INJURY
- 16 ASSISTED WITH CAR TROUBLE
- 17 ENTERED AFTER KNOCKING
- 18 MET AT BAR/PARTY
- 19 CLAIMED SENT BY PARENT/FRIEND
- 20 OFFERED ALCOHOL
- 21 OFFERED DRUGS
- 22 OFFERED RIDE
- 23 OFFERED JOB
- 24 OFFERED MONEY/GIFT
- 25 OFFERED SEX
- 26 UNKNOWN
- 27 OTHER (DESCRIBE BELOW)

**30 - IMPERSONATED**

- 01 BILL COLLECTOR
- 02 CABLE REP.
- 03 CUSTOMER
- 04 DELIVERY MAN
- 05 FRIEND
- 06 MAILMAN
- 07 POLICE OFFICER
- 08 SALESMAN
- 09 SERVICEMAN
- 10 SURVEY TAKER
- 11 UTILITY CO. REP.
- 12 OTHER (DESCRIBE BELOW)

**31 - WEAPON**

- 01 HANDGUN
- 02 RIFLE
- 03 SHOTGUN
- 04 UNK. FIREARM
- 05 KNIFE/CUTTING INST.
- 06 BLUNT OBJECT
- 07 HANDS FIST FEET
- 08 POISON
- 09 EXPLOSIVE
- 10 INCENDIARY DEVICE
- 11 DRUGS
- 12 ASPHYXIATON

**32 - FIREARM FEATURES**

- 01 SEMI-AUTOMATIC
- 02 REVOLVER
- 03 CHROME/NICKEL
- 04 BLUE STEEL
- 05 SHORT BARREL
- 06 SINGLE BARREL
- 07 DOUBLE BARREL
- 08 SAWED OFF
- 09 BOLT ACTION
- 10 PUMP
- 11 ALTERED STOCK
- 12 OTHER (DESCRIBE BELOW)

**33 - PROPERTY CRIMES**

- 01 COMMITTED CRIMINAL DAMAGE
- 02 RANSACKED PREMISES
- 03 SET FIRE
- 04 CONSUMED FOOD/DRINK
- 05 USED FACILITIES/PHONE
- 06 DEFEATED/URINATED
- 07 DISABLED PHONE
- 08 KNEW LOCATION OF HIDDEN PROPERTY
- 09 PLACED GOODS IN SACK
- 10 USED LOOKOUT/DRIVER
- 11 USED COMPUTER EQUIPMENT
- 12 OTHER (DESCRIBE BELOW)

**34 - PERSON CRIMES**

- 01 THREATENED WITH WEAPON
- 02 STRUCK VICTIM WITH WEAPON
- 03 FIRED WEAPON
- 04 SHOT/STABBED VICTIM
- 05 POISONED/DRUGGED VICTIM
- 06 STRANGLED VICTIM
- 07 BURNED VICTIM
- 08 BOUND/GAGGED VICTIM
- 09 KIDNAPPED VICTIM
- 10 FORCED VICTIM INTO LOCATION
- 11 TOOK HOSTAGE
- 12 FORCED VICTIM TO DISROBE
- 13 KNEW VICTIM'S NAME
- 14 CALLED VICTIM BY OTHER NAME
- 15 DEMANDED MONEY
- 16 DEMANDED CAR KEYS
- 17 DEMANDED JEWELRY
- 18 DEMANDED DRUGS
- 19 USED DEMAND NOTE
- 20 DISABLED PHONE
- 21 PLACED PROP. IN SACK/POCKET
- 22 KNEW LOCATION OF HIDDEN PROP.
- 23 USED FACILITIES/PHONE
- 24 USED LOOKOUT/DRIVER
- 25 USED SLEIGHT OF HAND/TRICKERY
- 26 DROP THE PIGEON
- 27 OTHER (DESCRIBE BELOW)

**SEX CRIME SPECIFIC**

- 28 CUT/REMOVED VICTIM'S CLOTHING
- 29 OFFENDER DISROBED
- 30 EXPOSED GENITALS ONLY
- 31 VICTIM MASTURBATED OFFENDER
- 32 VICTIM PERFORMED ORAL ACTS
- 33 OFFENDER MASTURBATED
- 34 UNABLE TO ACHIEVE ERECTION
- 35 EJACULATED/URINATED ON VICTIM
- 36 USED CONTRACEPTIVE/LUBRICANT
- 37 KISSED/LICKED/BIT VICTIM
- 38 PERFORMED ORAL ACTS ON VICTIM
- 39 VAGINAL PENETRATION
- 40 ANAL PENETRATION
- 41 PENETRATED WITH OBJECT
- 42 OFFENDER CRIED

OFFENDER'S VERBIAGE / ADDITIONAL INFORMATION

The Times-Picayune/NOLA.com

|         |   |  |      |                        |        |         |
|---------|---|--|------|------------------------|--------|---------|
| WEAPONS | <input type="checkbox"/> CONFISCATED<br><input type="checkbox"/> EVIDENCE<br><input type="checkbox"/> RECOVERED | <input type="checkbox"/> HANDGUN<br><input type="checkbox"/> RIFLE<br><input type="checkbox"/> SHOTGUN | MAKE | MODEL                  | SERIAL | CALIBER |
|         | <input type="checkbox"/> NCIC<br><input type="checkbox"/> STOLEN<br><input type="checkbox"/> NOT STOLEN         | NCIC CONTACT   |      | ADDITIONAL INFORMATION |        |         |
|         | <input type="checkbox"/> PAWNSHOP RECORD<br><input type="checkbox"/> NO RECORD                                  | PAWNSHOP CONTACT   |      |                        |        |         |

|         |   |             |       |       |                   |               |
|---------|---|-------------|-------|-------|-------------------|---------------|
| VEHICLE | <input type="checkbox"/> STOLEN<br><input type="checkbox"/> VICTIM<br><input type="checkbox"/> WANTED<br><input type="checkbox"/> IMPOUNDED | YEAR        | MAKE  | MODEL | COLOR(TOP/BOTTOM) | VALUE         |
|         | <input type="checkbox"/> RECOVERED<br><input type="checkbox"/> STOLEN LOCAL<br><input type="checkbox"/> STOLEN FOREIGN                      | LIC. NUMBER | STATE | YEAR  | VIN/SERIAL NUMBER | DIST/ZONE/SUB |
|         | LOCATION OF RECOVERY  |             |       |       |                   |               |

|         |   |   |   |  |  |
|---------|---|---|---|--|--|
| VEHICLE | <input type="checkbox"/> 2D TWO DOOR<br><input type="checkbox"/> 4D FOUR DOOR<br><input type="checkbox"/> SW STATION WAGON<br><input type="checkbox"/> PU PICK-UP<br><input type="checkbox"/> AC AIRCRAFT | <b>VEHICLE STYLE</b><br><input type="checkbox"/> CV CONVERTIBLE<br><input type="checkbox"/> VN FULL SIZE VAN<br><input type="checkbox"/> MV MINIVAN<br><input type="checkbox"/> RV RECREATIONAL VEHICLE | <input type="checkbox"/> TK COMMERCIAL TRUCK<br><input type="checkbox"/> SU SPORTS UTILITY<br><input type="checkbox"/> WC WATERCRAFT<br><input type="checkbox"/> MC MOTORCYCLE<br><input type="checkbox"/> XX OTHER | <b>35 VEHICLE DAMAGE</b><br><input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY<br><input type="checkbox"/> 3501 <input type="checkbox"/> 3504 <input type="checkbox"/> 3507 <input type="checkbox"/> 3510 <input type="checkbox"/> 3513<br><input type="checkbox"/> 3502 <input type="checkbox"/> 3505 <input type="checkbox"/> 3508 <input type="checkbox"/> 3511 <input type="checkbox"/> 3514<br><input type="checkbox"/> 3503 <input type="checkbox"/> 3506 <input type="checkbox"/> 3509 <input type="checkbox"/> 3512 <input type="checkbox"/> 3515 |  |
|---------|---|---|---|--|--|

|         |  |  |  |                        |
|---------|--|--|--|------------------------|
| VEHICLE | <b>36 RECOVERED VEHICLE M.O.</b><br><input type="checkbox"/> 01 USED IN CRIME<br><input type="checkbox"/> 02 USED IN JOY RIDE<br><input type="checkbox"/> 03 VIN NUMBER ALTERED<br><input type="checkbox"/> 04 CHOPPED<br><input type="checkbox"/> 05 STRIPPED<br><input type="checkbox"/> 06 AUDIO ONLY STOLEN<br><input type="checkbox"/> 07 BATTERY ONLY STOLEN | <input type="checkbox"/> 08 DOOR LOCK POPPED<br><input type="checkbox"/> 09 WINDOW SMASHED<br><input type="checkbox"/> 10 NO FORCED ENTRY<br><input type="checkbox"/> 11 STEERING DEFEATED<br><input type="checkbox"/> 12 HOT WIRED<br><input type="checkbox"/> 13 KEYS IN VEHICLE | <input type="checkbox"/> 14 RESIDENTIAL AREA<br><input type="checkbox"/> 15 HOUSING DEVELOP.<br><input type="checkbox"/> 16 COMMERCIAL AREA<br><input type="checkbox"/> 17 PARK/PLAYGROUND<br><input type="checkbox"/> 18 DESERTED AREA<br><input type="checkbox"/> 19 BURNED<br><input type="checkbox"/> 20 SUBMERGED | ADDITIONAL DESCRIPTION |
|---------|--|--|--|------------------------|

|                 |   |   |  |  |  |  |  |                     |
|-----------------|---|---|--|--|--|--|--|---------------------|
| PROPERTY LEGEND | A1 CURRENCY/COIN<br>A2 NEGOTIABLE<br>A3 POSTAGE STAMPS<br>B1 JEWELRY<br>B2 PRECIOUS METAL<br>B3 PRECIOUS STONE<br>C1 CLOTHING | C2 FURS<br>C3 PURSE/WALLET<br>E1 OFFICE EQUIPMENT<br>E2 OFFICE FURNITURE<br>E3 COMPUTER HARDWARE<br>E4 COMPUTER SOFTWARE<br>F1 TELEVISION | F2 RADIO<br>F3 STEREO<br>F4 CAMERA/PROJECTOR<br>F5 AUDIO/VIDEO PROJ.<br>G1 FIREARM<br>H1 HOUSEHOLD ITEMS<br>I1 FOOD/BEVERAGE | I2 ALCOHOLIC BEVERAGES<br>I3 TOBACCO PRODUCTS<br>I4 GASOLINE/OIL<br>I5 TOILETRIES<br>I6 DRUGS<br>J1 LIVESTOCK<br>K1 ART/ANTIQUES | K2 CEMETERY ITEMS<br>K3 BICYCLE<br>K4 NON-NEGOTIABLE<br>K5 CREDIT/DEBIT CARDS<br>K6 NARCOTIC EQUIPMENT<br>K7 GAMBLING EQUIPMENT<br>K8 HAND/POWER TOOLS | K9 HEAVY EQUIPMENT<br>KA VEHICLE PARTS/ACC.<br>KB OTHER PROPERTY<br>L1 STRUCTURE DWELLING<br>L2 STRUCTURE COMM.<br>L3 STRUCTURE PUBLIC<br>L4 STRUCTURE STORAGE | <b>LOSS TYPE</b><br>S STOLEN<br>R RECOVERED<br>D DAMAGED/DESTROYED<br>B BURNED<br>F FORGED/COUNTERFEIT<br>C CONFISCATED/SEIZED | U UNKNOWN<br>N NONE |
|                 | <b>NARCOTIC LEGEND</b><br>NA CRACK COCAINE<br>NB POWDER COCAINE<br>NC HASHISH<br>NI HASH OIL<br>ND HEROIN<br>NE MARIJUANA     | NF MORPHINE<br>NG OPIUM<br>NH OTHER NARCOTIC<br>NI LSD<br>NJ PCP<br>NK OTHER HALLUCINOGEN   | NL METH/AMPHETAMINES<br>NM OTHER STIMULANTS<br>NN BARBITURATES<br>NO OTHER DEPRESSANT<br>NP OTHER DRUGS<br>NU UNKNOWN        | <b>NARCOTIC WEIGHT</b><br>GM GRAM<br>KG KILOGRAM<br>OZ OUNCE<br>LB POUND<br>ML MILLILITER<br>LT LITER                            | FO FLUID OUNCE<br>GL GALLON<br>DU DOSAGE UNITS<br>NP NUMBER PLANTS<br>XX OTHER   | PROPERTY/EVIDENCE RECEIPT<br># _____   |  |                     |

PROPERTY / EVIDENCE / NARRATIVE

| LOSS TYPE  | QUANTITY/WEIGHT | BRAND/MANUFACTURER<br>NARCOTIC TYPE | DESCRIPTION | SERIAL NUMBER | PROP/NARC CODE | VALUE  |
|--|-----------------|-------------------------------------|-------------|---------------|----------------|--------|
|  |                 |                                     | PROPERTY    |               |                |        |
| D  | 1               | SONICCARE                           | TOOTHBRUSH  | unk           | KB             | \$1200 |
|  |                 |                                     | NARRATIVE   |               |                |        |
| ON MONDAY MARCH 1, 2010 AT ABOUT 4:30 pm OFFICERS EVAN WALWOOD AND THOMAS RIPP 222B WERE DISPATCHED TO INVESTIGATE A DISTURBANCE AT 1633 DUFOSSAT.   |                 |                                     |             |               |                |        |
| UPON ARRIVAL THE OFFICERS SPOKE WITH THE REPORTING PERSON MAN LESLIE. HE STATED THAT HIS ROOMMATE CHARLES ROBERSON DOB [REDACTED] [REDACTED] PUT HIS TOOTH BRUSH INSIDE THE TOILET, [REDACTED] THE TOILET WITH IT AND URINATED ON IT. HE STATED THE INCIDENT HAPPE |                 |                                     |             |               |                |        |

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| QSS TYPE | QUANTITY/WEIGHT | BRAND/MANUFACTURER<br>NARCOTIC TYPE | DESCRIPTION | SERIAL NUMBER | PROP/NARC CODE | VALUE |
|----------|-----------------|-------------------------------------|-------------|---------------|----------------|-------|
|----------|-----------------|-------------------------------------|-------------|---------------|----------------|-------|

BECAUSE THE TWO GOT INTO AN ARGUMENT AND THEY CALLED EACH OTHER NAMES. LESLIE STATED THAT ROBERSON CALLED HIM A "FAGGOT" AND THAT HE "SUCKS DICK." HE STATED THAT HIS THROAT STARTED TO HURT AND GOT PROGRESSIVELY WORSE AND HAD TO GO TO THE HOSPITAL. HE STATED THE ARGUMENT HAPPENED ON FEBRUARY 8, 2010 AT ABOUT 7:00 PM AND WENT TO THE HOSPITAL ON FEBRUARY 21, 2010 AT ABOUT 2:30 PM. HE STATED HE WENT TO URGENT CARE ON ST. JOSEPH ST. AND WAS TREATED FOR A VIRAL INFECTION IN HIS THROAT. HE ALSO STATED HE USED THE TOOTHBRUSH PRIOR TO AND AFTER IT HAD BEEN PLACED IN TOILET.

THE OFFICERS DISCOVERED THE HOUSE WAS THE "MTV REAL WORLD HOUSE" AND VIDEO SURVEILLANCE WAS SET UP AROUND THE HOUSE.

JIM JOHNSTON'S, EXECUTIVE PRODUCER OF THE REAL WORLD, INFORMATION WAS PHOTOCOPIED AND MADE PART OF THIS REPORT.

THE OFFICERS RELOCATED TO THE SECOND DISTRICT POLICE STATION WHERE THE VICTIM FILLED OUT A VOLUNTARY STATEMENT <sup>FORM</sup> AND WAS MADE PART OF THIS REPORT.

DETECTIVE E. GARCIA <sup>1227</sup> WAS NOTIFIED OF THE INCIDENT AND WILL FURTHER THE INVESTIGATION.

SGT R. PHILBERT, 230 B, WAS NOTIFIED OF THE INCIDENT.

A COPY OF THIS REPORT WAS FORWARDED TO SECOND DISTRICT DETECTIVE UNIT. [REDACTED]

THE TOOTHBRUSH WAS LOGGED ON THE BOOKS AT CE&P # C:00771-10

# New Orleans Police Department Department Item Report

Item Number: C0077110

Related #'s:

## Item Information

Inv. Officer: 01322 - EVAN WALVOORD  
 Offense Date/Time: 03/01/2010 - 16:30Hrs  
 Offense Location: [REDACTED]  
 Offense Type: PROPERTY - Property (not bicycle or firearm)  
 Expiration Date: 05/30/2010  
 Jurisdiction:  
 Court Date:  
 Disposition:  
 Disposition Date:  
 Comments:

## Names

Name Type: Victim  
 Name: Leslie, Ryan  
 Address: 1633 Dufossat  
 New Orleans, La 70115  
 Additional Name Information:

Sex: M Race: W DC [REDACTED] 1988 Home Phone#: [REDACTED]  
 ID#:  
 SSN#:

## Exhibits

Exhibit Number: 001  
 Container #: [REDACTED] Process: Hold for investigative purposes  
 Status/Location: Item Submitted Into Property - Central Evidence Receiving Intake  
 Collection Date/Time: 03/01/2010 - 16:30Hrs  
 Collected By: 01322 - EVAN WALVOORD  
 Collection Location: 1633 Dufossat  
 Packaging/Quantity/Item Type: One sealed paper bag with: - 1 - Personal property  
 Detail Description: sonic care tooth brush  
 Owner: There is no owner associated with this item  
 Entered By: Carolyn Scott  
 Notes:

Collection Purpose: Property

## Lab Submissions

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*E. Walvoord*      3-1-10  
 Submitting Officer Signature      Date

Supervisor Signature

Officer's Initials

EW  
Victim/Witness  
Initials

New Orleans Police Department  
VICTIM/WITNESS VOLUNTARY STATEMENT FORM

ITEM NO. C-0071-10 Page 5 of 7

SUSPECT DESCRIPTION (Please give all names suspect is known by, race/sex, height/weight, clothing worn/ approximate age)

NAME (if known) CHARLES ROBERSON

ALIAS/NICK-NAME (if known) \_\_\_\_\_

ADDRESS (if known) [REDACTED]

RACE B SEX M HEIGHT 6'1" WEIGHT 160lbs APPROXIMATE AGE 22

IDENTIFYING MARKS (moles, tattoos, scars, facial hair, eye color, hair style/color, etc.) DARK JEANS

BROWN HOODED SHIRT

CLOTHING, INCLUDING ACCESSORIES (hats/scarf) \_\_\_\_\_

RELATIONSHIP TO SUSPECT (if any) Room mate

ADDITIONAL INFORMATION DOB [REDACTED] 1987

[REDACTED]

[REDACTED]

BY MY SIGNATURE BELOW, I SWEAR OR AFFIRM THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF UNDER CRIMINAL PENALTIES FOR CRIMINAL MISCHIEF (R.S. 14:59) OR INJURING PUBLIC RECORDS. (R.S. 14:132)

Statement ended on MONDAY the 1 of MARCH 20 10 at about 5:13 P.M  
(DAY) (DATE) (MONTH) (TIME) (A/P)

[Signature]  
Signature of person rendering statement

[Signature]  
Witness

Ryan Leslie  
Printed name of person rendering statement

EVAN WALVOORD  
Printed name of witness

Officer: EVAN WALVOORD Badge: 1322 Officer: THOMAS RIPP Badge: 873 Car 222B

New Orleans Police Department  
VICTIM/WITNESS VOLUNTARY STATEMENT FORM

ITEM NO. C-00771-10 Page 4 of 7

PLACE [REDACTED] DATE: 3.1.10 TIME STARTED: 5:13 P.M.  
(STATEMENT LOCATION) (A/P)

I, Ryan Leslie, residing at [REDACTED]

whose date of birth is [REDACTED]/1988, am giving a voluntary statement to [REDACTED]  
(D.O.B.) EVAN WALVOORD  
(INVESTIGATING OFFICER)

I am knowingly rendering this statement without the aid of an attorney. I have not been promised a reward for giving this statement or threatened with physical harm, coerced, or offered leniency by a law enforcement officer or representative from the District Attorney's Office.

On Monday the 1 of MARCH 2010, at about 5:13 pm M, at: 1633 Dufossat  
(DAY) (DATE) (MONTH) (YEAR) (TIME) (A/P) (LOCATION OF INCIDENT)

On around February 8<sup>th</sup> 2010 I got in a arguement with my roommate preston. in the arguement preston stated that he was going to do something to my belongings. Preston later came in my room and took my tooth brush off the counter and scrubbed the inside of the toilet and urinated on my toothbrush. I wasint aware of this and continued to use my toothbrush. I soon started to get a <sup>Sore</sup> throat and began to get a fever. It was extremely painful and only got worst. I went to urgent care and was tested for strep and mono both came back negative but I was diagnosed with a viral inrection. I was prescribed the Antibiotic called "AZITHROMYCIN" 250mg and recieved a Steroid Shot because I was in so much pain. I used my tooth brush all the way to the 25<sup>th</sup> of feb because i did not find out until then. I went to ugent care the 21<sup>st</sup> of february.

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