

LOUISVILLE METRO POLICE DEPARTMENT Uniform Incident Report (Form LMPD-1)

ORI: KY0568000 Master File No: Report Number: 80-08-031199

Report Date: 5-3-08 Time: 0015 From Date: 5-2-08 Time: 2315 To Date: 5-2-08 Time: 2345

How Reported: 2 Original Supplemental Location Name: LOUISVILLE GARDENS Beat: 123

Street Address: Apt No. PO Box/ Bldg No.

Reporting Officer: A. WILDER Code: 2097 Car No: 113C Supervisor: Albert Code: 6024

Pending (Open) Cleared by Arrest CBE: VCM Refused to Cooperate CBE: Death of Perpetrator
 Inactive (Open) Cleared by Arrest (Other Agency) CBE: Prosecution Declined CBE: Juvenile (No Custody)
 Unfounded Cleared by Exception (CBE) CBE: Extradition Declined Note: CBE Required Known Suspect
 Cleared Clearance Date:

No	OFFENSE TITLE: (if not serious Offense Fwd)	DAC	A/C	UDR CODE	Cts	FIN	LOC. TYPE	GANG	WPN(S)/FORCE	BIAS
1	<u>ASSAULT 479</u>			<u>00796</u>			<u>25</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
5									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
8									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Total Number of Premises/Units Entered: _____ (Use for Burglary when the Location Type is 14 Hotel/Motel or 19 Rental Storage Facility)
 DAC: Drugs Alcohol Computers (Offenders suspected of using one or all during the Offenses) A/C: Attempted / Completed (Required for ALL Offenses)
 Cts: Counts FIN: Forced Entry/No Forced Entry; This is required for all Burglaries LOCATION TYPE: Required for ALL Offenses
 GANG: Use only for Violent Crimes / Applicable Codes: J - Juvenile Gang G - Other Gang N - No Gang Involvement
 WPN(S)/FORCE: Required for All Violent Crimes; In situations where physical force is used or threatened, but the offender is otherwise unarmed, use 40-Body Part
 BIAS: Bias Motivation has strict reporting requirements. If suspected, a Supervisor must be notified immediately for approval.

VICTIM NUMBER: 1 OF 1 Associated Offenses: 1 2 3 4 5 6 7 8 9 10

Complainant: VCM TYPE: Individual Law Enforcement Off. Religious Org. Government Injury Cause(s):
 Business Financial Inst./Bank Society/Public Other Gunshot Strangle Kick
 Aggravated Assault Circumstances: INJURY TYPE: None Internal Injury Broken Bone Unconscious Stab/Cut Punch/Slap Bite
 Minor Severe Laceration Tooth Loss Other Major Blunt Object Grasp/Shows Other

Relationship(s): (Note: Use for all Violent Crimes, except Business Victims of Robbery): LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED:

Suspect Number: 1 2 3 4 5 6 7 8 9 10 LEO/KA Type: Assignment Type: Activity Type:

Relationship Code: RJ

Business / Last, F, M, Suffix: Nickname:

Address: Apt/Bldg/ PO Box: City/State: LOUISVILLE Zip:

Nationality: SSN: DOB: Age: Race: B Sex: M Hispanic

PH# OL Number: State: Misc ID Type: No: State:

PH# Occupation: Employer:

CELL: Work Address: Sub/ PO Box: Email:

Wk P#: City: State: Zip Code:

WITNESS: 1 OF Complainant Last, F, M, Suffix: Nickname:

Address: Apt/Bldg/ PO Box: City/State: Zip:

Nationality: SSN: DOB: Age: Race: Sex: Hispanic

PH# OL Number: State: Misc ID Type: No: State:

PH# Occupation: Employer:

CELL: Work Address: Sub/ PO Box: Email:

Wk P#: City: State: Zip Code:

NOTE: For Detailed Physical Descriptions, to include Clothing and SMT, do not use this section; use the Supplemental Suspect Form instead.

SUSPECT: 1 OF 1 Unknown: Last, F. M. Suffix: **EPPS, MIKE** Nickname:

Address: _____ City/State: _____ Zip: _____
 Apt/Inn/PO Box: _____

Nationality: _____ SSN: _____ DOB: **11/18/70** Age: **30-35** Race: **B** Sex: **M** Hispanic

Hgt: _____ Wgt: _____ Build: _____ Dominant Hand: _____ Eye Color: _____ Hair Color: _____ Length: _____ Style: _____
 Complexion: _____ Facial Hair: _____ Teeth: _____ Glasses

OL No: _____ State: _____ Misc ID Type: _____ No: _____ State: _____ SID/ Metro ID: _____
 PHB: _____ Gang Type: _____ Gang Name: _____ Set: _____

PHB: _____ Occupation: _____ Employer: _____ Weapon: _____
 CELL: _____ Work Address: _____ SMT: _____

MAG: _____ City: _____ State: _____ Zip Code: _____
 Suite/ PO Box: _____ Work Ph#: _____

Arrested Direct Arraignment Citation No(s): _____
 Arrest Type: Custody w/ Warrant or Previously Filed Report Summoned / Cited Arrested Armed With: _____
 Custody without a Warrant or Previously Filed Report

PROPERTY: 1 OF 2 Offense No: 1 Loss Type: 7 Property Type: 77 Make/Model: **UNKNOWN** Juvenile Disposition: Cited / Released Held in Custody
 Caliber: _____ Description: **CRICKET CELL PHONE** SN: _____
 Size: _____ Qty: 1 Value: **160.00** Recovery Agency: _____ Color: **BLACK/GRAY**
 NCIC Operator: _____ Veh No: 1 Location: _____ Date/Time: _____ Rec Rpt No: _____

PROPERTY: 2 OF 2 Offense No: 1 Loss Type: 7 Property Type: 77 Make/Model: _____
 Caliber: _____ Description: **MISC. PERSONAL KEYS** SN: _____
 Size: _____ Qty: 12 Value: **12.00** Recovery Agency: _____ Color: _____
 NCIC Operator: _____ Veh No: _____ Location: _____ Date/Time: _____ Rec Rpt No: _____

PROPERTY: 3 OF _____ Offense No: _____ Loss Type: _____ Property Type: _____ Make/Model: _____
 Caliber: _____ Description: _____ SN: _____
 Size: _____ Qty: _____ Value: _____ Recovery Agency: _____ Color: _____
 NCIC Operator: _____ Veh No: _____ Location: _____ Date/Time: _____ Rec Rpt No: _____

VEHICLE: 1 OF _____ Offense No: _____ Loss Type: _____ Theft from Veh Suspect Vehicle Property Type: _____
 Year: _____ Make/Model: _____ Style: _____ Color: _____
 State: _____ Lic Type: _____ Lic No: _____ VIN / Hull No / SN: _____ Veh. Type: _____

Veh Description: _____
 Theft MO: Forced Entry Key Used Auto Left Unlocked Auto Left Running
 Recovery Code: _____ Rec Agency: _____ Point of Entry: _____
 Recovery Date/Time: _____ Recovery Location: _____ Rec Rpt No: _____

Narrative: _____ Recovery MO: _____

Victim is a process server and was attempting to serve papers at Louisville Gardens on one of the performers in the show. As victim attempted to hand over papers subject and others with him began to attack victim. During the course of being attacked victim's key & phone fell out of his pocket and were picked up by subject's party. Victim received an abrasion to right side of head and left eye was completely bloodshot & swollen shut.

Reviewing Supervisor Code: _____

(NOTE: If Suspect Arrested, Attach Copies of Citations)