

INCIDENT	PAGE # 1	ORI NUMBER AR0630000	ARKANSAS				INTERNAL INCIDENT STATUS: <input checked="" type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded	EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable																																																																																																																																																																																																																																																																																																								
	INCIDENT NUMBER 2024-3738		INCIDENT REPORT APPROVED (Lieutenant Connell Latture)																																																																																																																																																																																																																																																																																																													
	DATE(S) OF INCIDENT 12/09/2024 - 12/10/2024		R	AGENCY NAME Saline County Sheriff's Office																																																																																																																																																																																																																																																																																																												
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DISPATCHER emily.sulzberger - SULZBERGER, EMILY			TIME RECEIVED 20:20	TIME ARRIVED	REPORTING AREA		EXCEPT. CLEAR. DATE																																																																																																																																																																																																																																																																																																									
OFFENSE # 1	UCR CODE 13A	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable		Burglary (220) Location 14&19: # PREMISES ENTERED?		FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																																																																																																									
STATUTE 5-13-204		OFFENSE DESCRIPTION Aggravated Assault			ADDRESS OF OFFENSE 15000 TIMBER RIDGE LN, Benton, AR 72015																																																																																																																																																																																																																																																																																																											
LOCATION CODE (Enter 1) <input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input checked="" type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach		<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (23) Specialty Store <input type="checkbox"/> (24) Other/Unknown <input type="checkbox"/> (25) Abandoned/Condemned Structure <input type="checkbox"/> (26) Amusement Park <input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (28) ATM Separate From Bank <input type="checkbox"/> (29) Auto Dealership New/Used <input type="checkbox"/> (30) Camp/Campground <input type="checkbox"/> (31) Daycare Facility <input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal		<input type="checkbox"/> (33) Farm Facility <input type="checkbox"/> (34) Gambling Facility/Casino/Race Track <input type="checkbox"/> (35) Industrial Site <input type="checkbox"/> (36) Military Installation <input type="checkbox"/> (37) Park/Playground <input type="checkbox"/> (38) Rest Area <input type="checkbox"/> (39) School - College/University <input type="checkbox"/> (40) School - Elementary/Secondary <input type="checkbox"/> (41) Shelter - Mission/Homeless <input type="checkbox"/> (42) Shopping Mall <input type="checkbox"/> (43) Tribal Lands <input type="checkbox"/> (44) Community Center		WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills <input checked="" type="checkbox"/> (85) Asphyxiation																																																																																																																																																																																																																																																																																																										
TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children			<input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming		TYPE GANG ACTIVITY: (Max. 3) <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown																																																																																																																																																																																																																																																																																																											
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RESIDENT ADDRESS: Street City State ZIP 15000 Timber Ridge, Benton, AR 72015			RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):																																																																																																																																																																																																																																																																																																													
OCCUPATION		RESIDENT PHONE		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th><th>VICTIM WAS:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-Law Spouse</td></tr> 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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-Law																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling																																																																																																																																																																																																																																																																																																						
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysittee (baby)																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual Relationship																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-Spouse																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee																																																																																																																																																																																																																																																																																																						
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship Unknown																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was Offender																																																																																																																																																																																																																																																																																																						
EMPLOYMENT PHONE		SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																														
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input checked="" type="checkbox"/> (U) Unknown		AGE: Exact Age <u>14</u>																																																																																																																																																																																																																																																																																																														
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander		Range <u> / </u> <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown																																																																																																																																																																																																																																																																																																														
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other																																																																																																																																																																																																																																																																																																														
VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration		<input checked="" type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness		THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9																																																																																																																																																																																																																																																																																																												
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES																																																																																																																																																																																																																																																																																																																
Aggravated Assault/Murder: (max. 2) <input checked="" type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Domestic Violence <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances				Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																																																																																																																																																																																																																																																																																																												
Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer				ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information																																																																																																																																																																																																																																																																																																												
ADM	REPORT DATE 12/09/2024	DAY Mon	TIME (Military) 20:19	REPORTING OFFICER Deputy Jesse Taylor	CODE # 2765	APPROVING SUPERVISOR Lieutenant Connell Latture	CODE # 2632	DATE APPROVED 12/15/2024																																																																																																																																																																																																																																																																																																								

INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER			CODE #	VICTIM NAME																																																										
	3	12/09/2024	2024-3738	Deputy Jesse Taylor			2765																																																											
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE																																																										
	OWNER'S NAME				ADDRESS																																																													
TOP/SOLID COLOR				SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																												
VEHICLE	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE																																																										
	OWNER'S NAME				ADDRESS																																																													
	TOP/SOLID COLOR				SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																											
	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (include serial number, make, model, primary color)			OWNER	ITEM VALUE	RECOV. DATE																																																								
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:																																																										
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.																																																																		
PROPERTY CODES																																																																		
PROPERTY DESCRIPTION:																																																																		
(01) Aircraft	(02) Alcohol	(03) Automobiles	(04) Bicycles	(05) Buses	(06) Cloths/Furs	(07) Computer Hardware/Software	(08) Consumable Goods	(09) Credit/Debit Cards	(10) Drugs/Narcotics	(11) Drug/Narcotic Equipment	(12) Farm Equipment	(13) Firearms	(14) Gambling Equipment	(15) Heavy Construction/Industrial Equipment	(16) Household Goods	(17) Jewelry/Precious Metals/Gems	(18) Livestock	(19) Merchandise	(20) Money	(21) Negotiable Instruments	(22) Nonnegotiable Instruments	(23) Office-Type Equipment	(24) Other Motor Vehicles	(25) Purses/Handbags/Wallets	(26) Radios/TVs/VCRs/DVD Players	(27) Recordings-Audio/Visual	(28) Recreational Vehicles	(29) Structures-Single Occupancy	(30) Structures-Other Dwellings	(31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacturing	(33) Structures-Public/Community	(34) Structures-Storage	(35) Structures-Other	(36) Tools	(37) Trucks	(38) Vehicle Parts/Accessories	(39) Watercraft	(40) Aircraft Parts/Accessories	(41) Aircraft Parts/Accessories	(42) Artistic Supplies/Accessories	(43) Building Materials	(44) Camping/Hunting/Fishing Equipment/Supplies	(45) Chemicals	(46) Collections/Collectibles	(47) Crops	(48) Documents/Personal or Business	(49) Explosives	(50) Firearm Accessories	(51) Fuel	(52) Identity Documents	(53) Identity - Intangible	(54) Law Enforcement Equipment	(55) Lawn/Yard/Garden Equipment	(56) Logging Equipment	(57) Medical/Medical Lab Equipment	(58) Metals, Non-Precious	(59) Musical Instruments	(60) Pets	(61) Photographic/Optical Equipment	(62) Portable Electronic Communications	(63) Recreational/Sports Equipment	(64) Trailers	(65) Watercraft Equipment/Parts/Accessories	(66) Weapons - Other	(67) Pending Inventory (of Property)
DRUG INFO.																																																																		
DRUG TYPE		WHOLE DRUG QUANTITY			FRACTIONAL DRUG QUANTITY			DRUG MEASUREMENT		TYPE DRUG MEASUREMENT:																																																								
										WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound																																																								
										CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon																																																								
DRUG TYPE:										UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants																																																								
(A) "Crack" Cocaine		(F) Morphine			(K) Other Hallucinogens			(O) Other Depressants																																																										
(B) Cocaine		(G) Opium			(L) Amphetamines/ Methamphetamines			(P) Other Drugs																																																										
(C) Hashish		(H) Other Narcotics			(M) Other Stimulants			(U) Unknown Type Drug																																																										
(D) Heroin		(I) LSD			(N) Barbiturates			(X) Over 3 Drug Types																																																										
(E) Marijuana		(J) PSP																																																																
COMPLT.																																																																		
NAME: Last, First, Middle					SEX:		AGE: 61		RACE:																																																									
Burgett, Joann					<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown																																																									
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE		EMPLOY'T. PHONE																																																												
6741 North East 12 AVE, Pleasant Hill, IA																																																																		

