

**THIS SIDE OF FORM IS CONFIDENTIAL UNLESS RELEASED AT THE
DISCRETION OF THE CHIEF LAW ENFORCEMENT OFFICER**

Incident/Offense Report - Continued		83 Date of Report (MM/DD/YYYY) 02/02/2024	84 Time of Report 12:40	<input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> MIL.	85 Agency Case Number 020224005	86 Suffix 1	87 <input type="checkbox"/> Offender <input type="checkbox"/> Suspect <input type="checkbox"/> Missing Person <input type="checkbox"/> Check if Multiple	
88 Reported By (Last, First, Middle Name) <input type="checkbox"/> Victim Or ELMORE, BRETT				89 Suffix	90 <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	91 Home Phone (205) 622-3508	92 Work Phone (205) 295-2055	
VICTIM INFORMATION	94 Victim # 1	95 Victim (Last, First, Middle Name) WJLX 101.5 FM, brett		96 Suffix	97 Address (Street, City, State, Zip) 3501 2ND AV, JASPER, AL 35501		98 Home Phone (205) 388-3224	
	101 Employer/School		102 Occupation		103 Address (Street, City, State, Zip)		99 Work Phone	
	104 Work Phone		105 Other Phone		106 Sex <input type="checkbox"/> M <input type="checkbox"/> F		107 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I	
	108 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		109 HGT	110 WGT	111 Date of Birth	112 Age	113 Victim SSN	114 Complainant SSN
	115 Multiple Victims <input type="checkbox"/> LE Officer <input type="checkbox"/> Other		116 Ethnicity <input type="checkbox"/> Hispanic	117 Injury <input type="checkbox"/> Yes <input type="checkbox"/> No		118 Offender known to victim? <input type="checkbox"/> Yes <input type="checkbox"/> No		119 Victim was? (Explain Relationship)
	120 Relationship Code		121 Weapons Used <input type="checkbox"/> Firearm <input type="checkbox"/> Hands, Fist, Feet, Voice, etc. <input type="checkbox"/> Knife <input type="checkbox"/> Other Dangerous		122 Description of Weapons/Firearms/Tools Used in Offense Describe _____ <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Unknown			
	123 Place of Occurrence 3501 2ND AV, JASPER, AL 35501		(Enter exact street address here.)		124 Type of Injury N None I Internal Injury M Minor Injury T Loss of Teeth B Broken Bones L Severe Laceration O Other Major Injury U Unconscious		125 Sector	
	126 Circumstance: Homicide & Assault		127 Location: Rape		128 Assault <input type="checkbox"/> N/A <input type="checkbox"/> Simple <input type="checkbox"/> Aggravated		129 Treatment for Assault? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	130 Verify for Rape Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		131 Treatment for Rape? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		132 Off #		133 Name (Last, First, Middle)	
	134 SFX		135 Alias		136 Social Security #		137 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I	
138 Sex <input type="checkbox"/> M <input type="checkbox"/> F		139 Date of Birth		140 Age		141 Address (Street, City, State, Zip)		
142 HGT		143 WGT		144 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		145 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		
146 Probable Destination		147 Eye		148 Hair		149 Complexion		
150 Armed <input type="checkbox"/> Yes <input type="checkbox"/> No		151 Clothing		152 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations		153 <input type="checkbox"/> Arrested <input type="checkbox"/> Dual Arrest (Domestic Violence) <input type="checkbox"/> Wanted		
154 Off #		155 Name (Last, First, Middle)		156 SFX		157 Alias		
158 Social Security #		159 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		160 Sex <input type="checkbox"/> M <input type="checkbox"/> F		161 Date of Birth		
162 Age		163 Address (Street, City, State, Zip)		164 HGT		165 WGT		
166 Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		167 Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		168 Probable Destination		169 Eye		
170 Hair		171 Complexion		172 Armed <input type="checkbox"/> Yes <input type="checkbox"/> No		173 Clothing		
174 <input type="checkbox"/> Scars <input type="checkbox"/> Marks <input type="checkbox"/> Tattoos <input type="checkbox"/> Amputations		175 <input type="checkbox"/> Arrested <input type="checkbox"/> Dual Arrest (Domestic Violence) <input type="checkbox"/> Wanted		176 Name (Last, First, Middle)		177 Sex <input type="checkbox"/> M <input type="checkbox"/> F		
178 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		179 Date of Birth		180 Address		181 Home		
182 Work		183 Other		184 Name (Last, First, Middle)		185 Sex <input type="checkbox"/> M <input type="checkbox"/> F		
186 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		187 Date of Birth		188 Address		189 Home		
190 Work		191 Other		192 Name (Last, First, Middle)		193 Sex <input type="checkbox"/> M <input type="checkbox"/> F		
194 Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		195 Date of Birth		196 Address		197 Home		
198 Work		199 Other		200 Witness #1 SSN		201 Witness #2 SSN		
202 Witness #3 SSN		203 CFS # 2024-002931		VICTIM WJLX 101.5fm		Reported by Brett Elmore		
brettelmore@gmail.com		Case assignment to CID: Detective Lt Matt Dozier		On 2/2/2024 Brett Elmore reported the theft of a 199ft metal tower owned by WJLX 101.5 fm radio station, located at 3501 2nd ave (behind Mar-Jac). This was discover when the company employed to bush hog and cutt grass arrived on 2/2 and discovered the tower wasn't there. Also stolen was an		Continued on Supplement		
204 Continued on Supplement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		205 Assisting Agency ORI		206 Assisting Agency Case Number		207 SFX		
208 Warrant Signed <input type="checkbox"/> Yes <input type="checkbox"/> No		Warrant #		209 Add. Cases Closed Narrative <input type="checkbox"/> Y <input type="checkbox"/> N		210 I hereby affirm that I have read this report and that all information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying the agency if any stolen property or missing person herein reported is returned.		
211 Local Use		212 State Use		Signature				

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT SUPPLEMENT

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

1 ORI # AL0640100		2 Agency Name Jasper Police Department		3 Date and Time of Report M D Y 02/05/2024		12:32 AM PM MIL		4 Case # 020224005		5 SFX															
EVENT	6 Victim's Name (Original Report) WJLX 101.5 FM, brett					7 Original Offense Date M D Y 02/02/2024		8 Type Report <input type="checkbox"/> Continuation <input type="checkbox"/> Follow-Up																	
	9 Original Incident/Offense Theft of Property First Degree (Greater than \$2,500)					10 UCR Code 2320		11 State Code/Local Ordinance 13A-8-3																	
	12 New Incident/Offense					13 UCR Code		14 State Code/Local Ordinance																	
	15 Has an Arrest Been Made? <input type="checkbox"/> Yes <input type="checkbox"/> No		16 Date of Arrest M D Y		17 Has a Warrant Been Obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO Warrant # _____			18 Date of Warrant M D Y		19 Prior Year Premise _____ Weapon _____															
20 <input type="checkbox"/> Defendant <input type="checkbox"/> Suspect						21 <input type="checkbox"/> Defendant <input type="checkbox"/> Suspect																			
Name _____						Name _____																			
Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F		DOB		Age		Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F		DOB		Age							
22 Local Use		24 _____ S _____ R _____ D _____ C _____ B _____ F		25 _____ S _____ R _____ D _____ C _____ B _____ F		26 _____ S _____ R _____ D _____ C _____ B _____ F		27 _____ S _____ R _____ D _____ C _____ B _____ F		28 _____ S _____ R _____ D _____ C _____ B _____ F		29 _____ S _____ R _____ D _____ C _____ B _____ F		30 _____ S _____ R _____ D _____ C _____ B _____ F		31 _____ S _____ R _____ D _____ C _____ B _____ F		32 _____ S _____ R _____ D _____ C _____ B _____ F		33 _____ S _____ R _____ D _____ C _____ B _____ F		34 _____ S _____ R _____ D _____ C _____ B _____ F			
35 _____ S _____ R _____ D _____ C _____ B _____ F		36 _____ S _____ R _____ D _____ C _____ B _____ F		37 _____ S _____ R _____ D _____ C _____ B _____ F		38 _____ S _____ R _____ D _____ C _____ B _____ F		39 _____ S _____ R _____ D _____ C _____ B _____ F		40 _____ S _____ R _____ D _____ C _____ B _____ F		41 _____ S _____ R _____ D _____ C _____ B _____ F		42 _____ S _____ R _____ D _____ C _____ B _____ F		43 _____ S _____ R _____ D _____ C _____ B _____ F		44 _____ S _____ R _____ D _____ C _____ B _____ F		45 _____ S _____ R _____ D _____ C _____ B _____ F		46 _____ S _____ R _____ D _____ C _____ B _____ F			
47 _____ S _____ R _____ D _____ C _____ B _____ F		48 _____ S _____ R _____ D _____ C _____ B _____ F		49 _____ S _____ R _____ D _____ C _____ B _____ F		50 _____ S _____ R _____ D _____ C _____ B _____ F		51 _____ S _____ R _____ D _____ C _____ B _____ F		52 _____ S _____ R _____ D _____ C _____ B _____ F		53 _____ S _____ R _____ D _____ C _____ B _____ F		54 _____ S _____ R _____ D _____ C _____ B _____ F		55 _____ S _____ R _____ D _____ C _____ B _____ F		56 _____ S _____ R _____ D _____ C _____ B _____ F		57 _____ S _____ R _____ D _____ C _____ B _____ F		58 _____ S _____ R _____ D _____ C _____ B _____ F			
59 _____ S _____ R _____ D _____ C _____ B _____ F		60 _____ S _____ R _____ D _____ C _____ B _____ F		61 _____ S _____ R _____ D _____ C _____ B _____ F		62 _____ S _____ R _____ D _____ C _____ B _____ F		63 _____ S _____ R _____ D _____ C _____ B _____ F		64 Motor Veh. Stolen in Your Jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____		65 Recovered in Your Jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____		66 Case #		67 SFX		68 Case #		69 SFX		70 Case #		71 SFX	
ADMIN	73 Case Status ① Pending 2 Inactive 3 Closed		74 Case Disposition 1 Cleared By Arrest (Juvenile) 2 Cleared By Arrest (Adult) 3 Unfounded 4 Exceptional Clearance 5 Administratively Cleared		Exceptional Clearance (Circle One) A Death of Offender B Prosecution Declined C In Custody of Other Jurisdiction D Victim Refused to Cooperate E Juvenile (No Custody) N Not Applicable (not cleared exceptionally)		75 Reporting Officer Lt. Matt Dozier		ID # 1292		76 Assisting Officer		ID #		77 Supervisor Approval		ID #		78 Watch Cmdr		ID #				

TYPE OR PRINT IN BLACK INK