

INCIDENT	PAGE # 1	ORI NUMBER TX1290100	<b>TEXAS</b>				INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input checked="" 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 201718344			<b>INCIDENT REPORT</b> UNAPPROVED																																																																																																																																																																																																																																																																																																																
	DATE(S) OF INCIDENT 11/10/2017		R	AGENCY NAME Forney Police Department																																																																																																																																																																																																																																																																																																																
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DISPATCHER PTHUGHEY - HUGHEY, PATRICE TULLY			TIME RECEIVED 20:19	TIME ARRIVED 20:19	REPORTING AREA		EXCEPT. CLEAR. DATE																																																																																																																																																																																																																																																																																																													
OFFENSE # 1		UCR CODE 35A	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		OFFENDER USED: <input type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input checked="" type="checkbox"/> (D) Drugs		Burglary (220) Location 14&19: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																																																																																																												
OFFENSE DESCRIPTION Drug/Narcotic Violations				STATUTE 481.117(b)	ADDRESS OF OFFENSE FORNEY HIGH SCHOOL - 800 S FM 741, FORNEY, TX 75126																																																																																																																																																																																																																																																																																																															
LOCATION CODE (Enter 1)		WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)																																																																																																																																																																																																																																																																																																																		
<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 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 checked="" 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				<input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <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 type="checkbox"/> (85) Asphyxiation			<input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None																																																																																																																																																																																																																																																																																																											
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VICTIM # 1	NAME: Last, First, Middle STATE, OF TEXAS	DRIVER'S LICENSE		DR. LI. STATE	SOC. SEC. NO.	DATE OF BIRTH																																																																																																																																																																																																																																																																																																														
RESIDENT ADDRESS: Street City State ZIP		RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):																																																																																																																																																																																																																																																																																																																		
OCCUPATION		RESIDENT PHONE		<table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td>#1</td><td>#2</td><td>#3</td><td>#4</td><td>#5</td><td>#6</td><td>#7</td><td>#8</td><td>#9</td><td>#10</td> <td>VICTIM WAS:</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>(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> <tr> <td><input 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RACE: <input 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		<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 type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		VICTIM TYPE: <input 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 checked="" type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other																																																																																																																																																																																																																																																																																																																		
VICTIM INJURY: (Max. 5)		THIS VICTIM RELATED TO WHICH OFFENSES?																																																																																																																																																																																																																																																																																																																		
<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 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		<input checked="" 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																																																																																																																																																																																																																																																																																																																
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<input 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) Lover's Quarrel <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				<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																																																																																																																																																																																																																																																																																																																
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<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																																																																																																																																																																																																																																																																																																																		
REPORT DATE 11/10/2017	DAY Fri	TIME (Military) 20:17	REPORTING OFFICER Tanner Gilbert	CODE # 213	APPROVING SUPERVISOR Sgt. Todd Eudy	CODE # 229	DATE APPROVED 11/13/2017																																																																																																																																																																																																																																																																																																													

INCIDENT

OFFENSE

VICTIM

ADM



## CONFIDENTIAL SUPPLEMENT

PAGE # <b>4</b>	DATE <b>11/10/2017</b>	INCIDENT NUMBER <b>201718344</b>	REPORTING OFFICER <b>Tanner Gilbert</b>	CODE # <b>213</b>	VICTIM NAME <b>STATE, OF TEXAS</b>
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	

**WITNESSES**

**NARRATIVE:**

Caller Statement: 213 ADV 1 IN CUSTODY

CAD Disposition = ARREST-ADULT

SUPPLEMENT #1 Tanner Gilbert - 213 11/10/2017 20:53

On 11/10/2017 at approximately 1940 hrs, I Officer Gilbert was working security at the Forney High School City Bank Stadium for a football game. While walking the east side of the field I was approached by [REDACTED]

[REDACTED] He stated the males were observed with a large sum of money and one was scene handing someone a small baggie containing an unknown white substance. [REDACTED]

[REDACTED] Sgt. Eudy and I then placed the subject into custody, handcuffing his person without incident.

Mr. Land was transported to the Forney City Jail in unit # 050.

**CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION**

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
5	11/10/2017	201718344	Tanner Gilbert	213	STATE, OF TEXAS
<b>NARRATIVE:</b>					
Mr. Land was in possession of a substance in penalty group 3 < 28 grams in a drug free zone.					
(Forney High School City Bank Stadium). Mr. Land was booked in for the said class A offense [REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
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