

FRONT

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

1 ORI # A L 0 0 3 1 4 0 0		2 Date of Report 2 10 2011		3 Time of Report 10 : 50		4 Incident Type AM PM MIL		5 Supplement Date		6 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8				7 Suffix 049			
8 Agency Name State Fire Marshal										9 Sector							
10 Type of Incident or Offense ☐ Felony ☐ Misdemeanor ☐ Attempted ☒ Completed Electric--Portable Heaters--Cause Type						11 Degree N/A		12 UCR Code 7777		13 State Code/Local Ordinance 51D							
14 Type of Incident or Offense ☐ Felony ☐ Misdemeanor ☐ Attempted ☒ Completed Fire Fatality						15 Degree N/A		16 UCR Code 7777		17 State Code/Local Ordinance 99							
18 Place of Occurrence 335 4th Street Southwest HAMILTON, AL 35570 ☐ Check here if event occurred at victim's residence						Victim Demographics (Where victim is an individual)											
If offense occurred at victim's residence, then only the approximate location should be listed in this section. (For example, a block number should be entered.) If the offense occurred elsewhere, then the specific address should be listed here.						19 Sex ☒ M ☐ F		20 Race ☒ W ☐ A ☐ B ☐ I		21 Ethnicity ☐ Hispanic ☒ Other		22 Multiple Victims ☒ Yes ☐ No		23 Age 17			
						24 First Offender Suspected of Using ☐ Alcohol ☐ Drugs ☐ Computer Equipment ☐ N/A		25 Juvenile Gang ☐ Adult Gang ☐ None/Unknown		26 Hate Bias ☒ No ☐ Yes		27 Bias Code					
29 Point of Entry ☐ Door ☐ Roof ☐ Window ☐ Other		30 Method of Entry ☐ Forceful ☐ Attempted Forceful ☐ No Force		31 Local Use		32 Lighting ☐ 1 Natural ☐ 2 Moon ☐ 3 Artificial Exterior ☐ 4 Artificial Interior ☐ 5 Unknown		33 Weather ☐ 1 Clear ☐ 2 Cloudy ☐ 3 Rain ☐ 4 Fog ☐ 5 Snow ☐ 6 Hail ☐ 7 Unknown		34 Location Type ☐ 01 Terminal ☐ 02 Bank ☐ 03 Bar ☐ 04 Church ☐ 05 Commercial ☐ 06 Construction ☐ 07 Conv Store ☐ 08 Dept Store ☐ 09 Drug Store ☐ 10 Field/Woods ☐ 11 Govt/Public Building ☐ 12 Supermarket ☐ 13 Highway/Street ☐ 14 Hotel/Motel ☐ 15 Jail/Prison ☐ 16 Lake/Waterway ☐ 17 Liquor Store ☐ 18 Parking Lot/Garage ☐ 19 Storage Facility ☒ 20 Residence/Home ☐ 21 Restaurant ☐ 22 School/College ☐ 23 Service/Gas Station ☐ 24 Specialty Store ☐ 25 Other/Unknown							
42 Type Criminal Activity ☐ Buying/Receiving ☐ Cultivating/Manu ☐ Distributing/Selling ☐ Exploiting Children ☐ Operating/Promoting ☐ Possessing/Concealing ☐ Transporting/Importing ☐ Using/Consuming						43 Victim Type ☒ Individual ☐ Business ☐ Financial (Bank) ☐ Religious Org ☐ Society											
44 Loss Code		45 Property Code		46 Qty		47 Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.		48 Dollar Value Stolen Damaged		49 Recovered Date Value							
Loss Code (Enter letter in loss code column) S Stolen B Burned R Recovered F Forged/ D Damaged/ Counterfeited Destroyed N None C Confiscated/ Seized		Property Code (Enter # in property type column) 01 Aircraft 02 Alcohol 03 Autos 04 Bicycles 05 Buses 06 Clothes		07 Computer 08 Consumables 09 Credit Card 10 Drugs 11 Drug Equip 12 Farm Equip 13 Firearms 14 Gambling Equipment 15 Heavy Construction		16 Household Goods 17 Jewelry 18 Livestock 19 Merchandise 20 Money 21 Negotiable Instrument 22 Non-negotiable Instru 23 Office Equipment 24 Other Motor Vehicle		25 Purse/Wallet 26 Radios/TV/VCR 27 Recordings 28 RV's 29 Structure - Single Occupancy Dwelling 30 Structure - Other Dwelling 31 Structure - Other Commercial 32 Structure - Industrial/ Manufacturing 33 Structure - Public/Community		34 Structure - Storage 35 Structure - Other 36 Tools - Power/Hand 37 Trucks 38 Vehicle Parts/Accessories 39 Watercraft 77 Other							
50 Stolen Vehicle Only ☐ Area Stolen ☐ Business ☐ Rural		51 Ownership verified by: ☐ Tag Receipt ☐ Title ☐ Bill of Sale ☐ Other		52 Veh. Categories ☐ Recovered ☐ Victim's Vehicle ☐ Abandoned ☐ Stolen ☐ Suspect's Vehicle ☐ Unauthorized Use		53 Vehicle Year		54 Vehicle Make		55 Vehicle Model		56 Number Veh Stolen 0		57 Vehicle Description			
58 Vehicle Style		59 Vehicle Color Top Bottom		60 License		61 LST		62 LIY		63 Tag Color		64 Vehicle VIN Number		65 Warrant Signed ☐ Yes ☐ No Warrant Number			
66 Stolen in your jurisdiction? ☐ Yes ☐ No Where?		67 Recovered in your jurisdiction? ☐ Yes ☐ No Where?		68 Case #		69 SFX		70 Case #		71 SFX		72 Case #		73 SFX			
74 Case Status ☐ 1 Pending ☐ 2 Inactive ☒ 3 Closed		75 Multiple Cases Closed Listed Above Multiple Cases Closed Listed On Supplement		76 Entered NCIC/ACJIC ☐ Yes ☒ No		77 Case Disposition ☐ Cleared by Arrest (Juv) ☐ Cleared by Arrest (Adult) ☐ Unfounded ☐ Exceptional Clearance ☐ Administratively Cleared		78 Exceptional Clearance (Check One) ☐ A Suspect/Offender Dead ☐ B Prosecution Declined/Other Prosecution ☐ C Extradition Denied ☐ D Victim Refused to Cooperate ☐ E Juvenile (No Custody) ☐ F Death of Victim		79 Reporting Officer Jason S Clifton Officer ID Number FM13		80 Assisting Officer Edward S Paulk Officer ID Number FM1		81 Supervisor Approval		82 Watch Commander	

BACK

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/YY) 2 10 2011			84 Time of Report 10 : 50		☒ AM ☐ PM ☐ MIL		85 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8										86 Suffix 049		87 ☐ Offender ☐ Suspect ☐ Missing Person		☐ Check if Multiple	
88 Reported By (Last, First, Middle Name) ☐ Victim Or										89 Suffix		90 ☐ Resident ☐ Non-Resident		91 Home Phone				92 Work Phone		93 Other Phone				
94 Victim # 6		95 Victim (Last, First, Middle Name) Sellman, Devon Blake				96 Suffix		97 Address (Street, City, State, Zip) 335 4th Street Southwest Hamilton, AL 35570						98 Home Phone				99 Work Phone		100 Other Phone				
101 Employer/School Hamilton High School				102 Occupation Student				103 Address (Street, City, State, Zip)										104 Work Phone		105 Other Phone				
106 Sex ☒ M ☐ F		107 Race ☒ W ☐ B		108 ☒ English ☐ Spanish ☐ Other		109 HGT 5' 8"		110 WGT 160		111 Date of Birth 12 20 1993		112 Age 17		114 Complainant SSN										
113 Multiple Victims ☐ LE Officer		115 116 Ethnicity ☒ Other		117 Injury ☒ Yes ☐ No		118 Offender known to victim? ☐ Yes ☒ No		119 Victim was? (Explain Relationship.) Unknown						120 Relationship Code UN										
121 Weapons Used ☐ Firearm ☐ Knife				122 Description of Weapons/Firearms/Tools Used in Offense Describe:				☐ Handgun ☐ Rifle ☐ Shotgun ☐ Unknown																
123 Place of Occurrence (Enter exact street address here.) 335 4th Street Southwest HAMILTON, AL 35570										124 Type Injury ☐ None ☐ Broken Bones		☐ Internal Injury ☐ Severe Laceration				☐ Minor Injury ☒ Other Major Injury		☐ Loss of Teeth ☐ Unconscious		125 Sector				
126 Circumstances: Homicide & Assault				128 Assault ☐ Simple ☐ Aggravated		129 Treatment for Assault? ☐ Yes ☒ No		130 Verify for Rape Exam? ☐ Yes ☐ No		131 Treatment for Rape? ☐ Yes ☐ No														
132 Off #		133 Name (Last, First, Middle)				134 SFX		135 Alias		136 Social Security #		137 Race ☐ W ☐ B		138 Sex ☐ M ☐ F		139 Date of Birth		140 Age						
141 Address (Street, City, State, Zip)										142 HGT		143 WGT		144 Ethnicity ☐ Hispanic ☐ Other		145 Language ☐ English ☐ Spanish		146 Probable Destination						
147 Eye				148 Hair				149 Complexion				150 Armed ☐ Yes ☐ No												
151 Clothing				152 Scars ☐ Marks ☐ Tattoos ☐ Amputations				153 Arrested ☐ Wanted				154 Off #												
155 Name (Last, First, Middle)				156 SFX		157 Alias		158 Social Security #		159 Race ☐ W ☐ B		160 Sex ☐ M ☐ F		161 Date of Birth		162 Age								
163 Address (Street, City, State, Zip)										164 HGT		165 WGT		166 Ethnicity ☐ Hispanic ☐ Other		167 Language ☐ English ☐ Spanish		168 Probable Destination						
169 Eye				170 Hair				171 Complexion				172 Armed ☐ Yes ☐ No												
173 Clothing				174 Scars ☐ Marks ☐ Tattoos ☐ Amputations				175 Arrested ☐ Wanted																
Name (Last, First, Middle)		Sex		Race		Date of Birth		Address				Contact Telephone Numbers												
176 Beam, Elizabeth Marie		177 ☐ M ☒ F		178 ☐ W ☐ B		179 07/12/1976		180 331 4th Street Southwest Hamilton, AL 35570				181 Home 662-401-4106		182 Work										
184 Beam, Chris		185 ☐ M ☒ F		186 ☐ W ☐ B		187 08/10/1994		188 331 4th Street Southwest Hamilton, AL 35570				189 Home 205-570-0465		190 Work										
192 Cochran, Skyler Lee		193 ☐ M ☒ F		194 ☐ W ☐ B		195 08/12/1994		196 725 Military Trail Hamilton, AL 35570				197 Home 205-495-6474		198 Work										
200 Witness # 1 SSN				201 Witness # 2 SSN				202 Witness # 3 SSN																
203																								
204 Continued on Supplement ☒ Yes ☐ No																								
205 Assisting Agency ORI				206 Assisting Agency Case Number				207 SFX 000				208 Warrant Signed ☐ Yes ☐ No				209 Add. Cases Closed Narrative ☐ Y ☐ N								
I hereby affirm that I have read this report and that all the 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.																								
210 Signature																								
211 Local Use																								
212 State Use																								

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ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

1 ORI # A L 0 0 3 1 4 0 0		2 Date of Report 2 10 2011		3 Time of Report 10 : 50		4 Incident Report ☒ AM ☐ PM ☐ MIL ☒ Incident ☒ Offense ☐ Supplement		5 Supplement Date		6 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8				7 Suffix 049	
8 Agency Name State Fire Marshal										9 Sector					
10 Type of Incident or Offense ☐ Felony ☐ Misdemeanor ☐ Attempted ☒ Completed Electric-Portable Heaters--Cause Type						11 Degree N/A		12 UCR Code 7777		13 State Code/Local Ordinance 51D					
14 Type of Incident or Offense ☐ Felony ☐ Misdemeanor ☐ Attempted ☐ Completed						15 Degree		16 UCR Code		17 State Code/Local Ordinance					
18 Place of Occurrence 335 4th Street Southwest HAMILTON, AL 35570 ☐ Check here if event occurred at victim's residence						Victim Demographics (Where victim is an individual)									
If offense occurred at victim's residence, then only the approximate location should be listed in this section. (For example, a block number should be entered.) If the offense occurred elsewhere, then the specific address should be listed here.						19 Sex ☐ M ☒ F		20 Race ☒ W ☐ A ☐ B ☐ I		21 Ethnicity ☐ Hispanic ☒ Other		22 Multiple Victims ☒ Yes ☐ No		23 Age 12	
						24 First Offender Suspected of Using ☐ Alcohol ☐ Drugs ☐ Computer Equipment ☐ N/A		25 Juvenile Gang ☐ Adult Gang ☐ None/Unknown		26 Hate Bias ☐ Yes ☒ No		27 Bias Code			
29 Point of Entry ☐ Door ☐ Roof ☐ Window ☐ Other		30 Method of Entry ☐ Forcible ☐ Attempted Forcible ☐ No Force		31 Local Use		32 Lighting ☐ 1 Natural ☐ 2 Moon ☐ 3 Artificial Exterior ☐ 4 Artificial Interior ☐ 5 Unknown		33 Weather ☐ 1 Clear ☐ 2 Cloudy ☐ 3 Rain ☐ 4 Fog ☐ 5 Snow ☐ 6 Hall ☐ 7 Unknown		34 Location Type ☐ 01 Terminal ☐ 02 Bank ☐ 03 Bar ☐ 04 Church ☐ 05 Commercial ☐ 06 Construction ☐ 07 Conv Store ☐ 08 Dept Store					
35 Occurred from MM/DD/YY 1 18 2011		36 Time of Event 2 : 08		37 Day of Week S M T W T F S		40 Day of Week S M T W T F S		41 # Premises Entered (Burglary) 0		17 Liquor Store		18 Parking Lot/Garage		19 Storage Facility	
38 Occurred to MM/DD/YY		39 Time of Event		40 Day of Week		41 # Premises Entered		42 Type Criminal Activity ☐ Buying/Receiving ☐ Distributing/Selling ☐ Operating/Promoting ☐ Transporting/Importing ☐ Cultivating/Manu ☐ Exploiting Children ☐ Possessing/Concealing ☐ Using/Consuming		43 Victim Type ☒ Individual ☐ Financial (Bank) ☐ Religious Org ☐ Business ☐ Government ☐ Society		20 Residence/Home		21 Restaurant	
44 Loss Code		45 Property Code		46 Qty		47 Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.		48 Dollar Value Stolen Damaged		49 Recovered Date Value		22 Supermarket		23 School/College	
50 Stolen Vehicle Only		Area Stolen ☐ Business ☐ Rural		51 Ownership verified by: ☐ Tag Receipt ☐ Title ☐ Bill of Sale ☐ Other		52 Veh. Categories ☐ Recovered ☐ Victim's Vehicle ☐ Abandoned ☐ Stolen ☐ Suspect's Vehicle ☐ Unauthorized Use		53 Vehicle Year		54 Vehicle Make		55 Vehicle Model		56 Number Veh Stolen 0	
57 Vehicle Description		58 Vehicle Style		59 Vehicle Color Top Bottom		60 License		61 LST		62 LIY		63 Tag Color		30 Structure - Other Dwelling	
64 Vehicle VIN Number		65 Warrant Signed ☐ Yes ☐ No		Warrant Number		66 Stolen in your jurisdiction? ☐ Yes ☐ No Where?		67 Recovered in your jurisdiction? ☐ Yes ☐ No Where?		68 Case #		69 SFX		70 Case #	
71 Case Status ☐ 1 Pending ☐ 2 Inactive ☒ 3 Closed		72 Case #		73 SFX		74 Case Status ☐ 1 Pending ☐ 2 Inactive ☒ 3 Closed		75 Multiple Cases Closed Listed Above Multiple Cases Closed Listed On Supplement		76 Entered NCIC/ACJIC ☐ Yes ☒ No		77 Case Disposition ☐ Cleared by Arrest (Juv) ☐ Cleared by Arrest (Adult) ☐ Unfounded ☐ Exceptional Clearance ☐ Administratively Cleared		78 Exceptional Clearance (Check One) ☐ A Suspect/Offender Dead ☐ B Prosecution Declined/Other Prosecution ☐ C Extradition Denied ☐ D Victim Refused to Cooperate ☐ E Juvenile (No Custody) ☐ F Death of Victim	
79 Reporting Officer Jason S Clifton		80 Assisting Officer Edward S Paulk		81 Supervisor Approval		82 Watch Commander		83 Officer ID Number FM13		84 Officer ID Number FM1		85 Officer ID Number		86 Officer ID Number	

Incident/Offense Report - Continued		83 Date of Report (MM/DD/YY) 2 10 2011		84 Time of Report 10 : 50		☒ AM ☐ PM ☐ MIL		85 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8										86 Suffix 049		87 ☐ Offender ☒ Suspect ☐ Missing Person		☐ Check if Multiple									
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94 Victim # 5		95 Victim (Last, First, Middle Name) Sellman, Ashton Denise				96 Suffix		97 Address (Street, City, State, Zip) 335 4th Street Southwest Hamilton, AL 35570						98 Home Phone		99 Work Phone		100 Other Phone													
101 Employer/School Hamilton Elementary School				102 Occupation Student				103 Address (Street, City, State, Zip)						104 Work Phone		105 Other Phone															
106 Sex ☐ M ☒ F		107 Race ☒ W ☐ B ☐ A ☐ I		108 ☒ English ☐ Spanish ☐ Other		109 HGT		110 WGT		111 Date of Birth 6 21 1998		112 Age 12		114 Complainant SSN																	
☒ Multiple Victims ☐ LE Officer		115 ☒ Other		116 Ethnicity ☐ Hispanic ☒ Other		117 Injury ☒ Yes ☐ No		118 Offender known to victim? ☐ Yes ☒ No		119 Victim was? (Explain Relationship.) Unknown				120 Relationship Code UN																	
121 Weapons Used ☐ Firearm ☐ Knife ☐ Hands, Fist, Feet, Voice, etc. ☐ Other Dangerous				122 Description of Weapons/Firearms/Tools Used in Offense Describe: ☐ Handgun ☐ Rifle ☐ Shotgun ☐ Unknown																											
123 Place of Occurrence (Enter exact street address here.) 335 4th Street Southwest HAMILTON, AL 35570										124 Type Injury ☐ None ☐ Broken Bones ☐ Internal Injury ☐ Severe Laceration		☐ Minor Injury ☒ Other Major Injury		☐ Loss of Teeth ☐ Unconscious		125 Sector															
126 Circumstances: Homicide & Assault				127 Location: Rape		128 Assault ☐ Simple ☒ Aggravated		129 Treatment for Assault? ☐ Yes ☒ No		130 Verify for Rape Exam? ☐ Yes ☐ No		131 Treatment for Rape? ☐ Yes ☐ No																			
132 Off #		133 Name (Last, First, Middle)				134 SFX		135 Alias		136 Social Security #		137 Race ☐ W ☒ B ☐ A ☐ I		138 Sex ☐ M ☒ F		139 Date of Birth		140 Age													
141 Address (Street, City, State, Zip)										142 HGT		143 WGT		144 Ethnicity ☐ Hispanic ☒ Other		145 Language ☐ Spanish ☐ English ☐ Other															
146 Probable Destination						147 Eye		148 Hair		149 Complexion		150 Armed ☐ Yes ☐ No																			
151 Clothing						152 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		153 ☐ Arrested ☐ Dual Arrest (Domestic Violence) ☐ Wanted																							
154 Off #		155 Name (Last, First, Middle)				156 SFX		157 Alias		158 Social Security #		159 Race ☐ W ☒ B ☐ A ☐ I		160 Sex ☐ M ☒ F		161 Date of Birth		162 Age													
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200 Witness # 1 SSN						201 Witness # 2 SSN						202 Witness # 3 SSN																			
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204 Continued on Supplement ☒ Yes ☐ No																		205 Assisting Agency ORI		206 Assisting Agency Case Number				207 SFX 000		208 Warrant Signed ☐ Yes ☐ No		Warrant #		209 Add. Cases Closed Narrative ☐ Y ☐ N	
I hereby affirm that I have read this report and that all the 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.																		210 Signature		211 Local Use						212 State Use					

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19 Sex ☒ M ☐ F						20 Race ☒ W ☐ B ☐ A ☐ I		21 Ethnicity ☐ Hispanic ☒ Other		22 Multiple Victims ☒ Yes ☐ No		23 Age 60			
24 First Offender Suspected of Using ☐ Alcohol ☐ Drugs ☐ Computer Equipment ☐ N/A						25 Juvenile Gang ☐ Adult Gang		26 Hate Bias ☐ Yes ☒ No		27 Bias Code		28 Domestic Violence ☐ Yes ☒ No			
29 Point of Entry ☐ Door ☐ Roof ☐ Window ☐ Other		30 Method of Entry ☐ Forcible ☐ Attempted Forcible ☐ No Force		31 Local Use		32 Lighting ☐ 1 Natural ☐ 2 Moon ☐ 3 Artificial Exterior ☐ 4 Artificial Interior ☐ 5 Unknown		33 Weather ☐ 1 Clear ☐ 2 Cloudy ☐ 3 Rain ☐ 4 Fog ☐ 5 Snow ☐ 6 Hail ☐ 7 Unknown		34 Location Type ☐ 01 Terminal ☐ 09 Drug Store ☐ 17 Liquor Store ☐ 02 Bank ☐ 10 Field/Woods ☐ 18 Parking Lot/Garage ☐ 03 Bar ☐ 11 Govt/Public Building ☐ 19 Storage Facility ☐ 04 Church ☐ 12 Supermarket ☒ 20 Residence/Home ☐ 05 Commercial ☐ 13 Highway/Street ☐ 21 Restaurant ☐ 06 Construction ☐ 14 Hotel/Motel ☐ 22 School/College ☐ 07 Conv Store ☐ 15 Jail/Prison ☐ 23 Service/Gas Station ☐ 08 Dept Store ☐ 16 Lake/Waterway ☐ 24 Specialty Store ☐ 25 Other/Unknown					
42 Type Criminal Activity ☐ Buying/Receiving ☐ Distributing/Selling ☐ Operating/Promoting ☐ Transporting/Importing ☐ Cultivating/Manu ☐ Exploiting Children ☐ Possessing/Concealing ☐ Using/Consuming						43 Victim Type ☒ Individual ☐ Financial (Bank) ☐ Religious Org ☐ Business ☐ Government ☐ Society									
44 Loss Code		45 Property Code		46 Qty		47 Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.		48 Dollar Value Stolen Damaged		49 Recovered Date Value					
Loss Code (Enter letter in loss code column) S Stolen B Burned R Recovered F Forged/ D Damaged/ Counterfeited Destroyed N None C Confiscated/ Seized		Property Code (Enter # in property type column) 01 Aircraft 02 Alcohol 03 Autos 04 Bicycles 05 Buses 06 Clothes		07 Computer 08 Consumables 09 Credit Card 10 Drugs 11 Drug Equip 12 Farm Equip 13 Firearms 14 Gambling Equipment 15 Heavy Construction		16 Household Goods 17 Jewelry 18 Livestock 19 Merchandise 20 Money 21 Negotiable Instrument 22 Non-negotiable Instru 23 Office Equipment 24 Other Motor Vehicle		25 Purse/Wallet 26 Radios/TV/VCR 27 Recordings 28 RVs 29 Structure - Single Occupancy Dwelling 30 Structure - Other Dwelling 31 Structure - Other Commercial 32 Structure - Industrial/ Manufacturing 33 Structure - Public/Community		34 Structure - Storage 35 Structure - Other 36 Tools - Power/Hand 37 Trucks 38 Vehicle Parts/Accessories 39 Watercraft 77 Other					
50 Stolen Vehicle Only ☐ Area Stolen ☐ Business ☐ Rural		51 Ownership verified by: ☐ Tag Receipt ☐ Title ☐ Bill of Sale ☐ Other		52 Veh. Categories ☐ Recovered ☐ Victim's Vehicle ☐ Abandoned ☐ Stolen ☐ Suspect's Vehicle ☐ Unauthorized Use		53 Vehicle Year		54 Vehicle Make		55 Vehicle Model		56 Number Veh Stolen 0		57 Vehicle Description	
58 Vehicle Style		59 Vehicle Color Top Bottom		60 License		61 LST		62 LIY		63 Tag Color		64 Vehicle VIN Number		65 Warrant Signed ☐ Yes ☐ No Warrant Number	
Motor Vehicle Recovery Only Required For 24XX UCR Code		66 Stolen in your jurisdiction? ☐ Yes ☐ No Where?		67 Recovered in your jurisdiction? ☐ Yes ☐ No Where?		68 Case #		69 SFX		70 Case #		71 SFX		72 Case #	
74 Case Status ☐ 1 Pending ☐ 2 Inactive ☒ 3 Closed		75 Multiple Cases Closed Listed Above Multiple Cases Closed Listed On Supplement		76 Entered NCIC/ACJIC ☐ Yes ☒ No		77 Case Disposition ☐ Cleared by Arrest (Juv) ☐ Cleared by Arrest (Adult) ☐ Unfounded ☐ Exceptional Clearance ☐ Administratively Cleared		78 Exceptional Clearance (Check One) ☐ A Suspect/Offender Dead ☐ B Prosecution Declined/Other Prosecution ☐ C Extradition Denied ☐ D Victim Refused to Cooperate ☐ E Juvenile (No Custody) ☐ F Death of Victim		Jason S Clifton 79 Reporting Officer Officer ID Number FM13 80 Assisting Officer Officer ID Number Edward S Paulk 81 Supervisor Approval Officer ID Number FM1 82 Watch Commander Officer ID Number					

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Incident/Offense Report - Continued		83 Date of Report (MM/DD/YY) 2 10 2011		84 Time of Report 10 : 50		85 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8		86 Suffix 049		87 ☐ Offender ☐ Suspect ☐ Missing Person		☐ Check if Multiple	
88 Reported By (Last, First, Middle Name) ☐ Victim Or						89 Suffix		90 ☐ Resident ☐ Non-Resident		91 Home Phone		92 Work Phone	
94 Victim # 4						95 Victim (Last, First, Middle Name) Pearce, George David		96 Suffix		97 Address (Street, City, State, Zip) 363 4th Street Southwest Hamilton, AL 35570		98 Home Phone 205-495-7380	
101 Employer/School Retired						102 Occupation Property Owner		103 Address (Street, City, State, Zip)		104 Work Phone		93 Other Phone	
105 Other Phone													
106 Sex ☒ M ☐ F		107 Race ☒ W ☐ B ☐ A ☐ I		108 ☒ English ☐ Spanish ☐ Other		109 HGT		110 WGT		111 Date of Birth 6 25 1950		112 Age 60	
113 Multiple Victims ☐ LE Officer		116 Ethnicity ☐ Hispanic ☒ Other		117 Injury ☐ Yes ☒ No		118 Offender known to victim? ☐ Yes ☒ No		119 Victim was? (Explain Relationship.) Unknown		120 Relationship Code UN			
121 Weapons Used ☐ Firearm ☐ Knife ☐ Hands, Fist, Feet, Voice, etc. ☐ Other Dangerous						122 Description of Weapons/Firearms/Tools Used in Offense Describe: ☐ Handgun ☐ Rifle ☐ Shotgun ☐ Unknown							
123 Place of Occurrence (Enter exact street address here.) 335 4th Street Southwest HAMILTON, AL 35570						124 Injury Type ☒ None ☐ Broken Bones ☐ Internal Injury ☐ Severe Laceration ☐ Minor Injury ☐ Other Major Injury ☐ Loss of Teeth ☐ Unconscious		125 Sector					
126 Circumstances: Homicide & Assault						128 Assault ☐ Simple ☒ Aggravated		129 Treatment for Assault? ☐ Yes ☒ No		130 Verify for Rape Exam? ☐ Yes ☐ No		131 Treatment for Rape? ☐ Yes ☐ No	
127 Location: Rape 0													
132 Off #		133 Name (Last, First, Middle)		134 SFX		135 Alias		136 Social Security #		137 Race ☒ W ☐ B ☐ A ☐ I		138 Sex ☐ M ☐ F	
141 Address (Street, City, State, Zip)						142 HGT		143 WGT		144 Ethnicity ☐ Hispanic ☐ Other		145 Language ☐ English ☐ Spanish ☐ Other	
146 Probable Destination						147 Eye		148 Hair		149 Complexion		150 Armed ☐ Yes ☐ No	
151 Clothing						152 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		153 ☐ Arrested ☐ Wanted		154 ☐ Arrested ☐ Wanted		155 Dual Arrest (Domestic Violence)	
154 Off #		155 Name (Last, First, Middle)		156 SFX		157 Alias		158 Social Security #		159 Race ☒ W ☐ B ☐ A ☐ I		160 Sex ☐ M ☐ F	
163 Address (Street, City, State, Zip)						164 HGT		165 WGT		166 Ethnicity ☐ Hispanic ☐ Other		167 Language ☐ English ☐ Spanish ☐ Other	
168 Probable Destination						169 Eye		170 Hair		171 Complexion		172 Armed ☐ Yes ☐ No	
173 Clothing						174 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		175 ☐ Arrested ☐ Wanted		176 ☐ Arrested ☐ Wanted		177 Dual Arrest (Domestic Violence)	
Name (Last, First, Middle)		Sex		Race		Date of Birth		Address		Contact Telephone Numbers			
176 Beam, Elizabeth Marie		177 ☐ M ☒ F		178 ☒ W ☐ B ☐ A ☐ I		179 07/12/1976		180 331 4th Street Southwest Hamilton, AL 35570		181 Home 662-401-4106		182 Work	
184 Beam, Chris		185 ☐ M ☒ F		186 ☒ W ☐ B ☐ A ☐ I		187 08/10/1994		188 331 4th Street Southwest Hamilton, AL 35570		189 Home 205-570-0465		190 Work	
192 Cochran, Skyler Lee		193 ☐ M ☒ F		194 ☒ W ☐ B ☐ A ☐ I		195 08/12/1994		196 725 Military Trail Hamilton, AL 35570		197 Home 205-495-6474		198 Work	
200 Witness # 1 SSN						201 Witness # 2 SSN				202 Witness # 3 SSN			
203													
204 Continued on Supplement ☒ Yes ☐ No		205 Assisting Agency ORI				206 Assisting Agency Case Number				207 SFX 000		208 Warrant Signed ☐ Yes ☐ No	
209 Add. Cases Closed Narrative ☐ Y ☐ N													
I hereby affirm that I have read this report and that all the 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.						210 Signature				211 Local Use		212 State Use	

FRONT

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

1 ORI # A L 0 0 3 1 4 0 0		2 Date of Report 2 10 2011		3 Time of Report 10 : 50		4 Incident Report ☒ AM ☐ PM ☐ MIL		5 Supplement Date		6 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8				7 Suffix 049	
8 Agency Name State Fire Marshal										9 Sector					
10 Type of Incident or Offense ☐ Felony ☐ Misdemeanor ☐ Attempted ☒ Completed Electric--Portable Heaters--Cause Type						11 Degree N/A		12 UCR Code 7777		13 State Code/Local Ordinance 51D					
14 Type of Incident or Offense ☐ Felony ☐ Misdemeanor ☐ Attempted ☐ Completed						15 Degree		16 UCR Code		17 State Code/Local Ordinance					
18 Place of Occurrence 335 4th Street Southwest HAMILTON, AL 35570 If offense occurred at victim's residence, then only the approximate location should be listed in this section. (For example, a block number should be entered.) If the offense occurred elsewhere, then the specific address should be listed here.						Victim Demographics (Where victim is an individual)								28 Domestic Violence	
19 Sex ☒ M ☐ F						20 Race ☒ W ☐ A ☐ B ☐ I		21 Ethnicity ☐ Hispanic ☒ Other		22 Multiple Victims ☒ Yes ☐ No		23 Age 43		27 Bias Code	
24 First Offender Suspected of Using ☐ Alcohol ☐ Drugs ☐ Computer Equipment ☐ N/A						25 Juvenile Gang ☐ Yes ☒ No		26 Hate Bias ☐ Yes ☒ No							
29 Point of Entry ☐ Door ☐ Roof ☐ Window ☐ Other		30 Method of Entry ☐ Forceful ☐ Attempted Forceful ☐ No Force		31 Local Use		32 Lighting ☐ 1 Natural ☐ 2 Moon ☐ 3 Artificial Exterior ☐ 4 Artificial Interior ☐ 5 Unknown		33 Weather ☐ 1 Clear ☐ 2 Cloudy ☐ 3 Rain ☐ 4 Fog ☐ 5 Snow ☐ 6 Hail ☐ 7 Unknown		34 Location Type ☐ 01 Terminal ☐ 02 Bank ☐ 03 Bar ☐ 04 Church ☐ 05 Commercial ☐ 06 Construction ☐ 07 Conv Store ☐ 08 Dept Store		17 Liquor Store 18 Parking Lot/Garage 19 Storage Facility 20 Residence/Home 21 Restaurant 22 School/College 23 Service/Gas Station 24 Specialty Store 25 Other/Unknown			
35 Occurred from MM/DD/YY 1 18 2011		36 Time of Event 2 : 08		37 Day of Week S M T W T F S		40 Day of Week S M T W T F S		41 # Premises Entered (Burglary) 0		43 Victim Type ☒ Individual ☐ Business ☐ Financial (Bank) ☐ Religious Org Society					
42 Type Criminal Activity ☐ Buying/Receiving ☐ Cultivating/Manu ☐ Distributing/Selling ☐ Exploiting Children ☐ Operating/Promoting ☐ Possessing/Concealing ☐ Transporting/Importing ☐ Using/Consuming															
44 Loss Code		45 Property Code		46 Qty		47 Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.		48 Dollar Value Stolen Damaged		49 Recovered Date Value					
Loss Code (Enter letter in loss code column) S Stolen B Burned R Recovered F Forged/ D Damaged/ Counterfeited Destroyed N None C Confiscated/ Seized		Property Code (Enter # in property type column) 01 Aircraft 02 Alcohol 03 Autos 04 Bicycles 05 Buses 06 Clothes		07 Computer 08 Consumables 09 Credit Card 10 Drugs 11 Drug Equip 12 Farm Equip 13 Firearms 14 Gambling Equipment 15 Heavy Construction		16 Household Goods 17 Jewelry 18 Livestock 19 Merchandise 20 Money 21 Negotiable Instrument 22 Non-negotiable Instru 23 Office Equipment 24 Other Motor Vehicle		25 Purse/Wallet 26 Radios/TV/VCR 27 Recordings 28 RV's 29 Structure - Single Occupancy Dwelling 30 Structure - Other Dwelling 31 Structure - Other Commercial 32 Structure - Industrial/ Manufacturing 33 Structure - Public/Community		34 Structure - Storage 35 Structure - Other 36 Tools - Power/Hand 37 Trucks 38 Vehicle Parts/Accessories 39 Watercraft 77 Other					
50 Stolen Vehicle Only ☐ Area Stolen ☐ Business ☐ Rural		51 Ownership verified by: ☐ Tag Receipt ☐ Title ☐ Bill of Sale ☐ Other		52 Veh. Categories ☐ Recovered ☐ Victim's Vehicle ☐ Abandoned ☐ Stolen ☐ Suspect's Vehicle ☐ Unauthorized Use		53 Vehicle Year		54 Vehicle Make		55 Vehicle Model		56 Number Veh Stolen 0		57 Vehicle Description	
58 Vehicle Style		59 Vehicle Color Top Bottom		60 License		61 LST		62 LIY		63 Tag Color					
64 Vehicle VIN Number		65 Warrant Signed ☐ Yes ☐ No		65 Warrant Number		66 Stolen in your jurisdiction? ☐ Yes ☐ No Where?		67 Recovered in your jurisdiction? ☐ Yes ☐ No Where?							
68 Case #		69 SFX		70 Case #		71 SFX		72 Case #		73 SFX					
74 Case Status ☐ 1 Pending ☐ 2 Inactive ☒ 3 Closed		75 Multiple Cases Closed Listed Above Multiple Cases Closed Listed On Supplement		76 Entered NCIC/ACJIC ☐ Yes ☒ No		77 Case Disposition ☐ Cleared by Arrest (Juv) ☐ Cleared by Arrest (Adult) ☐ Unfounded ☐ Exceptional Clearance ☐ Administratively Cleared		78 Exceptional Clearance (Check One) ☐ A Suspect/Offender Dead ☐ B Prosecution Declined/Other Prosecution ☐ C Extradition Denied ☐ D Victim Refused to Cooperate ☐ E Juvenile (No Custody) ☐ F Death of Victim		79 Reporting Officer Jason S Clifton Officer ID Number FM13					
80 Assisting Officer Edward S Paulk Officer ID Number FM1		81 Supervisor Approval		82 Watch Commander											

Incident/Offense Report - Continued		83 Date of Report (MM/DD/YY) 2 10 2011		84 Time of Report 10 : 50		☒ AM ☐ PM ☐ MIL		85 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8										86 Suffix 049		87 ☐ Offender ☐ Suspect ☐ Missing Person		☐ Check if Multiple									
88 Reported By (Last, First, Middle Name) ☐ Victim Or																		89 Suffix		90 ☐ Resident ☐ Non-Resident		91 Home Phone		92 Work Phone		93 Other Phone					
94 Victim # 3		95 Victim (Last, First, Middle Name) Sellman, Niel William						96 Suffix		97 Address (Street, City, State, Zip) 335 4th Street Southwest Hamilton, AL 35570						98 Home Phone		99 Work Phone		100 Other Phone											
101 Employer/School N/A				102 Occupation N/A				103 Address (Street, City, State, Zip)										104 Work Phone		105 Other Phone											
106 Sex ☒ M ☐ F		107 Race ☒ W ☐ B ☐ A ☐ I		108 ☒ English ☐ Spanish ☐ Other		109 HGT 5' 10"		110 WGT 160		111 Date of Birth 12 10 1967		112 Age 43		114 Complainant SSN																	
☒ Multiple Victims ☐ LE Officer		115 116 Ethnicity ☐ Hispanic ☒ Other		117 Injury ☒ Yes ☐ No		118 Offender known to victim? ☐ Yes ☒ No		119 Victim was? (Explain Relationship.) Unknown						120 Relationship Code UN																	
121 Weapons Used ☐ Firearm ☐ Knife ☐ Hands, Fist, Feet, Voice, etc. ☐ Other Dangerous				122 Description of Weapons/Firearms/Tools Used in Offense Describe: ☐ Handgun ☐ Rifle ☐ Shotgun ☐ Unknown																											
123 Place of Occurrence (Enter exact street address here.) 335 4th Street Southwest HAMILTON, AL 35570										124 Type Injury ☐ None ☒ Broken Bones ☐ Internal Injury ☐ Severe Laceration ☐ Minor Injury ☐ Other Major Injury ☐ Loss of Teeth ☐ Unconscious		125 Sector																			
126 Circumstances: Homicide & Assault				128 Assault ☐ Simple ☐ Aggravated		129 Treatment for Assault? ☐ Yes ☒ No		130 Verify for Rape Exam? ☐ Yes ☐ No		131 Treatment for Rape? ☐ Yes ☐ No																					
132 Off #		133 Name (Last, First, Middle)				134 SFX		135 Alias		136 Social Security #		137 Race ☒ W ☐ B ☐ A ☐ I		138 Sex ☐ M ☐ F		139 Date of Birth		140 Age													
141 Address (Street, City, State, Zip)										142 HGT		143 WGT		144 Ethnicity ☐ Hispanic ☐ Other		145 Language ☐ English ☐ Spanish ☐ Other															
146 Probable Destination						147 Eye		148 Hair		149 Complexion		150 Armed ☐ Yes ☐ No																			
151 Clothing						152 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		153 ☐ Arrested ☐ Dual Arrest (Domestic Violence) ☐ Wanted																							
154 Off #		155 Name (Last, First, Middle)				156 SFX		157 Alias		158 Social Security #		159 Race ☒ W ☐ B ☐ A ☐ I		160 Sex ☐ M ☐ F		161 Date of Birth		162 Age													
163 Address (Street, City, State, Zip)										164 HGT		165 WGT		166 Ethnicity ☐ Hispanic ☐ Other		167 Language ☐ English ☐ Spanish ☐ Other															
168 Probable Destination						169 Eye		170 Hair		171 Complexion		172 Armed ☐ Yes ☐ No																			
173 Clothing						174 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		175 ☐ Arrested ☐ Dual Arrest (Domestic Violence) ☐ Wanted																							
Name (Last, First, Middle)		Sex		Race		Date of Birth		Address				Contact Telephone Numbers																			
176 Beam, Elizabeth Marie		177 ☐ M ☒ F		178 ☒ W ☐ B ☐ A ☐ I		179 07/12/1976		180 331 4th Street Southwest Hamilton, AL 35570				181 Home 662-401-4106		182 Work																	
184 Beam, Chris		185 ☐ M ☒ F		186 ☒ W ☐ B ☐ A ☐ I		187 08/10/1994		188 331 4th Street Southwest Hamilton, AL 35570				189 Home 205-570-0465		190 Work																	
192 Cochran, Skyler Lee		193 ☐ M ☒ F		194 ☒ W ☐ B ☐ A ☐ I		195 08/12/1994		196 725 Military Trail Hamilton, AL 35570				197 Home 205-495-6474		198 Work																	
200 Witness # 1 SSN						201 Witness # 2 SSN						202 Witness # 3 SSN																			
203																															
204 Continued on Supplement ☒ Yes ☐ No																		205 Assisting Agency ORI		206 Assisting Agency Case Number				207 SFX 000		208 Warrant Signed ☐ Yes ☐ No		Warrant #		209 Add. Cases Closed Narrative ☐ Y ☐ N	
I hereby affirm that I have read this report and that all the 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.																		210 Signature		211 Local Use				212 State Use							

FRONT

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

1 ORI # A L 0 0 3 1 4 0 0		2 Date of Report 2 10 2011		3 Time of Report 10 : 50		4 Incident Type ☒ Incident ☐ Offense ☐ Supplement		5 Supplement Date		6 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8				7 Suffix 049	
8 Agency Name State Fire Marshal										9 Sector					
10 Type of Incident or Offense ☐ Felony ☐ Misdemeanor ☐ Attempted ☒ Completed Electric--Portable Heaters--Cause Type						11 Degree N/A		12 UCR Code 7777		13 State Code/Local Ordinance 51D					
14 Type of Incident or Offense ☐ Felony ☐ Misdemeanor ☐ Attempted ☐ Completed						15 Degree		16 UCR Code		17 State Code/Local Ordinance					
18 Place of Occurrence 335 4th Street Southwest HAMILTON, AL 35570 ☐ Check here if event occurred at victim's residence						Victim Demographics (Where victim is an individual)								28 Domestic Violence	
If offense occurred at victim's residence, then only the approximate location should be listed in this section. (For example, a block number should be entered.) If the offense occurred elsewhere, then the specific address should be listed here.						19 Sex ☒ M ☐ F		20 Race ☒ W ☐ A ☐ B ☐ I		21 Ethnicity ☐ Hispanic ☒ Other		22 Multiple Victims ☒ Yes ☐ No		23 Age 63	
						24 First Offender Suspected of Using ☐ Alcohol ☐ Drugs ☐ Computer Equipment ☐ N/A		25 Juvenile Gang ☐ Adult Gang ☐ None/Unknown		26 Hate Bias ☐ Yes ☒ No		27 Bias Code			
29 Point of Entry ☐ Door ☐ Roof ☐ Window ☐ Other		30 Method of Entry ☐ Forcible ☐ Attempted Forcible ☐ No Force		31 Local Use		32 Lighting ☐ 1 Natural ☐ 2 Moon ☐ 3 Artificial Exterior ☐ 4 Artificial Interior ☐ 5 Unknown		33 Weather ☐ 1 Clear ☐ 2 Cloudy ☐ 3 Rain ☐ 4 Fog ☐ 5 Snow ☐ 6 Hail ☐ 7 Unknown		34 Location Type ☐ 01 Terminal ☐ 02 Bank ☐ 03 Bar ☐ 04 Church ☐ 05 Commercial ☐ 06 Construction ☐ 07 Conv Store ☐ 08 Dept Store		17 Liquor Store ☐ 18 Parking Lot/Garage ☐ 19 Storage Facility ☐ 20 Residence/Home ☐ 21 Restaurant ☐ 22 School/College ☐ 23 Service/Gas Station ☐ 24 Specialty Store ☐ 25 Other/Unknown			
35 Occurred from MM/DD/YY 1 18 2011		36 Time of Event 2 : 08		37 Day of Week S M T W T F S		40 Day of Week S M T W T F S		41 # Premises Entered (Burglary) 0		42 Type Criminal Activity ☐ Buying/Receiving ☐ Distributing/Selling ☐ Operating/Promoting ☐ Transporting/Importing		43 Victim Type ☒ Individual ☐ Financial (Bank) ☐ Religious Org			
44 Loss Code		45 Property Code		46 Qty		47 Property Description Include Make, Model, Size Type, Serial #, Color, Drug Type, Drug Qty, Etc.		48 Dollar Value Stolen Damaged		49 Recovered Date Value					
Loss Code (Enter letter in loss code column) S Stolen B Burned R Recovered F Forged/ D Damaged/ Counterfeited Destroyed N None C Confiscated/ Seized		Property Code (Enter # in property type column) 01 Aircraft 02 Alcohol 03 Autos 04 Bicycles 05 Buses 06 Clothes		07 Computer 08 Consumables 09 Credit Card 10 Drugs 11 Drug Equip 12 Farm Equip 13 Firearms 14 Gambling Equipment 15 Heavy Construction		16 Household Goods 17 Jewelry 18 Livestock 19 Merchandise 20 Money 21 Negotiable Instrument 22 Non-negotiable Instru 23 Office Equipment 24 Other Motor Vehicle		25 Purse/Wallet 26 Radios/TV/VCR 27 Recordings 28 RVs 29 Structure - Single Occupancy Dwelling 30 Structure - Other Dwelling 31 Structure - Other Commercial 32 Structure - Industrial/ Manufacturing 33 Structure - Public/Community		34 Structure - Storage 35 Structure - Other 36 Tools - Power/Hand 37 Trucks 38 Vehicle Parts/Accessories 39 Watercraft 77 Other					
50 Stolen Vehicle Only ☐ Area Stolen ☐ Business ☐ Rural		51 Ownership verified by: ☐ Tag Receipt ☐ Title ☐ Bill of Sale ☐ Other		52 Veh. Categories ☐ Recovered ☐ Victim's Vehicle ☐ Abandoned ☐ Stolen ☐ Suspect's Vehicle ☐ Unauthorized Use		53 Vehicle Year		54 Vehicle Make		55 Vehicle Model		56 Number Veh Stolen 0		57 Vehicle Description	
58 Vehicle Style		59 Vehicle Color Top Bottom		60 License		61 LST		62 LIY		63 Tag Color					
64 Vehicle VIN Number		65 Warrant Signed ☐ Yes ☐ No		66 Stolen in your jurisdiction? ☐ Yes ☐ No Where?		67 Recovered in your jurisdiction? ☐ Yes ☐ No Where?									
68 Case #		69 SFX		70 Case #		71 SFX		72 Case #		73 SFX					
74 Case Status ☐ 1 Pending ☐ 2 Inactive ☒ 3 Closed		75 Multiple Cases Closed Listed Above Multiple Cases Closed Listed On Supplement		76 Entered NCIC/ACJIC ☐ Yes ☒ No		77 Case Disposition ☐ Cleared by Arrest (Juv) ☐ Cleared by Arrest (Adult) ☐ Unfounded ☐ Exceptional Clearance ☐ Administratively Cleared		78 Exceptional Clearance (Check One) ☐ A Suspect/Offender Dead ☐ B Prosecution Declined/Other Prosecution ☐ C Extradition Denied ☐ D Victim Refused to Cooperate ☐ E Juvenile (No Custody) ☐ F Death of Victim		79 Reporting Officer Jason S Clifton Officer ID Number FM13					
80 Assisting Officer Edward S Paulk Officer ID Number FM1		81 Supervisor Approval		82 Watch Commander											

BACK

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/YY) 2 10 2011		84 Time of Report 10 : 50		☒ AM ☐ PM ☐ MIL		85 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8										86 Suffix 049		87 ☐ Offender ☐ Suspect ☐ Missing Person		☐ Check if Multiple																	
88 Reported By (Last, First, Middle Name) Victim Or										89 Suffix		90 ☐ Resident ☐ Non-Resident		91 Home Phone				92 Work Phone		93 Other Phone																			
94 Victim # 2		95 Victim (Last, First, Middle Name) Rosenbeck, Elyn Mae				96 Suffix		97 Address (Street, City, State, Zip) 335 4th Street Southwest Hamilton, AL 35570						98 Home Phone				99 Work Phone		100 Other Phone																			
101 Employer/School N/A				102 Occupation N/A				103 Address (Street, City, State, Zip)										104 Work Phone				105 Other Phone																	
106 Sex ☒ M ☒ F		107 Race ☒ W ☐ B		108 ☒ English ☐ Spanish ☐ Other		109 HGT 5' 3"		110 WGT		111 Date of Birth 10 9 1947		112 Age 63		113 Victim SSN				114 Complainant SSN																					
☒ Multiple Victims ☐ LE Officer		115 116 Ethnicity ☒ Other		☐ Hispanic		117 Injury ☒ Yes ☐ No		118 Offender known to victim? ☐ Yes ☒ No		119 Victim was? (Explain Relationship.) Unknown						120 Relationship Code UN																							
121 Weapons Used ☐ Firearm ☐ Knife				122 Description of Weapons/Firearms/Tools Used in Offense Describe:				☐ Handgun ☐ Rifle ☐ Shotgun ☐ Unknown																															
123 Place of Occurrence (Enter exact street address here.) 335 4th Street Southwest HAMILTON, AL 35570										124 Type Injury		☐ None ☐ Internal Injury ☒ Minor Injury ☐ Loss of Teeth ☐ Broken Bones ☐ Severe Laceration ☐ Other Major Injury ☐ Unconscious						125 Sector																					
126 Circumstances: Homicide & Assault				128 Assault ☐ Simple ☐ Aggravated		129 Treatment for Assault? ☐ Yes ☒ No		130 Verify for Rape Exam? ☐ Yes ☐ No		131 Treatment for Rape? ☐ Yes ☐ No																													
132 Off #		133 Name (Last, First, Middle)				134 SFX		135 Alias		136 Social Security #		137 Race ☐ W ☐ B		138 Sex ☐ M ☐ F		139 Date of Birth		140 Age																					
141 Address (Street, City, State, Zip)										142 HGT		143 WGT		144 Ethnicity ☐ Other		☐ Hispanic		145 Language ☐ English ☐ Spanish		☐ Other																			
146 Probable Destination						147 Eye		148 Hair		149 Complexion		150 Armed ☐ Yes ☐ No																											
151 Clothing						152 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		153 ☐ Arrested ☐ Dual Arrest (Domestic Violence) ☐ Wanted																															
154 Off #		155 Name (Last, First, Middle)				156 SFX		157 Alias		158 Social Security #		159 Race ☐ W ☐ B		160 Sex ☐ M ☐ F		161 Date of Birth		162 Age																					
163 Address (Street, City, State, Zip)										164 HGT		165 WGT		166 Ethnicity ☐ Other		☐ Hispanic		167 Language ☐ English ☐ Spanish		☐ Other																			
168 Probable Destination						169 Eye		170 Hair		171 Complexion		172 Armed ☐ Yes ☐ No																											
173 Clothing						174 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		175 ☐ Arrested ☐ Dual Arrest (Domestic Violence) ☐ Wanted																															
Name (Last, First, Middle)		Sex		Race		Date of Birth		Address				Contact Telephone Numbers																											
176 Beam, Elizabeth Marie		177 ☐ M ☒ F		178 ☒ W ☐ B		179 07/12/1976		180 331 4th Street Southwest Hamilton, AL 35570				181 Home 662-401-4106				182 Work																							
184 Beam, Chris		185 ☐ M ☒ F		186 ☒ W ☐ B		187 08/10/1994		188 331 4th Street Southwest Hamilton, AL 35570				189 Home 205-570-0465				190 Work																							
192 Cochran, Skyler Lee		193 ☐ M ☒ F		194 ☒ W ☐ B		195 08/12/1994		196 725 Military Trail Hamilton, AL 35570				197 Home 205-495-6474				198 Work																							
200 Witness # 1 SSN						201 Witness # 2 SSN						202 Witness # 3 SSN																											
203																																							
204 Continued on Supplement ☒ Yes ☐ No																				205 Assisting Agency ORI					206 Assisting Agency Case Number					207 SFX 000		208 Warrant Signed ☐ Yes ☐ No		Warrant #		209 Add. Cases Closed Narrative ☐ Y ☐ N			
I hereby affirm that I have read this report and that all the 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.																				210					Signature					211 Local Use					212 State Use				

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

	Yes	No
28 Domestic Violence	☐	☒

Incident/Offense Report - Continued		83 Date of Report (MM/DD/YY) 2 10 2011		84 Time of Report 10 : 50		☒ AM ☐ PM ☐ MIL		85 Agency Case Number 0 0 0 0 0 0 0 1 1 0 6 8										86 Suffix 049		87 ☐ Offender ☐ Suspect ☐ Missing Person		☐ Check if Multiple									
88 Reported By (Last, First, Middle Name) ☐ Victim Or																		89 Suffix		90 ☐ Resident ☐ Non-Resident		91 Home Phone		92 Work Phone		93 Other Phone					
94 Victim # 1		95 Victim (Last, First, Middle Name) Sellman, Landon Eli						96 Suffix		97 Address (Street, City, State, Zip) 335 4th Street Southwest Hamilton, AL 35570						98 Home Phone		99 Work Phone		100 Other Phone											
101 Employer/School Hamilton Elementary School						102 Occupation Student				103 Address (Street, City, State, Zip)						104 Work Phone		105 Other Phone													
106 Sex ☒ M ☐ F		107 Race ☒ W ☐ A ☐ B ☐ I		108 ☒ English ☐ Spanish ☐ Other		109 HGT		110 WGT		111 Date of Birth 10 20 2004		112 Age 6		113		114 Complainant SSN															
☒ Multiple Victims ☐ LE Officer		115 ☒ Other		116 Ethnicity ☐ Hispanic ☒ Other		117 Injury ☒ Yes ☐ No		118 Offender known to victim? ☐ Yes ☒ No		119 Victim was? (Explain Relationship.) Unknown						120 Relationship Code UN															
121 Weapons Used ☐ Firearm ☐ Hands, Fist, Feet, Voice, etc. ☐ Knife ☐ Other Dangerous						122 Description of Weapons/Firearms/Tools Used in Offense Describe: ☐ Handgun ☐ Rifle ☐ Shotgun ☐ Unknown																									
123 Place of Occurrence (Enter exact street address here.) 335 4th Street Southwest HAMILTON, AL 35570						124 Type ☐ None ☐ Internal Injury ☐ Minor Injury ☐ Loss of Teeth ☐ Broken Bones ☐ Severe Laceration ☒ Other Major Injury ☐ Unconscious		125 Sector																							
126 Circumstances: Homicide & Assault						128 Assault ☐ Simple ☐ Aggravated		129 Treatment for Assault? ☐ Yes ☒ No		130 Verify for Rape Exam? ☐ Yes ☐ No		131 Treatment for Rape? ☐ Yes ☐ No																			
127 Location: Rape						128		129		130		131		132		133		134													
132 Off #		133 Name (Last, First, Middle)				134 SFX		135 Alias				136 Social Security #				137 Race ☐ W ☐ A ☐ B ☐ I		138 Sex ☐ M ☐ F		139 Date of Birth		140 Age									
141 Address (Street, City, State, Zip)										142 HGT		143 WGT		144 Ethnicity ☐ Hispanic ☐ Other		145 Language ☐ English ☐ Spanish ☐ Other															
146 Probable Destination						147 Eye		148 Hair		149 Complexion		150 Armed ☐ Yes ☐ No																			
151 Clothing						152 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		153 ☐ Arrested ☐ Dual Arrest (Domestic Violence) ☐ Wanted																							
154 Off #		155 Name (Last, First, Middle)				156 SFX		157 Alias				158 Social Security #				159 Race ☐ W ☐ A ☐ B ☐ I		160 Sex ☐ M ☐ F		161 Date of Birth		162 Age									
163 Address (Street, City, State, Zip)										164 HGT		165 WGT		166 Ethnicity ☐ Hispanic ☐ Other		167 Language ☐ English ☐ Spanish ☐ Other															
168 Probable Destination						169 Eye		170 Hair		171 Complexion		172 Armed ☐ Yes ☐ No																			
173 Clothing						174 ☐ Scars ☐ Marks ☐ Tattoos ☐ Amputations		175 ☐ Arrested ☐ Dual Arrest (Domestic Violence) ☐ Wanted																							
Name (Last, First, Middle)		Sex		Race		Date of Birth		Address				Contact Telephone Numbers																			
176 Beam, Elizabeth Marie		177 ☐ M ☒ F		178 ☒ W ☐ A ☐ B ☐ I		179 07/12/1976		180 331 4th Street Southwest Hamilton, AL 35570				181 Home 662-401-4106		182 Work																	
184 Beam, Chris		185 ☒ M ☐ F		186 ☒ W ☐ A ☐ B ☐ I		187 08/10/1994		188 331 4th Street Southwest Hamilton, AL 35570				189 Home 205-570-0465		190 Work																	
192 Cochran, Skyler Lee		193 ☐ M ☒ F		194 ☒ W ☐ A ☐ B ☐ I		195 08/12/1994		196 725 Military Trail Hamilton, AL 35570				197 Home 205-495-6474		198 Work																	
200 Witness # 1 SSN						201 Witness # 2 SSN						202 Witness # 3 SSN																			
203																															
204 Continued on Supplement ☒ Yes ☐ No																		205 Assisting Agency ORI		206 Assisting Agency Case Number				207 SFX 000		208 Warrant Signed ☐ Yes ☐ No		Warrant #		209 Add. Cases Closed Narrative ☐ Y ☐ N	
I hereby affirm that I have read this report and that all the 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.																		210 Signature		211 Local Use				212 State Use							

ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED

79 Date and Time of Report

2 10 2011

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80 Case #

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

All Victims: Pages 1 of 6

Victim's Name: Sellman, Landon Eli; Victim Type: Individual/Person; SSN: XXX-XX-0367;

Employer: Hamilton Elementary School; Occupation: Student; Date of Birth: 10/20/2004; Age: 6

Gender: Male; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English

Complexion: Light; Scars: No; Marks: No; Tattoos: No; Amputations: No

Injured: Fatal Physical Injury; Injuries: Other Major Injury;

Victim Knows Offender: No; Relationship: Unknown; Is Law Enforcement Officer: No;

Permanent Residence: 335 4th Street Southwest, Hamilton, AL 35570

Victim of the following crimes:

UCR Code: 7777, Local Code: 99, Description: Fire Fatality, AR: Completed, Degree: N/A

UCR Code: 7777, Local Code: 51D, Description: Electric--Portable Heaters--Cause Type, AR: Completed, Degree: N/A

NARRATIVE

NARRATIVE

☐ Continued on Additional Supplement

TYPE OR PRINT IN BLACK INK ONLY

ADDITIONAL INCIDENT/OFFENSE NARRATIVE CONTINUED

79 Date and Time of Report

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80 Case #

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81 SFX

049

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Victims: Pages 2 of 6

Victim's Name: Rosenbeck, Ellyn Mae; Victim Type: Individual/Person; SSN: XXX-XX-1177;

Employer: N/A; Occupation: N/A; Height: 5' 3"; Date of Birth: 10/9/1947; Age: 63

Gender: Female; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English

Hair: Blond or Strawberry; Eyes: Hazel; Complexion: Light; Scars: No; Marks: No; Tattoos: No; Amputations: No

Injured: Physical Injury; Injuries: Apparent Minor Injury;

Victim Knows Offender: No; Relationship: Unknown; Is Law Enforcement Officer: No;

Permanent Residence: 335 4th Street Southwest, Hamilton, AL 35570

Victim of the following crimes:

UCR Code: 7777, Local Code: 51D, Description: Electric--Portable Heaters--Cause Type, AR: Completed, Degree: N/A

☐ Continued on Additional Supplement

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ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED

79 Date and Time of Report

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Victims: Pages 3 of 6

Victim's Name: Sellman, Niel William; Victim Type: Individual/Person; SSN: XXX-XX-9265;
Employer: N/A; Occupation: N/A; Height: 5' 10"; Weight: 160; Date of Birth: 12/10/1967; Age: 43
Gender: Male; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Hair: Brown; Eyes: Blue; Complexion: Light; Scars: No; Marks: No; Tattoos: No; Amputations: No
Injured: Serious Physical Injury; Injuries: Apparent Broken Bones;
Victim Knows Offender: No; Relationship: Unknown; Is Law Enforcement Officer: No;
Permanent Residence: 335 4th Street Southwest, Hamilton, AL 35570

Victim of the following crimes:

UCR Code: 7777, Local Code: 51D, Description: Electric--Portable Heaters--Cause Type, AR: Completed, Degree:
N/A

☐ Continued on Additional Supplement

ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED

79 Date and Time of Report

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80 Case #

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81 SFX

82 Type Report: ☒ Continuation

☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Victims: Pages 4 of 6
Victim's Name: Pearce, George David; Victim Type: Individual/Person; SSN: XXX-XX-6399;
Employer: Retired; Occupation: Property Owner; Date of Birth: 6/25/1950; Age: 60
Gender: Male; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Scars: No; Marks: No; Tattoos: No; Amputations: No
Injured: None; Injuries: None;
Victim Knows Offender: No; Relationship: Unknown; Is Law Enforcement Officer: No;
Permanent Residence: 363 4th Street Southwest, Hamilton, AL 35570
Personal Cell: 205-495-7380
Victim of the following crimes:
UCR Code: 7777, Local Code: 51D, Description: Electric--Portable Heaters--Cause Type, AR: Completed, Degree:
N/A

☐ Continued on Additional Supplement

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

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80 Case #

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

All Victims: Pages 5 of 6

Victim's Name: Sellman, Ashton Denise; Victim Type: Individual/Person; SSN: XXX-XX-7511;
Employer: Hamilton Elementary School; Occupation: Student; Date of Birth: 6/21/1998; Age: 12
Gender: Female; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Scars: No; Marks: No; Tattoos: No; Amputations: No
Injured: Serious Physical Injury; Injuries: Other Major Injury;
Victim Knows Offender: No; Relationship: Unknown; IS Law Enforcement Officer: No;
Permanent Residence: 335 4th Street Southwest, Hamilton, AL 35570

Victim of the following crimes:

UCR Code: 7777, Local Code: 51D, Description: Electric--Portable Heaters--Cause Type, AR: Completed, Degree:
N/A

NARRATIVE

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☐ Continued on Additional Supplement

ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED

79 Date and Time of Report

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80 Case #

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

All Victims: Pages 6 of 6

Victim's Name: Sellman, Devon Blake; Victim Type: Individual/Person; SSN: XXX-XX-8411;
Employer: Hamilton High School; Occupation: Student; Height: 5' 8"; Weight: 160; Date of Birth: 12/20/1993; Age: 17
Gender: Male; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Hair: Brown; Eyes: Hazel; Complexion: Light; Scars: No; Marks: No; Tattoos: No; Amputations: No
Injured: Fatal Physical Injury; Injuries: Other Major Injury;
Victim Knows Offender: No; Relationship: Unknown; Is Law Enforcement Officer: No;
Permanent Residence: 335 4th Street Southwest, Hamilton, AL 35570

Victim of the following crimes:

UCR Code: 7777, Local Code: 51D, Description: Electric--Portable Heaters--Cause Type, AR: Completed, Degree: N/A

UCR Code: 7777, Local Code: 99, Description: Fire Fatality, AR: Completed, Degree: N/A

NARRATIVE

NARRATIVE

☐ Continued on Additional Supplement

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

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80 Case #

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81 SFX

82 Type Report: ☒ Continuation

☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Witness: Page 1 of 7
Witness's Name: Beam, Elizabeth Marie; Employer: N/A; Occupation: N/A
Date of Birth: 7/12/1976; Age: 34
Gender: Female; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Scars: No; Marks: No; Tattoos: No; Amputations: No
Permanent Residence 331 4th Street Southwest, Hamilton, AL 35570 Phone Numbers:
Personal Cell: 662-401-4106
Witness to the following crimes:

☐ Continued on Additional Supplement

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

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82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Witness: Page 2 of 7
Witness's Name: Pearce, Jon David; Employer: N/A; Occupation: N/A
Date of Birth: 11/25/1984; Age: 26
Gender: Male; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Scars: No; Marks: No; Tattoos: No; Amputations: No
Permanent Residence 363 4th Street Southwest, Hamilton, AL 35570 Phone Numbers:
Witness to the following crimes:

☐ Continued on Additional Supplement

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Witness: Page 3 of 7
Witness's Name: Cochran, Skyler Lee; Employer: N/A; Occupation: N/A
Date of Birth: 8/12/1994; Age: 16
Gender: Female; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Scars: No; Marks: No; Tattoos: No; Amputations: No
Permanent Residence 725 Military Trail, Hamilton, AL 35570 Phone Numbers:
Personal Cell: 205-495-6474
witness to the following crimes:

☐ Continued on Additional Supplement

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Witness: Page 4 of 7
Witness's Name: Elliot, Michael Izak; Employer: N/A; Occupation: N/A
Date of Birth: 5/1/1997; Age: 13
Gender: Male; Race: white, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Scars: No; Marks: No; Tattoos: No; Amputations: No
Permanent Residence 331 4th Street Southwest, Hamilton, AL 35570 Phone Numbers:
Personal Cell: 662-401-4106
Witness to the following crimes:

☐ Continued on Additional Supplement

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Witness: Page 5 of 7
Witness's Name: Pearce, George David; Employer: N/A; Occupation: N/A
Date of Birth: 6/25/1950; Age: 60
Gender: Male; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Scars: No; Marks: No; Tattoos: No; Amputations: No
Permanent Residence 363 4th Street Southwest, Hamilton, AL 35570 Phone Numbers:
Personal Cell: 205-495-7380
Witness to the following crimes:

☐ Continued on Additional Supplement

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Witness: Page 6 of 7
Witness's Name: Beam, Chris Employer: N/A; Occupation: N/A
Date of Birth: 8/10/1994; Age: 16
Gender: Male; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Complexion: Light; Scars: No; Marks: No; Tattoos: No; Amputations: No
Permanent Residence 331 4th Street Southwest, Hamilton, AL 35570 Phone Numbers:
Personal Cell: 205-570-0465
witness to the following crimes:

☐ Continued on Additional Supplement

**ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED**

79 Date and Time of Report

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80 Case #

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

All Witness: Page 7 of 7
Witness's Name: Lawson, Jacob Thomas; Employer: N/A; Occupation: N/A
Date of Birth: 12/1/1991; Age: 19
Gender: Male; Race: White, Caucasian; Ethnicity: Non-Hispanic; Residency: Resident; Language: English
Scars: No; Marks: No; Tattoos: No; Amputations: No
Permanent Residence 331 4th Street Southwest, Hamilton, AL 35570 Phone Numbers:
Personal Cell: 662-401-4106
Witness to the following crimes:

☐ Continued on Additional Supplement

ADDITIONAL INCIDENT/OFFENSE
NARRATIVE CONTINUED

79 Date and Time of Report

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81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

NARRATIVE

NARRATIVE

Events: Page 1

Event Name: ,

Event Narrative Text:

On 01/18/2011 around 02:29 A.M., Deputy State Fire Marshal Jason Clifton was contacted by Hamilton Fire Department's Assistant Chief Tim Rye in reference to a residential fire that occurred around 02:08 A.M. at 335 4th Street Southwest in Hamilton. Assistant Chief Rye advised Deputy Clifton that there was 2 deceased victims and 3 victims who were transported to Hamilton Hospital and appeared to be in critical condition. Deputy Clifton then traveled to Hamilton and met with the Hamilton Fire Department at 335 4th Street Southwest to conduct a body recovery and a fire scene investigation. After Deputy Clifton arrived on scene and accessed the damage Deputy Clifton then contacted State Fire Marshal Ed Paulk to send an additional unit to assist with the investigation. After the 2 bodies were photographed and recovered by Deputy Clifton and members of the Hamilton Fire Department and turned over to Wilburn Hollis of the Marion County Coroner's Office a fire scene investigation was conducted by Deputy State Fire Marshals Jason Clifton and Phillip Freeman. SEE I/O SUPPLEMENT FOR FULL INVESTIGATION REPORT AND PENDING AUTOPSY RESULTS.

☐ Continued on Additional Supplement

ADDITIONAL INCIDENT/OFFENSE NARRATIVE CONTINUED

79 Date and Time of Report

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80 Case #

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81 SFX

049

82 Type Report: ☒ Continuation☐ Follow-up

Supplement: Page 1
 Supplement Narrative Text:
 Fire Scene Investigation Report

Assignment: On 01/18/2011 Deputy State Fire Marshal Jason Clifton was notified by Hamilton Fire Department Assistant Chief Tim Rye of a structure fire with two fatalities and three critical injuries that occurred at 335 4th Street Southwest in Hamilton. Assistant Chief Rye made a request for my assistance in investigating the fire for the purpose of determining the cause and origin. On 01/18/2011 Deputy Clifton traveled to 335 4th Street Southwest and met with Hamilton Fire Department and conducted a scene examination. All directional references to the property, structure, or any objects are from facing the front unless otherwise specified.

The Property Description Was As Follows: Two story wood frame structure.

Foundation: Wood
 Exterior Walls: Wood with Asbestos type siding
 Roof: Shingle
 Interior Walls: Wood
 Floor Covering: Wood

The Structure was equipped with the following:

Gas Service: Northwest Alabama Gas--Locked Out
 Electrical Service: Alabama Power--Yes
 Water Service: Yes
 Water Heater: Yes
 Heating System: Electric
 Appliances: Electric
 Smoke Detectors: None Located

The Structure was approximately 1800 square feet in size.

NOTE TO READER: To assist with the clarity of this report, the front of the structure will be referred to as Side "A". Moving in a clockwise direction the next wall will be Side "B", the rear wall will be Side "C" and the remaining wall will be Side "D".

The fire scene examination was conducted using the systematic approach of going from the areas of least amount of damage to areas of greatest amount of damage. Deputy Clifton first conducted an exterior examination of the fire scene. This consists of walking around the exterior of the structure taking notes and looking for possible evidence and the scene was photographed using a digital camera.

Damage Sustained at the scene: Total Loss

Scene Examination: During my exterior examination I observed burn patterns on the exterior upper level of the structure which indicated that the fire possibly started in the upstairs portion of the structure. Deputy Clifton also observed little damage to the exterior lower level of the structure. Deputy Clifton observed on the side "B" side of the structure that the gas was turned off and locked at the meter. After Deputy Clifton discussed with Assistant Chief Rye where the two bodies were located we agreed to conduct a body recovery before any further investigation was conducted. Deputy Clifton spoke with Wilburn Hollis, a assistant from the Marion County Coroner's Office and obtained two white body bags to place the bodies in once inside the structure. At this time Deputy Clifton, Assistant Chief Rye, Firefighter Eric Lynch, Firefighter Jason Hall, and Firefighter Caleb Williams entered the structure and recovered the bodies of Landon Sellman and Devon Sellman. Landon Sellman (D.O.B. 10/20/2004) was recovered in an upstairs bedroom located on the side "C" and side "D" corner of the structure. Landon Sellman was found lying on his back in the floor. Devon Sellman (D.O.B. 12/20/1993) was recovered in an upstairs bedroom located on the side "A" of the structure. Devon Sellman was found in the floor beside a bed and was lying on his left side with his right arm above his head. Once the bodies were recovered and turned over to Wilburn Hollis of the Marion County Coroner's Office and an autopsy was requested by Deputy Clifton our scene examination resumed. Also at this time Deputy State Fire Marshal Phillip Freeman arrived on scene to assist Deputy Clifton with the investigation. Deputy Clifton observed burn patterns in the upstairs portion on the structure located on side "B" and side "C" corner. This room appeared to be used for a living room type area and contained a sofa type piece of furniture, another small couch type piece of furniture, clothing, toys, one television, one wall mounted heater that was not being used, and a oil circulated radiator type space heater which was located in front of the couch. This area located by Deputy Clifton was going to be concentrated on as the area of origin due to various burn patterns and heavy charring of walls studs. After some fire debris was removed from this room it was observed that the fire appeared to have started down at the floor level and ran up the walls and outward and venting through windows located on side "B" and side "C". Deputy Clifton observed burn patterns that indicated that once the fire reached the ceiling it began to travel back down the walls. This was indicated by top to bottom burn patterns on the wall studs. Deputy Clifton observed heavy charring and deep burns in the floor where the radiator type space heater was located, when the heater was moved to be further examined it was laying on its right side with the bottom facing the wall on side "B". I was unable to determine if the heater had been knocked over prior to the fire. The heater had heavy oxidation on the side where the power cord came out. This was an indication to Deputy Clifton as a possible area where fire was more intense. The heater was plugged into an outlet located on the side "B" wall. The heater was the only thing plugged into this outlet. The heater cord was traced from the heater to the plug and no extension cord was used. Deputy Clifton and Deputy Freeman examined the heater cord and observed heavy heat damage to the interior wiring of the cord. The wiring of the cord had several places where arching had occurred. The wiring insulation was completely burned off. The outlet where the heater was plugged in was completely destroyed by fire and all that remained was the metal outlet housing. The wiring in the wall going into the outlet where the heater was plugged in also appeared to have arched at some point. Other outlets in the room were examined and appeared to have more of the internal components left in them after the fire, unlike the one where the heater was plugged into. Based upon my findings during my scene examination it is believed that the fire originated at the radiator type space heater in the floor. There were no other ignition sources that could be located in the area of origin.

Insurance/Mortgage/Lien:
 Insurance: None
 Mortgage: None

☒ Continued on Additional Supplement

ADDITIONAL INCIDENT/OFFENSE NARRATIVE CONTINUED

79 Date and Time of Report

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80 Case #

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82 Type Report: ☒ Continuation☐ Follow-up

Supplement: Page 2
 Supplement Narrative Text (continued):
 Lien: None

NARRATIVE

Discovery and Notification: Elizabeth Marie Beam advised Hamilton Police Department Investigator Scotty Chandler that she was in bed and heard a loud boom and Elizabeth Beam's children stated that the neighbor's house was on fire. Elizabeth Beam then stated she ran outside and called 911.

Statements: On 01/18/2011 Hamilton Police Department Investigator Scotty Chandler interviewed Elizabeth Beam at 331 4th Street Southwest in Hamilton. Mrs. Beam stated she was in bed and heard a boom, boom, boom sound and her children screamed that the neighbor's house was on fire. Mrs. Beam stated they then ran outside and called 911 and Mrs. Beam could hear screaming help at this time. Mrs. Beam stated from her view she saw fire upstairs in the house in Ashton Sellman's bedroom. Mrs. Beam stated that she saw Ellen Rosenbech coming out of the front door and she heard children screaming. Mrs. Beam stated Jimmy Pendley from Hamilton Police Department was the first to arrive on the scene.

On 01/18/2011 Hamilton Police Department Investigator Scotty Chandler interviewed Chris Beam at 331 4th Street Southwest in Hamilton. Chris Beam stated he was sleeping and his friend Izak woke Chris Beam up screaming fire. Chris Beam stated he went outside and the house behind his house was in flames. Chris Beam stated he heard screaming for help. Chris Beam stated he went to look and the gas went off and the fire got worse.

On 01/18/2011 Hamilton Police Department Investigator Scotty Chandler interviewed Jacob Lawson at 331 4th Street Southwest in Hamilton. Jacob Lawson stated at 1:25 A.M. he was sitting in the living room playing playstation and heard four loud bangs. Jacob Lawson stated his little brother ran out saying the house was on fire. Jacob Lawson stated he ran outside and saw the backyard was lit up and some guy next door ran up and tried to save them. Jacob Lawson stated he kept hearing the words help me, help me.

On 01/18/2011 Hamilton Police Department Investigator Scotty Chandler interviewed Michael Izak Elliot at 331 4th Street Southwest in Hamilton. Izak Elliot stated that he was in bed and all of the sudden he heard screaming and the door being kicked open. Izak Elliot stated he walked up to the window and heard his mom tell Chris Beam to get outside and Izak Elliot ran out of the room and told his brother Jake to get everyone outside and they called 911 at this time.

On 01/18/2011 Hamilton Police Department Investigator Scotty Chandler interviewed George Pearce at 363 4th Street Southwest in Hamilton. George Pearce stated he was sleeping and after midnight the grandkids came running in and yelling that the two story house was on fire. George Pearce stated he called 911 and then got dressed and ran to the two story house. George Pearce stated when he got there the front door was open and he could see fire in the stairway. George Pearce stated he then ran to the side and saw flames coming out of the window. George Pearce stated someone then started yelling to get back that the gas might blow up. George Pearce stated as he turned and went up the driveway the Hamilton Fire Department then arrived.

On 01/18/2011 Hamilton Police Department Investigator Scotty Chandler interviewed Skyler Cochran at 363 4th Street Southwest in Hamilton. Skyler Cochran stated that he seen that the house was on fire so he ran to help. As Skyler Cochran was on the way he saw two individuals jump out two different windows. Skyler Cochran stated his cousin kicked the door in and then attempted to run up the stairs but only made it half way because the lady was at the bottom saying there were two more children upstairs. Skyler Cochran stated the fire was falling on them so they got the woman out of the house and called 911.

On 01/18/2011 Hamilton Police Department Investigator Scotty Chandler interviewed Jon David Pearce at 363 4th Street Southwest in Hamilton. Jon Pearce stated he ran outside and saw the house was on fire and ran to help. Jon Pearce stated that about half way there he saw two people jump out of the house. Jon Pearce stated when he got there he opened the door and there was an older lady in the bottom of the house. Jon Pearce stated he asked if anybody else was in the house. Jon Pearce stated at this time stuff was falling from the ceiling so he got the lady out of the house.

Statement obtained from Hamilton Firefighter Eric Lynch. Eric Lynch stated he responded to fire at 335 4th Street Southwest in Hamilton with their tanker truck. Eric Lynch arrived on scene and one victim which was a young girl was lying on her side being assessed by RPS Ambulance Service. Daron Watson me Eric Lynch running to the pumper and advised they needed another line advanced through the front door and up the stairs. Eric Lynch proceeded to equip with an air pack along with Jeremy Prestage. Eric Lynch stated they made entry into the structure and conducted a quick search of the main level and went up the stairs. Eric Lynch stated when they reached the upstairs portion of the structure they found Daron Watson. Eric Lynch stated he advised them not to spray any water until they verified where all the search teams were. Eric Lynch then stated they began fighting the fire until their legs were burning and Eric Lynch and Jeremy Prestage continued to fight the fire until they had it knocked down. Eric Lynch stated they located one body in the front upstairs bedroom over the front door. Eric Lynch stated they were then told that another body had been located in the room where they made entry at. Eric Lynch stated they continued to extinguish the fire and clear the area of smoke. Eric Lynch stated they remained on scene until the State Fire Marshal's Office arrived.

Statement obtained from Hamilton Firefighter Daron Watson. Daron Watson stated they received the page about 2:00 A.M. on 01/18/2011 for a house fire at 335 4th Street Southwest. while the fire department was in route to the call, dispatch advised them that people were still inside. Upon arrival they suited up with air packs and went in the structure through the front door. Daron Watson stated that they stairs and upstairs were well involved in flames. Daron Watson stated they went to the bottom of the stairs and knocked down the flames and was told not to advance anymore at this time that they were going to perform a search by coming in the backside of the residence. Daron Watson stated they went around to the "B" corner of the house and flames were coming out. Fire Fighter Jason Hall went through the window and Daron Watson went back to the front door and advanced with the hose up the stairs. Daron Watson stated heavy flames were coming out of the front two bedrooms and they continued to knock the fire down and went outside to get a new air pack.

Statement obtained from Hamilton Firefighter Jody Nix. Jody Nix stated that Hamilton Fire Department arrived on scene around 2:00 A.M. on 01/18/2011. Jody Nix stated there was heavy smoke coming out of the upstairs windows on the A side. Jody Nix stated that he and another fire fighter made entry on the C side upstairs window. There was heavy fire that had already vented out the Northeast window. After making entry and knocking down flames a small child was found lying at the foot of the bed. Jody Nix stated they continued the attack until the fire was under control. At that time Jody Nix stated the second team had made it upstairs and they briefly assisted them and

☒ Continued on Additional Supplement

NARRATIVE

NARRATIVE

ADDITIONAL INCIDENT/OFFENSE NARRATIVE CONTINUED

79 Date and Time of Report

2 10 2011

10 : 50

☒ AM
☐ PM
☐ MD

80 Case #

0 0 0 0 0 0 0 1 1 0 6 8 049

81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

Supplement: Page 3

Supplement Narrative Text (continued):

reported their findings. Following the knockdown of the fire, the room was protected until they were advised that the scene was clear for all to come out. Jody Nix stated that the body was never touched until the State Fire Marshal's Office had arrived.

Statement obtained from Hamilton Captain Caleb Williams. Caleb Williams stated that Marion County 911 dispatched Hamilton Fire Department at 2:08 A.M. on 01/18/2011 to a structure fire located at 335 4th Street Southwest in Hamilton. Caleb Williams stated that he was on duty that night and was the first truck to respond to the call along with Daron Watson and Jody Nix. Caleb Williams stated that upon arrival they found heavy smoke and flames coming from the second story windows of the structure. Witnesses also advised there were still people trapped inside and gave them the approximate areas where they were located. Caleb Williams stated at this time one crew entered through the front door and one crew entered through the rear upstairs window located on the Southeast corner. Caleb Williams stated that he set up the pump and assisted in laying two attack lines. Caleb Williams also stated that he carried a ladder from the truck to the backside of the house. In the process of carrying the ladder around the house Caleb Williams stated he observed one burned victim on the ground at the Southeast corner of the house. Caleb Williams also stated he noticed that RPS Ambulance Service had one burn victim. Witnesses advised that both victims had jumped from the second story of the house. These two victims were treated and transported to the hospital by RPS Ambulance Service. Caleb Williams stated that the two interior attack groups located the two deceased victims. Devon Sellman was located in the upstairs front bedroom directly above the front door. Landon Sellman was located in the upstairs rear bedroom on the Southeast corner of the house. Caleb Williams stated that the scene was then secured and upon arrival of the State Fire Marshal and the Marion County Coroner he assisted with removal of the bodies and the actual scene investigation.

NARRATIVE

Statement obtained from Hamilton Firefighter Jason Hall. Jason Hall stated that he and Matt Simms responded to the structure fire in Engine 327. While they were in route they heard 911 announce that they were victims inside the house. Jason Hall stated when they arrived and parked in front of Engine 1 which was located in front of the house, there were flames coming from the upstairs windows on all sides except for the side "C" and side "D" two corner windows. Jason Hall stated they then got out of the truck and equipped themselves with air packs, while they were doing this Jason Hall stated he heard someone yelling that there was still people upstairs, possibly in the side "C" side "D" corner. Jason Hall stated he ran to side "C" of the building and on his way there he passed a male victim that had come out of the upstairs side "D" window. Jason Hall stated that he didn't know at this time if he fell out or if he had jumped but someone stated that he had a child in his arms before he came out the window. Jason Hall stated he was lying on the ground in the prone position with obvious burns. Jason Hall then asked for a ladder to be brought around to side "C". Jason Hall stated at this time when the ladder arrived and he was attempting to make entry that the upstairs room flashed. Jason Hall stated at this time he took the hose and went back up the ladder and sprayed a short burst of water to knock back the flames then made entry. After entry was made Jason Hall stated he crawled approximately five feet then located one victim. Jason Hall stated that the victim was deceased so they extinguished the fire in that room while Eric Lynch and Daron Watson extinguished the fire coming up the stairs. After the fire upstairs was contained another victim was found deceased in the side "A" side "B" corner room. After the State Fire Marshal arrived the bodies were removed and a scene investigation took place.

Statement obtained from RPS Ambulance driver Shea Scott. Shea Scott stated that when they arrived on scene they found a forty-two year old male lying outside two story window. Shea Scott stated the male was alert and screaming with pain. Shea Scott stated the male had third degree burns to his arms. Shea Scott stated they also found a twelve year old female lying outside of a two story window next to a side shed. The female was moved out of the way of the fire. The male was moved also to a grassy area. Both the male and the female were loaded onto the ambulance and transported to North Mississippi Medical Center in Hamilton.

NARRATIVE

Statement obtained from Ellyn Rosenbech by Deputy State Fire Marshal Jason Clifton on 01/18/2011. Ellyn Rosenbech stated that she was asleep downstairs on the couch where she normally sleeps when she was woken by a bang sound from upstairs. Ellyn Rosenbech stated she got up and went to the stairs and saw smoke coming down the stairs. Ellyn Rosenbech stated she attempted to toss a pan of water up the stairs to extinguish the fire but it grew bigger. Deputy Clifton questioned Ellyn Rosenbech of any smoking in the house and she stated that she was the only one who smoked and she never smoked upstairs. Ellyn Rosenbech stated that they had been having electrical problems at the house and that the landlord had worked on it. Deputy Clifton asked Ms. Rosenbech to go into detail about the repairs. Ms. Rosenbech stated they had problems with breakers tripping on a regular basis. Ms. Rosenbech also stated that in Ashton Sellman's upstairs bedroom a plug had burned and turned black, this occurred on President's Day. The landlord had replaced that plug also along with one more plug in that same bedroom. Ms. Rosenbech stated that Alabama Power Company came and dis-connected the meter while the landlord did the electrical work and once it was completed Alabama Power Company came and re-connected the power. Ms. Rosenbech was unsure of all the electrical work that had been completed but also the landlord had did some work outside around the meter base. Ms. Rosenbech stated that space heaters were used for heat during the winter and they were one in each bedroom and one in the living room areas. Deputy Clifton asked Ms. Rosenbech about smoke detectors being present in the house and she was unsure if there were any installed or if any were alerting during the fire.

Statement obtained from home owner George David Pearce on 01/19/2011 by Deputy State Fire Marshal Jason Clifton and Hamilton Fire Department Assistant Chief Tim Rye. George Pearce stated that he had been renting the house located at 335 4th Street Southwest to Niel Sellman. George Pearce stated that there was no mortgage or insurance on the house at the time of the fire. George Pearce stated that a couple of years ago he installed two new smoke detectors and one was located at the top of the stairs on the outside wall and the other was located in a sitting area adjacent to the kitchen. Deputy Clifton questioned George Pearce about electrical work conducted on the house and Mr. Pearce advised that he and a friend George Maxwell had conducted all the work themselves. Mr. Pearce advised that Alabama Power Company had given him a meter base and they had replaced it within the last month. At this same time Niel Sellman had advised Mr. Pearce of a wall plug that did not work in an upstairs bedroom. Mr. Pearce stated he replaced that plug and also another plug located on a wall which was between the bedroom and the bathroom. Mr. Pearce stated that Alabama Power Company dis-connected the meter while the work was being conducted and re-connected the meter after he had called them and advised them the work was complete. Mr. Pearce stated to me that he was not a licensed electrician. Mr. Pearce stated that the chimney was clogged and the fireplace was not in use at the time of the fire. Mr. Pearce stated that about a year ago power surges where reported by Niel Sellman and the meter ground wire was replaced.

General Information: According to records subpoenaed by Deputy State Fire Marshal Jason Clifton from Alabama Power Company, the power was dis-connected from 335 4th Street Southwest on 01/03/2011. According to documents, a plug heated up and the customer to change meter base. Also according to documents on 01/03/2011 Mr. Pearce called and stated that the repairs were completed and requested a re-connect of power. On the same document in the remarks box

ADDITIONAL INCIDENT/OFFENSE NARRATIVE CONTINUED

79 Date and Time of Report

2 10 2011

10 : 50

☒ AM
☐ PM
☐ MIL

80 Case #

0 0 0 0 0 0 0 1 1 0 6 8 049

81 SFX

82 Type Report: ☒ Continuation☐ Follow-up

NARRATIVE

Supplement: Page 4

Supplement Narrative Text (continued):

it states that the service entrance still not safe. On 01/04/2011 George Pearce stated that the repair was complete and at 3:54:21 P.M. the power was re-connected.

The status of the victims at the time of the fire was as follows:

Landon Sellman-Deceased

Devon Sellman-Deceased

Niel Sellman-Transported to University of Alabama Birmingham Hospital.

Ashton Sellman-Transported to Children's Hospital.

Ellen Rosenbech-Transported to North Mississippi Medical Center in Hamilton where she was released a short time after the fire.

Autopsy results of the deceased released by the Alabama Department of Forensic Sciences

Landon Eli Sellman: Final Diagnoses

Smoke and soot inhalation with thermal injuries

A. Diffuse severe thermal injuries of the body

B. Frothy fluid and moderate soot deposition within the trachea

C. Carboxyhemoglobin-83 percent saturation

Cause of death: Smoke and Soot Inhalation

Manner of death: Accident

Devon Blake Sellman: Final Diagnoses

Smoke and soot inhalation with thermal injuries

A. Diffuse severe thermal injuries of the body

B. Soot and frothy liquid within the trachea

C. Carboxyhemoglobin-84 percent

Cause of death: Smoke and Soot inhalation

Manner of death: Accident

Summary: With the information received and the scene examination completed, my analysis along with any peer review brings me to the opinion that the fire originated upstairs in the side "B" side "C" corner of the room. The cause of this fire is accidental.

By: Jason Clifton C.F.I.

Deputy State Fire Marshal

Phillip Freeman

Deputy State Fire Marshal

NARRATIVE

NARRATIVE

☐ Continued on Additional Supplement

Page 1 of 1

Agency Name

51D Electric--Portable Heaters--Cause Type
Electric--Portable Heaters--Cause Type(7777)
Warrants:

99 Fire Fatality
Fire Fatality(7777)
Warrants:

[illegible]

LIST OF WITNESSES

Page 1 of 1

ORI	Date of Report	Time of Report	☒ AM ☐ PM ☐ MIL	Case Number	Suffix
A L 0 0 3 1 4 0 0	2 10 2011	10 : 50		0 0 0 0 0 0 1 1 0 6 8	049
Agency Name					
State Fire Marshal					

Name	Lawson, Jacob Thomas	Sex	☒ M ☐ F	Race	☒ W ☐ A ☐ B ☐ I	DOB	12/01/1991	Home	662-401-4106
Home Address	331 4th Street Southwest, Hamilton, AL 35570					SSN		Work	
Work Address								Other	
Name	Beam, Chris	Sex	☒ M ☐ F	Race	☒ W ☐ A ☐ B ☐ I	DOB	08/10/1994	Home	205-570-0465
Home Address	331 4th Street Southwest, Hamilton, AL 35570					SSN		Work	
Work Address								Other	
Name	Pearce, George David	Sex	☒ M ☐ F	Race	☒ W ☐ A ☐ B ☐ I	DOB	06/25/1950	Home	205-495-7380
Home Address	363 4th Street Southwest, Hamilton, AL 35570					SSN		Work	
Work Address								Other	
Name	Elliot, Michael Izak	Sex	☒ M ☐ F	Race	☒ W ☐ A ☐ B ☐ I	DOB	05/01/1997	Home	662-401-4106
Home Address	331 4th Street Southwest, Hamilton, AL 35570					SSN		Work	
Work Address								Other	
Name	Cochran, Skyler Lee	Sex	☒ M ☐ F	Race	☒ W ☐ A ☐ B ☐ I	DOB	08/12/1994	Home	205-495-6474
Home Address	725 Military Trail, Hamilton, AL 35570					SSN		Work	
Work Address								Other	
Name	Pearce, Jon David	Sex	☒ M ☐ F	Race	☒ W ☐ A ☐ B ☐ I	DOB	11/25/1984	Home	
Home Address	363 4th Street Southwest, Hamilton, AL 35570					SSN		Work	
Work Address								Other	
Name	Beam, Elizabeth Marie	Sex	☐ M ☒ F	Race	☒ W ☐ A ☐ B ☐ I	DOB	07/12/1976	Home	662-401-4106
Home Address	331 4th Street Southwest, Hamilton, AL 35570					SSN		Work	
Work Address								Other	
Name		Sex	☐ M ☐ F	Race	☐ W ☐ A ☐ B ☐ I	DOB		Home	
Home Address								Work	
Work Address								Other	
Name		Sex	☐ M ☐ F	Race	☐ W ☐ A ☐ B ☐ I	DOB		Home	
Home Address								Work	
Work Address								Other	
Name		Sex	☐ M ☐ F	Race	☐ W ☐ A ☐ B ☐ I	DOB		Home	
Home Address								Work	
Work Address								Other	
Name		Sex	☐ M ☐ F	Race	☐ W ☐ A ☐ B ☐ I	DOB		Home	
Home Address								Work	
Work Address								Other	
Name		Sex	☐ M ☐ F	Race	☐ W ☐ A ☐ B ☐ I	DOB		Home	
Home Address								Work	
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Name		Sex	☐ M ☐ F	Race	☐ W ☐ A ☐ B ☐ I	DOB		Home	
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Work Address								Other	