

NEW ORLEANS POLICE DEPARTMENT

INCIDENT REPORT

SUPPLEMENTAL REPORT PAGE 1 OF 6

ITEM NUMBER

K-07665-05

EVENT	SIGNAL	INCIDENT	DATE/TIME OCCURRED	DIST/ZONE/SUB	STATUS	BULLETIN REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	21M	MISSING PERSON	9-2-05 12:00PM	4002	<input checked="" type="checkbox"/> OPEN <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CLEARED BY EXCEPT. <input type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> UNFOUNDED	
	LOCATION OF OCCURRENCE		DATE/TIME OF REPORT	LIGHTING		
	TEXAS AND SEINE CT.		11-16-05 2:40PM	G		

VICTIM/REPORTING PERSON	<input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input checked="" type="checkbox"/> REPORTING PERSON <input type="checkbox"/> INTERVIEW	DATE OF BIRTH OR AGE	RACE	SEX	VICTIM TYPE	VICTIM #
	GLOVER, EDNA B.	11-23-49	B	F	X	X
	HOME ADDRESS	ZIP CODE	HOME PHONE	SOCIAL SECURITY NUMBER	SOBRIETY	INJURY
	902 WHITNEY AVE	70114	[REDACTED]	[REDACTED]	S	N X
	BUSINESS ADDRESS	ZIP CODE	BUSINESS PHONE	DRIVERS LICENSE NUMBER	OCCUPATION	
	X	X	X	[REDACTED]	DISABLED	

<input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> INTERVIEW	DATE OF BIRTH OR AGE	RACE	SEX	VICTIM TYPE	VICTIM #	
X	X	X	I	X	X	
HOME ADDRESS	ZIP CODE	HOME PHONE	SOCIAL SECURITY NUMBER	SOBRIETY	INJURY	TREATED
X	X	X	X	X	X X	X
BUSINESS ADDRESS	ZIP CODE	BUSINESS PHONE	DRIVERS LICENSE NUMBER	OCCUPATION		
X	X	X	X		X	

<input type="checkbox"/> ARRESTED <input type="checkbox"/> WANTED <input checked="" type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY	DATE OF BIRTH OR AGE	RACE	SEX	HEIGHT	WEIGHT	
GLOVER, HENRY	10-2-73	B	M	6'0"	135	
HOME ADDRESS	ZIP CODE	DATE/TIME OF ARREST	ARREST CREDIT	SOBRIETY	INJURY	TREATED
2035 WHITNEY AVE	70114	X	X	X	X X	X
ARREST LOCATION	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	DIST/ZONE/SUB	RIGHTS WAIVED FORM #		
X	[REDACTED]	[REDACTED]	X	X		
ALIAS/NICKNAME	MAGISTRATE DATE/TIME	TRANSPORTED BY	UNIT			
X	X	X	X			
ARRESTEE ARMED AT TIME OF ARREST	ARREST TYPE	RESIDENT STATUS	JUVENILE DISPOSITION			
<input type="checkbox"/> UNARMED <input type="checkbox"/> SHOTGUN <input type="checkbox"/> KNIFE <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> OTHER WEAPON <input type="checkbox"/> SEMI-AUTOMATIC	<input type="checkbox"/> ON VIEW <input type="checkbox"/> SUMMONS <input type="checkbox"/> EXISTING WARRANT	<input type="checkbox"/> ORLEANS RESIDENT <input type="checkbox"/> NON-RESIDENT	<input type="checkbox"/> RELEASED TO PARENT <input type="checkbox"/> HELD FOR COURT			

CHARGES	VICTIM #	RELATIONSHIP

01-BUILD <input type="checkbox"/> 01 SMALL/PETITE <input type="checkbox"/> 02 THIN <input type="checkbox"/> 03 MEDIUM <input type="checkbox"/> 04 MUSCULAR <input type="checkbox"/> 05 HEAVY/STOCKY <input type="checkbox"/> 06 FLABBY <input type="checkbox"/> 07 STOOPED SHOULDERS <input type="checkbox"/> 08 NARROW SHOULDERS <input type="checkbox"/> 09 BROAD SHOULDERS <input type="checkbox"/> 10 DWARF/MIDGET 02-ODDITIES <input type="checkbox"/> 01 LIMP <input type="checkbox"/> 02 CRIPPLED ARM <input type="checkbox"/> 03 MISSING ARM <input type="checkbox"/> 04 MISSING FINGER <input type="checkbox"/> 05 MISSING HAND <input type="checkbox"/> 06 MISSING FOOT <input type="checkbox"/> 07 MISSING LEG <input type="checkbox"/> 08 ABNORMAL GENITALS <input type="checkbox"/> 09 BODY ODOR <input type="checkbox"/> 10 LEFT HANDED 03-SCARS <input type="checkbox"/> 01 CHEEK, LEFT <input type="checkbox"/> 02 CHEEK, RIGHT <input type="checkbox"/> 03 CHIN <input type="checkbox"/> 04 EAR, LEFT <input type="checkbox"/> 05 EAR, RIGHT <input type="checkbox"/> 06 EYEBROW, LEFT <input type="checkbox"/> 07 EYEBROW, RIGHT <input type="checkbox"/> 08 LIP UPPER <input type="checkbox"/> 09 NOSE <input type="checkbox"/> 10 NECK 04-TATTOOS <input type="checkbox"/> 01 ARM, LEFT <input type="checkbox"/> 02 ARM, RIGHT <input type="checkbox"/> 03 HAND, LEFT <input type="checkbox"/> 04 HAND, RIGHT <input type="checkbox"/> 05 LEG, LEFT <input type="checkbox"/> 06 LEG, RIGHT <input type="checkbox"/> 07 CHEST <input type="checkbox"/> 08 NECK <input type="checkbox"/> 09 BACK <input type="checkbox"/> 10 FACE 05-APPAREL <input type="checkbox"/> 01 CLOTH OVER FACE <input type="checkbox"/> 02 STOCKING OVER FACE <input type="checkbox"/> 03 MASK <input type="checkbox"/> 04 EARRINGS <input type="checkbox"/> 05 SUNGLASSES <input type="checkbox"/> 06 RINGS <input type="checkbox"/> 07 GLOVES <input type="checkbox"/> 08 CAP/HAT <input type="checkbox"/> 09 MAN-FEMALE ATTIRE <input type="checkbox"/> 10 TENNIS SHOES 06-SPEECH <input type="checkbox"/> 01 SOFT/POLITE <input type="checkbox"/> 02 RASPY/DEEP <input type="checkbox"/> 03 RAPID <input type="checkbox"/> 04 SLOW <input type="checkbox"/> 05 LOUD <input type="checkbox"/> 06 MUMBLE <input type="checkbox"/> 07 STUTTERS/LISP <input type="checkbox"/> 08 VULGAR <input type="checkbox"/> 09 APOLOGETIC <input type="checkbox"/> 10 EFFEMINATE 07-ACCENT <input type="checkbox"/> 01 AFRO-AMERICAN <input type="checkbox"/> 02 SPANISH <input type="checkbox"/> 03 ORIENTAL <input type="checkbox"/> 04 FRENCH <input type="checkbox"/> 05 ENGLISH <input type="checkbox"/> 06 JAMAICAN <input type="checkbox"/> 07 OTHER 08-FACIAL ODDITIES <input type="checkbox"/> 01 BIRTHMARKS <input type="checkbox"/> 02 BLOTCHES <input type="checkbox"/> 03 FRECKLES <input type="checkbox"/> 04 MOLE/WARTS <input type="checkbox"/> 05 PIMPLE/POCKS <input type="checkbox"/> 06 WRINKLES <input type="checkbox"/> 07 HIGH CHEEKS <input type="checkbox"/> 08 THICK LIPS <input type="checkbox"/> 09 DEFORMED EAR <input type="checkbox"/> 10 MISSING EAR 09-EYES <input type="checkbox"/> 01 BLUE <input type="checkbox"/> 02 BROWN <input type="checkbox"/> 03 GREY <input type="checkbox"/> 04 GREEN <input type="checkbox"/> 05 BLOODSHOT <input type="checkbox"/> 06 BULGING <input type="checkbox"/> 07 CROSSED <input type="checkbox"/> 08 MISSING/GLASS <input type="checkbox"/> 09 SQUINTS/BLINKS <input type="checkbox"/> 10 SLANTED/ORIENTAL 10-NOSE <input type="checkbox"/> 01 LARGE <input type="checkbox"/> 02 SMALL <input type="checkbox"/> 03 LONG <input type="checkbox"/> 04 THIN <input type="checkbox"/> 05 PUG <input type="checkbox"/> 06 POINTED <input type="checkbox"/> 07 BROAD <input type="checkbox"/> 08 FLAT <input type="checkbox"/> 09 HOOKED <input type="checkbox"/> 10 RED 11-TEETH <input type="checkbox"/> 01 IRREGULAR <input type="checkbox"/> 02 DECAYED <input type="checkbox"/> 03 PROTRUDING <input type="checkbox"/> 04 CAPS <input type="checkbox"/> 05 MISSING <input type="checkbox"/> 06 CHIPPED <input type="checkbox"/> 07 GOLD <input type="checkbox"/> 08 DESIGN <input type="checkbox"/> 09 DIAMOND <input type="checkbox"/> 10 BRACES 12-HAIR COLOR <input type="checkbox"/> 01 BLONDE <input type="checkbox"/> 02 RED <input type="checkbox"/> 03 BROWN <input type="checkbox"/> 04 BLACK <input type="checkbox"/> 05 GREY/SILVER <input type="checkbox"/> 06 SALT/PEPPER <input type="checkbox"/> 07 MULTI-COLOR <input type="checkbox"/> 08 PLAT. BLONDE <input type="checkbox"/> 09 STREAKED <input type="checkbox"/> 10 GREY PATCHES 13-HAIR STYLE <input type="checkbox"/> 01 AFRO <input type="checkbox"/> 02 BRAIDED <input type="checkbox"/> 03 CURLY <input type="checkbox"/> 04 STRAIGHT <input type="checkbox"/> 05 CREWCUT <input type="checkbox"/> 06 BALD <input type="checkbox"/> 07 SHORT <input type="checkbox"/> 08 MEDIUM <input type="checkbox"/> 09 LONG <input type="checkbox"/> 10 FADE/DESIGN 14-FACIAL HAIR <input type="checkbox"/> 01 SIDEBURNS <input type="checkbox"/> 02 MUTTON CHOPS <input type="checkbox"/> 03 BEARD <input type="checkbox"/> 04 GOATEE <input type="checkbox"/> 05 MUSTACHE <input type="checkbox"/> 06 FU-MANCHU <input type="checkbox"/> 07 HAIR UND. LIP <input type="checkbox"/> 08 UNSHAVEN <input type="checkbox"/> 09 BUSHY EYEBROWS <input type="checkbox"/> 10 CLEAN SHAVEN 15-COMPLEXION <input type="checkbox"/> 01 ALBINO <input type="checkbox"/> 02 FAIR <input type="checkbox"/> 03 RUDDY <input type="checkbox"/> 04 OLIVE <input type="checkbox"/> 05 LIGHT <input type="checkbox"/> 06 BROWN <input type="checkbox"/> 07 DARK

ADDITIONAL DESCRIPTION
 WHITE-SHIRT, BLUE JEAN SHORTS, BLUE & WHITE SNEAKERS (G-NICKS), TATTOO OF "ALL" ON LEFT LEG

RACE	VICTIM TYPE	SOBRIETY	INJURY	TREATED	VICTIM RELATIONSHIP TO OFFENDER (VICTIM WAS):
W-WHITE B-BLACK I-AMERIND A-ASIAN U-UNKNOWN	B-BUSINESS F-FINANCIAL INST. G-GOVERNMENT L-LAW OFFICER R-RELIGIOUS ORG. S-SOCIETY O-ORLEANS RESIDENT M-METRO RESIDENT N-NON RESIDENT U-UNKOWN	S-SOBER A-ALCOHOL D-DRUGS U-UNKNOWN	B-BROKEN BONES I-INTERNAL INJURY L-LACERATIONS M-MINOR O-OTHER MAJOR N-NO INJURY	R-REFUSED T-TREATED H-HOSPITALIZED	A-SPOUSE B-COMMON LAW C-PARENT D-OFFSPRING E-SIBLING F-GRANDPARENT G-GRANDCHILD H-OTHER FAMILY I-ACQUAINTANCE J-NEIGHBOR K-BEING BABYSAT L-BOY/GIRL FRIEND M-EX SPOUSE N-EMPLOYEE O-EMPLOYER P-HOMOSEXUAL S-STRANGER U-UNKNOWN

ADM	DETECTIVE	CRIME LAB	OTHER	REPORTING CAR #
	LT. R. ITALIANO UNIT 1400			406
	REPORTING OFFICER	REPORTING OFFICER	SUPERVISOR	BADGE
	ANDRE LEBLANC JR 504		SCOT EDWARDS JR 203	

NEW ORLEANS POLICE DEPARTMENT - PROPERTY

PAGE 2 OF 6

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WEAPONS	<input type="checkbox"/> CONFISCATED <input type="checkbox"/> EVIDENCE <input type="checkbox"/> RECOVERED	<input type="checkbox"/> HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN	MAKE	MODEL	SERIAL	CALIBER
	NCIC <input type="checkbox"/> STOLEN <input type="checkbox"/> NOT STOLEN	NCIC CONTACT	ADDITIONAL INFORMATION			
	PAWNSHOP <input type="checkbox"/> RECORD <input type="checkbox"/> NO RECORD	PAWNSHOP CONTACT				

VEHICLE	VEHICLE STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> VICTIM <input type="checkbox"/> WANTED <input type="checkbox"/> IMPOUNDED	YEAR	MAKE	MODEL	COLOR(TOP/BOTTOM)	VALUE	
	RECOVERED <input type="checkbox"/> STOLEN LOCAL <input type="checkbox"/> STOLEN FOREIGN	LIC. NUMBER	STATE	YEAR	VIN/SERIAL NUMBER		
		LOCATION OF RECOVERY					DIST/ZONE/SUB
	VEHICLE STYLE		35 VEHICLE DAMAGE				

VEHICLE STYLE

<input type="checkbox"/> 2D TWO DOOR	<input type="checkbox"/> CV CONVERTIBLE	<input type="checkbox"/> TK COMMERCIAL TRUCK
<input type="checkbox"/> 4D FOUR DOOR	<input type="checkbox"/> VN FULL SIZE VAN	<input type="checkbox"/> SU SPORTS UTILITY
<input type="checkbox"/> SW STATION WAGON	<input type="checkbox"/> MV MINIVAN	<input type="checkbox"/> WC WATERCRAFT
<input type="checkbox"/> PU PICK-UP	<input type="checkbox"/> RV RECREATIONAL VEHICLE	<input type="checkbox"/> MC MOTORCYCLE
<input type="checkbox"/> AC AIRCRAFT	<input type="checkbox"/> XX OTHER	

35 VEHICLE DAMAGE

<input type="checkbox"/> LIGHT	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> HEAVY
<input type="checkbox"/> 3501	<input type="checkbox"/> 3504	<input type="checkbox"/> 3507
<input type="checkbox"/> 3502	<input type="checkbox"/> 3505	<input type="checkbox"/> 3508
<input type="checkbox"/> 3503	<input type="checkbox"/> 3506	<input type="checkbox"/> 3509

36 RECOVERED VEHICLE M.O.

<input type="checkbox"/> 01 USED IN CRIME	<input type="checkbox"/> 08 DOOR LOCK POPPED	<input type="checkbox"/> 14 RESIDENTIAL AREA
<input type="checkbox"/> 02 USED IN JOY RIDE	<input type="checkbox"/> 09 WINDOW SMASHED	<input type="checkbox"/> 15 HOUSING DEVELOP.
<input type="checkbox"/> 03 VIN NUMBER ALTERED	<input type="checkbox"/> 10 NO FORCED ENTRY	<input type="checkbox"/> 16 COMMERCIAL AREA
<input type="checkbox"/> 04 CHOPPED	<input type="checkbox"/> 11 STEERING DEFEATED	<input type="checkbox"/> 17 PARK/PLAYGROUND
<input type="checkbox"/> 05 STRIPPED	<input type="checkbox"/> 12 HOT WIRED	<input type="checkbox"/> 18 DESERTED AREA
<input type="checkbox"/> 06 AUDIO ONLY STOLEN	<input type="checkbox"/> 13 KEYS IN VEHICLE	<input type="checkbox"/> 19 BURNED
<input type="checkbox"/> 07 BATTERY ONLY STOLEN	<input type="checkbox"/> 20 SUBMERGED	

NARCOTIC/PROPERTY CODES	PROPERTY LEGEND	LOSS TYPE																																																					
	<table border="0"> <tr> <td>A1 CURRENCY/COIN</td> <td>C2 FURS</td> <td>F2 RADIO</td> <td>I2 ALCOHOLIC BEVERAGES</td> <td>K2 CEMETERY ITEMS</td> <td>K9 HEAVY EQUIPMENT</td> </tr> <tr> <td>A2 NEGOTIABLE</td> <td>C3 PURSE/WALLET</td> <td>F3 STEREO</td> <td>I3 TOBACCO PRODUCTS</td> <td>K3 BICYCLE</td> <td>KA VEHICLE PARTS/ACC.</td> </tr> <tr> <td>A3 POSTAGE STAMPS</td> <td>E1 OFFICE EQUIPMENT</td> <td>F4 CAMERA/PROJECTOR</td> <td>I4 GASOLINE/OIL</td> <td>K4 NON-NEGOTIABLE</td> <td>KB OTHER PROPERTY</td> </tr> <tr> <td>B1 JEWELRY</td> <td>E2 OFFICE FURNITURE</td> <td>F5 AUDIO/VIDEO PROJ.</td> <td>I5 TOILETRIES</td> <td>K5 CREDIT/DEBIT CARDS</td> <td>L1 STRUCTURE DWELLING</td> </tr> <tr> <td>B2 PRECIOUS METAL</td> <td>E3 COMPUTER HARDWARE</td> <td>G1 FIREARM</td> <td>I6 DRUGS</td> <td>K6 NARCOTIC EQUIPMENT</td> <td>L2 STRUCTURE COMM.</td> </tr> <tr> <td>B3 PRECIOUS STONE</td> <td>E4 COMPUTER SOFTWARE</td> <td>H1 HOUSEHOLD ITEMS</td> <td>J1 LIVESTOCK</td> <td>K7 GAMBLING EQUIPMENT</td> <td>L3 STRUCTURE PUBLIC</td> </tr> <tr> <td>G1 CLOTHING</td> <td>F1 TELEVISION</td> <td>I1 FOOD/BEVERAGE</td> <td>K1 ART/ANTIQUES</td> <td>K8 HAND/POWER TOOLS</td> <td>L4 STRUCTURE STORAGE</td> </tr> </table>	A1 CURRENCY/COIN	C2 FURS	F2 RADIO	I2 ALCOHOLIC BEVERAGES	K2 CEMETERY ITEMS	K9 HEAVY EQUIPMENT	A2 NEGOTIABLE	C3 PURSE/WALLET	F3 STEREO	I3 TOBACCO PRODUCTS	K3 BICYCLE	KA VEHICLE PARTS/ACC.	A3 POSTAGE STAMPS	E1 OFFICE EQUIPMENT	F4 CAMERA/PROJECTOR	I4 GASOLINE/OIL	K4 NON-NEGOTIABLE	KB OTHER PROPERTY	B1 JEWELRY	E2 OFFICE FURNITURE	F5 AUDIO/VIDEO PROJ.	I5 TOILETRIES	K5 CREDIT/DEBIT CARDS	L1 STRUCTURE DWELLING	B2 PRECIOUS METAL	E3 COMPUTER HARDWARE	G1 FIREARM	I6 DRUGS	K6 NARCOTIC EQUIPMENT	L2 STRUCTURE COMM.	B3 PRECIOUS STONE	E4 COMPUTER SOFTWARE	H1 HOUSEHOLD ITEMS	J1 LIVESTOCK	K7 GAMBLING EQUIPMENT	L3 STRUCTURE PUBLIC	G1 CLOTHING	F1 TELEVISION	I1 FOOD/BEVERAGE	K1 ART/ANTIQUES	K8 HAND/POWER TOOLS	L4 STRUCTURE STORAGE	<table border="0"> <tr> <td>S STOLEN</td> <td>U UNKNOWN</td> </tr> <tr> <td>R RECOVERED</td> <td>N NONE</td> </tr> <tr> <td>D DAMAGED/DESTROYED</td> <td></td> </tr> <tr> <td>B BURNED</td> <td></td> </tr> <tr> <td>F FORGED/COUNTERFEIT</td> <td></td> </tr> <tr> <td>C CONFISCATED/SEIZED</td> <td></td> </tr> </table>	S STOLEN	U UNKNOWN	R RECOVERED	N NONE	D DAMAGED/DESTROYED		B BURNED		F FORGED/COUNTERFEIT		C CONFISCATED/SEIZED
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PROPERTY / EVIDENCE / NARRATIVE

LOSS TYPE	QUANTITY/WEIGHT	BRAND/MANUFACTURER NARCOTIC TYPE	DESCRIPTION	SERIAL NUMBER	PROP/NARC CODE	VALUE
			NARRATIVE			
			ON WEDNESDAY, NOVEMBER 16, 2005 AT APPROXIMATELY 2:20 PM, OFFICER ANDRE LEBLANC JR AND RHONDA HAMANN OF UNIT 406 WERE DISPATCHED TO 1348 RICHLAND DR (FOURTH DISTRICT STATION) TO INVESTIGATE A SIGNAL 21M, MISSING PERSON. THE RESULTS OF THE INVESTIGATION ARE AS FOLLOWS.			
			UPON ARRIVAL, OFFICER LEBLANC WAS MET BY THE REPORTING PERSON, EDNA B. GLOVER. MS. GLOVER STATED THAT HER SON, HENRY GLOVER B/M 10-2-73, HAD BEEN MISSING SINCE SEPTEMBER 2, 2005. MS. GLOVER THEN STATED THAT THE LAST PERSONS TO SEE HER SON HENRY, WERE BERNARD CALLOWAY			

NEW ORLEANS POLICE DEPARTMENT - CONTINUATION

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LOSS TYPE	QUANTITY/WEIGHT	BRAND/MANUFACTURER NARCOTIC TYPE	DESCRIPTION	SERIAL NUMBER	PROP/NARC CODE	VALUE
			<p>(HER DAUGHTER BOY FRIEND) AND EDWARD KING (HER SON), SHE THEN PROCEEDED TO STATE THAT ON THE DAY IN QUESTION, HENRY LEFT HIS JACKSON LAMOND'S APARTMENT (UNKNOWN APARTMENT NUMBER) TO GET SOME ITEMS WHICH HAD BEEN LOOTED FROM A BUSINESS IN THE SHOPPING STRIP IN THE 3700 BLOCK OF GEN. DEGAULLE. HENRY WENT TO THE REAR DOOR OF ONE ^(ALMA REYNOLDS) OF THE STORES WITH A FRIEND, BUT THEY HEARD GUNSHOTS. HENRY HAD BEEN SHOT, BUT IT WAS UNKNOWN WHO HAD SHOT HIM AFTER THEY EXITED HENRY'S TRUCK. MS. GLOVER STATED THAT A YOUNG KID (WHO KNEW HENRY) RAN TO NOTIFY HIS BROTHER (EDWARD KING) AND SISTER (PATRICE GLOVER). THEY BOTH RELOCATED TO THE LOCATION AND FOUND HENRY WOUNDED. THEY FLAGGED DOWN AN UNKNOWN MALE WHO ASSISTED BY TRANSPORTING HENRY, EDWARD AND BERNARD TO HABANS SCHOOL WHERE THEY SEEKED POLICE ASSISTANCE. ONCE THERE, THE SUBJECTS WERE FORCED OUT OF ^{VEHICLE} THEN BY THE POLICE AND BEATEN, WHILE TWO OTHER OFFICERS LEFT IN THE VEHICLE AND A POLICE UNIT, THEN UNKNOWN. THE SUBJECTS WHO WERE STILL ON SCENE WERE RELEASED AND ADVISED TO LEAVE THE CITY WITH THEIR FAMILIES. MS. GLOVER ADVISED THAT SHE HAD TRIED TO LOCATE HER SON AT THE MORGUE AND THE HOSPITALS, BUT MET NEGATIVE RESULTS.</p> <p>THE OTHER PARTIES MENTIONED IN THE REPORT WERE NOT PRESENT DURING THE INTERVIEW AND FOLLOW UP INVESTIGATION WILL BE NEEDED.</p> <p>OFFICER LEBLANC HAD MS. GLOVER SIGN THE AFFIDAVIT TO MISSING PERSON REPORT. THE STATEMENT ^{AND} MS. GLOVER WAS PROVIDED WAS BASED ON THE STATEMENTS OF ^{THE} OTHERS MENTIONED IN THE REPORT. IT SHOULD BE NOTED THE MALES MENTIONED CONTINUED TO HEAR THE NAME SHERMAN</p> <p>SGT. E. KELLY, UNIT 480, WAS NOTIFIED.</p> <p>DETECTIVE SGT. R. ITALIANO, UNIT 1400, WAS NOTIFIED.</p> <p>THE AFFIDAVIT OF MISSING PERSON REPORT WAS TURNED OVER TO THE NATIONAL CRIME INFORMATION CENTER (NCIC) TECHNICIAN</p> <p>BULLETIN # 485, 489 WAS SENT.</p>			

NEW ORLEANS POLICE DEPARTMENT
NATIONAL CRIME INFORMATION CENTER

AFFIDAVIT
TO
MISSING PERSON REPORT

I, Edna B. Glover _____, MOTHER _____ of
(Reporting person/relative) (Relationship to missing person)

HENRY GLOVER _____, DO STATE THAT THE INFORMATION
(Missing person)

SUPPLIED BY ME TO THE NEW ORLEANS POLICE DEPARTMENT IS TRUE AND CORRECT. I
ACCEPT FULL RESPONSIBILITY FOR ALL ACTIONS TAKEN BY THE NEW ORLEANS POLICE
DEPARTMENT IN THE DEPARTMENT'S EFFORT TO LOCATE

HENRY GLOVER _____
(Missing person)

****Valid Physician's Certificate must be attached for mental or Physical disability entry****

(Witness-Print) Edna B. Glover Mother
(Reporting Person, Relative-Print)

Witness signature Edna B. Glover
Reporting person signature

NOPD Item = K-07665-05

Date and time: 11-16-05 3:09 pm

NATIONAL CRIME INFORMATION CENTER
MISSING PERSON ENTRY FORM

NCIC# _____ (MKE) _____

Date: 11-16-05 (ORI) _____

GLOVER HENRY AB
Last First Middle

SEX MALE 1(SEX) _____

RACE BLACK 2(RAC) _____

PLACE OF BIRTH ORLEANS 2(POB) _____

DATE OF BIRTH 10-2-73 6(DOB) _____

DATE OF EMANCIPATION _____ 6(DOE) _____

HEIGHT 6'0" 3(HGT) _____

WEIGHT 135 3(WGT) _____

EYE COLOR BROWN 3(EYE) _____

HAIR COLOR SANDY BROWN 3(HAI) _____

B OF I NUMBER _____ 9(FBI) _____

SCARS & MARKS _____ 3(SKN) _____

FINGERPRINT CLASS _____ 9(SMD) _____

FBI NUMBER _____ 20(FPC) _____

SOCIAL SECURITY _____ 15(MNU) _____

DRIVERS LICENSE _____ 9(SOC) _____

DRIVERS LICENSE STATE _____ 2(OLY) _____

DRIVERS LICENSE YEAR EXP. _____ 2(MNP) _____

MISSING PERSON K-07665-05 6(DLC) _____

ITEM NUMBER K-07665-05 9(OCA) _____

MISCELLANEOUS _____ 117(MIS) _____

NAME GLOVER, HENRY

MESSAGE PRINTED: DATE: 11/16/2005 TIME: 16:27:48 PRINTER : D401
MESSAGE SENT : DATE: 11/16/2005 TIME: 16:18:35 TERMINAL: D410

TO : HEADQUARTERS - CRIME BULLETIN
FROM : 4TH DISTRICT - FRONT DESK MESSAGE NUMBER: 485,489
SUBJECT: MISSING PERSON
K0766505

ITEM: K0766505 OFFICER 1: ANDRE LEBLANC JR [REDACTED]
OFFICER 2:
OFFENSE: TEXAS AND SEINE CT
DATE: 09 / 02 / 2005 TIME: 12 : 00 PM
VICTIM: R/P GLOVER, EDNA AGE/DOB: 11-23-1949 RACE: B SEX: F
ADDRESS: 922 WHITNEY AVE NOLA 70114
SUSPECT: M/P GLOVER, HENRY AGE/DOB: 10-02-1973 RACE: B SEX: M
ADDRESS: 2035 WHITNEY AVE B OF I:
HEIGHT: 6'0" WEIGHT: 135 EYES: BRN HAIR: BRN
BUILD: THIN COMPLEXION: BROWN
ARREST:
PHYSICAL: TATTOO ON LEFT LEG "ACE"
CLOTHING: WHITE T-SHIRT, BLUE JEAN SHORTS, BLUE & WHITE SNEAKERS (G-NIKES)

NARRATIVE

EDNA GLOVER, MOTHER OF HENRY GLOVER, HAS NOT SEEN OR HEARD FROM HER SON SINCE
SEPT. 2, 2005. WHEN HE IS LOCATED, MS. GLOVER SHOULD BE NOTIFIED AT [REDACTED]

ORIGINATED BY: CAPT. DAVID J KIRSCH
COMMANDER, 4TH DISTRICT - FRONT DESK

TYPED BY : ANDRE LEBLANC