

OFFENSE / INCIDENT TYPE				LOCATION OF OFFENSE / INCIDENT				TYPE OF AREA							
SHOOTING				HWY 26 BENNDALE CARPETS				PARKING LOT							
DAYS OF OFFENSE				DATE OF OFFENSE				TIME OF OFFENSE							
S <input type="checkbox"/> M <input checked="" type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>				120808 to 120808				0539 to 0540							
DATE / TIME REPORTED				120808 at 0858				08-20-1781							
SHEPT		RSDT		BADGE #		REPORTING OFFICER						ASSISTING OFFICERS			
D		4		G-10		SULLIVAN									
COMPLAINANT:						ADDRESS:									
GCSO						355 COX STREET-B									
HOME TELEPHONE:				EMPLOYER:				EMPLOYER PHONE							
6019474811															
RACE		SEX		DATE OF BIRTH		SSN:		WAS COMPLAINANT INJURED		WILL COMPLAINANT PROSECUTE					
								<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
CODES		DESCRIPTION OF ITEMS (MAKE- MODEL- BRAND- SIZE- COLOR- SERIAL #)										\$ VALUE			
D-DAMAGED															
E-EVIDENCE															
L-LOST															
R-RECOVERED															
S-STOLEN															
INSURANCE		INSURANCE COMPANY NAME						TOTAL DAMAGES		TOTAL RECOVERED		TOTAL STOLEN			
YES <input type="checkbox"/> NO <input type="checkbox"/>															
CODES		V-VICTIM		S-SUSPECT		W-WITNESS		M-MISSING		A-ARRESTED		RP-REPORTING PERSON		D-DECEASED	
V		NAME		ADDRESS		HOME PHONE		EMPLOYER							
		BILLY JOE JOHNSON		164 PLUMMER RD LUCEDALE MS											
EMPLOYER PHONE		DATE OF BIRTH		SSN:		RACE		SEX		HT.		WT.		HAIR COLOR	
												lb			
NAME		ADDRESS		HOME PHONE		EMPLOYER									
EMPLOYER PHONE		DATE OF BIRTH		SSN:		RACE		SEX		HT.		WT.		HAIR COLOR	
												lb			
NAME		ADDRESS		HOME PHONE		EMPLOYER									
EMPLOYER PHONE		DATE OF BIRTH		SSN:		RACE		SEX		HT.		WT.		HAIR COLOR	
												lb			
NAME		ADDRESS		HOME PHONE		EMPLOYER									
EMPLOYER PHONE		DATE OF BIRTH		SSN:		RACE		SEX		HT.		WT.		HAIR COLOR	
												lb			
NAME		ADDRESS		HOME PHONE		EMPLOYER									
EMPLOYER PHONE		DATE OF BIRTH		SSN:		RACE		SEX		HT.		WT.		HAIR COLOR	
												lb			

NARRATIVE: ON THE MORNING OF 120808 I DEPUTY SULLIVAN WAS TRAVELING WEST ON CHURCH STREET AT 0534 HRS I SAW A RED TRUCK RUN THE RED LIGHT AT CHURCH AND WINTER HEADED SOUTH. I TURNED MY BLUE LIGHTS THE VEHICLE THEN RAN THROUGH THE 4-WAY STOP AT WINTER AND OLD HWY-63. THE VEHICLES TAG NUMBER BJSZ PULLED INTO THE PARKING LOT OF THE BENNDALE CARPET STORE. I ADVISED DISPATCH THAT I WAS 10-39 WITH THE VEHICLE. A BLACK MALE GOT OUT OF THE VEHICLE AND ADVISED ME THAT THE REASON HE RAN THE STOP SIGN WAS THAT HE WAS ON THE WAY HOME BECAUSE HIS MOTHER WAS SICK. I ASK FOR HIS DRIVERS LICENSE AND ADVISED HIM TO HAVE A SEAT IN HIS VEHICLE WHILE I CHECK HIS LICENSE OUT. WHEN I WENT BACK TO MY VEHICLE I PICKED UP THE RADIO TO CALL IT IN AND HEARD A GUN SHOT AND GLASS BREAKING. I LOOKED UP AND THE BLACK MALE FELL ON THE GROUND AND THE GUN HE HAD IN HIS HAND FELL ON TOP OF HIM. I CALLED DISPATCH AND ADVISED THEM THAT THE SUBJECT HAD JUST SHOT HIMSELF TO SEND ME SOME HELP.

END OF REPORT

COMPLAINANT'S SIGNATURE:		INVESTIGATOR	REVIEWER
REPORTING OFFICER'S SIGNATURE: <i>Sullivan G-10</i>			REVISED Nov 2008