

**KYIBRS REPORT**  
COMMONWEALTH OF KENTUCKY

**KSP RECORDS**

<b>ADMINISTRATIVE</b>	AGENCY ORI/NAME <b>0561500 UNIV. OF LOUISVILLE POLICE</b>				INCIDENT NUMBER <b>KY 07-0644</b>				
	INCIDENT DATE/TIME		EXACT/ESTIMATE	REPORT DATE	RECEIVED	DISPATCHED	ARRIVED	CLEARED	
	09/17/2007 08:30 TO 09/17/2007 17:55		ESTIMATE	09/17/2007	18:47	18:47	18:50	19:10	
	REPORTED BY: FELNER, ROBERT D						HOW REPORTED		
	ADDRESS:						IN PERSON		
	CITY:						PHONE NUMBER: (502) 852-3235		
	EXACT LOCATION OF OFFENSE: UOFL SCHOOL OF EDUCATION RED LOT						SECTOR NO: 1		
	ADDRESS: 109 EAST BRANDEIS AVE								
	CITY: LOUISVILLE				STATE: KY	ZIP CODE: 40208			
	COUNTY: JEFFERSON			LATITUDE	38 DEG	13.110 MIN	LONGITUDE	85 DEG 45.270 MIN	
<b>OFFENSE DATA</b>	SEQUENCE # <b>1</b> OF <b>1</b>		LOCATION TYPE: <b>SCHOOL/COLLEGE (INCLUDES UNIVERSITY)</b>		TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION: <b>CRIMINAL MISCHIEF 3RD DEGREE</b>								
	OFFENSE CODE: <b>01403</b>	ASCF CODE: <b>0</b>	KRS CODE: <b>512.040</b>	CLASS: <b>B</b>	DEGREE: <b>M</b>	COUNTS: <b>1</b>			
	BIAS MOTIVATION: <b>UNKNOWN (MOTIVATION NOT KNOWN)</b>		METHOD ENTRY:		NUMBER PREMISES:				
	SCHOOL NAME: <b>UNIVERSITY OF LOUISVILLE</b>			SCHOOL TYPE: <b>UNIVERSITY/COLLEGE</b>		CAMPUS? <b>ON CAMPUS</b>			
	OFFENDER SUSPECTED OF USING: <b>NOT APPLICABLE</b>			COURT ORDER TYPE:					
	SEQUENCE # <b></b> OF <b></b>		LOCATION TYPE:		TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION:								
	OFFENSE CODE:	ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:			
	BIAS MOTIVATION:		METHOD ENTRY:		NUMBER PREMISES:				
SCHOOL NAME:			SCHOOL TYPE:		CAMPUS?				
OFFENDER SUSPECTED OF USING:			COURT ORDER TYPE:						
SEQUENCE # <b></b> OF <b></b>		LOCATION TYPE:		TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO			
OFFENSE DESCRIPTION:									
OFFENSE CODE:	ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:				
BIAS MOTIVATION:		METHOD ENTRY:		NUMBER PREMISES:					
SCHOOL NAME:			SCHOOL TYPE:		CAMPUS?				
OFFENDER SUSPECTED OF USING:			COURT ORDER TYPE:						
<b>PROPERTY DATA</b>	SEQ #	PROPERTY DESCRIPTION		TYPE OF LOSS		VALUE	RECVRD VALUE	REC. COND.	DATE RECOVERED
	<b>1</b>	<b>AUTOMOBILES</b>		<b>DESTROYED/DAMAGED/VANDALIZED</b>		<b>\$200.00</b>			
	TOTAL STOLEN VALUE: <b>\$0.00</b>		TOTAL RECOVERED VALUE: <b>\$0.00</b>		TOTAL VEHICLES STOLEN: <b>0</b>		TOTAL VEHICLES RECOVERED: <b>0</b>		
	<b>DRUGS</b>	DRUG SEQ	PROP SEQ	DRUG TYPE				QUANTITY	MEASUREMENT
<b>STATUS</b>	INCIDENT STATUS		CLEARANCE TYPE		CLEARED EXCEPTIONALLY		EX. CLEARANCE DATE	UCR REPORTING FOR OTHER AGENCY	
	OPEN							YES <input type="checkbox"/>	
	REPORTING OFFICER			UNIT/BADGE NUMBER		REVIEWED BY		TIME SPENT	
	J WOOD			5599		R BRINGHURST		20 MIN	

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VICTIM SEQUENCE		VICTIM NAME					PHONE	
1 of 1		FELNER, ROBERT D					(502) 852-3235	
Address Unknown <input type="checkbox"/>		ADDRESS:				VICTIM TYPE: SCHOOL STAFF		
CITY: LOUISVILLE		5'		KY RESIDENT: RESIDENT				
SSN	HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR			
	5' 08"				BROWN			
GENDER		RACE		ETHNIC ORIGIN		PEACE OFFICER?		
MALE		WHITE		NOT HISPANIC		YES <input type="checkbox"/>		
NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS		NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS		
VICTIM OF OFFENSE(S)		AGG ASSAULT/HOMICIDE CIRC		ADDTL JUSTIFIABLE HOMICIDE CIRC				
01403								
LEOKA ASSIGNMENT				LEOKA ACTIVITY				
SUSPECT SEQ. #		NAME:					ARRESTED?	ARREST DATE
of		ALIAS:					YES <input type="checkbox"/>	
ADDRESS					DATE OF BIRTH:	PHONE:	KY RESIDENT:	
CITY:			STATE:	ZIP CODE:				
SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	
ARRESTEE SEQ. #	MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS			
of					1	4	8	
ARRESTEE ARMED WITH					2	5	7	
					3	6	9	
SUSPECT SEQ. #		NAME:					ARRESTED?	ARREST DATE
of		ALIAS:					YES <input type="checkbox"/>	
ADDRESS					DATE OF BIRTH:	PHONE:	KY RESIDENT:	
CITY:			STATE:	ZIP CODE:				
SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	
ARRESTEE SEQ. #	MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS			
of					1	4	7	
ARRESTEE ARMED WITH					2	5	8	
					3	6	9	
WITNESS SEQUENCE		WITNESS NAME					PHONE	
of								
ADDRESS:							DATE OF BIRTH	
CITY:			STATE:	ZIP CODE:		SSN:		
WITNESS SEQUENCE		WITNESS NAME					PHONE	
of								
ADDRESS:							DATE OF BIRTH	
CITY:			STATE:	ZIP CODE:		SSN:		

**KYIBRS REPORT: UOR2 SUPPLEMENT**

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**SYNOPSIS:**

Victim states that sometime between the listed times, while his vehicle was parked in his reserved parking spot an unknown person(s) damaged his vehicle. When officer arrived there were several scratches in his rear driver side quarter panel and a small dent on the hood near the driver's side front fender. Victim states the vehicle did not have this damage prior to arriving for work this morning.

Vehicle: 2006 Black BMW 325XI  
KY UofL PLT# AB34

**MODUS OPERANDI:**

Victim advised officer he is the Dean of UofL School of Education and could likely have a disgruntled student or staff member who knows the location where he parks daily.

**DATE & TIME OF OCCURRENCE:**

09-17-2007  
0830Hrs / 1755Hrs

**ACCUSED:**

**SUSPECTS:**

**STOLEN PROPERTY:**

**OTHER PROPERTY:**

**EVIDENCE & HOW MARKED:**

**EVIDENCE DISPOSITION:**

**INVESTIGATION:**

Vehicle Parked in UofL Red Reserved Spot# 436

**STATUS OF CASE:**

OPEN

**ATTACHMENT**