



POSTED 1/19/01 3A

ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

|  |  |  |  |  |  |   |  |   |  |
|--|--|--|--|--|--|---|--|---|--|
| VICTIM SSN   |  | COMPLAINANT SSN  |  | 1 <input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE<br>2 <input type="checkbox"/> SUPPLEMENT |  | 3 CASE # L00000214  |  | 3 SFX   |  |
| 4 ORI # 0590400  |  | 5 DATE AND TIME OF THIS REPORT 01/19/01  |  | 6 AGENCY NAME 326 Alabaster Police Dept  |  | 7 IF SUPPLEMENT ORIGINAL OFFENSE DATE   |  | 8 REPORTED BY <input type="checkbox"/> VICTIM OR  |  |
| 9 ADDRESS (STREET, CITY, STATE, ZIP)   |  | 12 VICTIM (LAST, FIRST, MIDDLE NAME) 2A 2B 3S Handley, James Daniel                              |  | 13 ADDRESS (STREET, CITY, STATE, ZIP) 1201 Highland Lakes Trail Bham AL 35242  |  | 14 PHONE 205 981-9029   |  | 15 EMPLOYER/SCHOOL  |  |
| 16 OCCUPATION Handley Const. Owner   |  | 17 ADDRESS (STREET, CITY, STATE, ZIP) 1201 Highland Lakes Trail Bham AL                          |  | 18 PHONE 205 981-9029  |  | 19 RESIDENT <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT  |  | 20 INJURY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N  |  |
| 21 RACE 22 SEX 23 HGT 24 WGT 25 DOB 26 AGE 27 WAS OFFENDER KNOWN TO VICTIM? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |  | 28 VICTIM WAS (EXPLAIN RELATIONSHIP)   |  | 29 CODE  |  | 30 TYPE INCIDENT OR OFFENSE FEL <input type="checkbox"/> MISD. <input checked="" type="checkbox"/> Theft of Property  |  | 31 DEGREE (CIRCLE) 1 2 3  |  |
| 32 UCR CODE  |  | 33 STATE CODE/LOCAL ORDINANCE 13A-8-4  |  | 34 TYPE INCIDENT OR OFFENSE FEL <input type="checkbox"/> MISD. <input checked="" type="checkbox"/>                       |  | 35 DEGREE (CIRCLE) 1 2 3  |  | 36 UCR CODE   |  |
| 37 STATE CODE/LOCAL ORDINANCE  |  | 38 PLACE OF OCCURRENCE Sterling Gate Subdivision Lot 53 (New Section)                            |  | 39 SECTOR  |  | 40 POINT OF ENTRY <input checked="" type="checkbox"/> DOOR <input type="checkbox"/> ROOF <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER                                   |  | 41 METHOD OF ENTRY <input type="checkbox"/> FORCIBLE <input type="checkbox"/> ATT. FORCIBLE <input checked="" type="checkbox"/> NO FORCE  |  |
| 42 ASSAULT <input type="checkbox"/> SIMPLE <input checked="" type="checkbox"/> AGGR.   |  | 43 TREATMENT FOR ASSAULT INJURY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | 44 OCCURRED ON OR BETWEEN 45 TIME 8:00   |  | 46 LIGHTING <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> MOON <input type="checkbox"/> ART. EXT. <input type="checkbox"/> ART. INT. <input type="checkbox"/> UNK. |  | 47 WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> HAIL <input type="checkbox"/> UNK. |  |
| 48 PREMISE <input checked="" type="checkbox"/> HWY.--ST.--ALLEY <input type="checkbox"/> BANK <input type="checkbox"/> DRUG STORE <input type="checkbox"/> APT./TWN. HSE. <input type="checkbox"/> CHURCH <input type="checkbox"/> SHOPPING CENTER <input type="checkbox"/> SCHOOL <input type="checkbox"/> PARKING LOT <input type="checkbox"/> CONVENIENCE <input type="checkbox"/> OTHER COMMER. <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SERVICE STA. <input type="checkbox"/> OTHER |  | 49 CODE  |  | 50 VERIFY FOR <input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |  | 51 TREAT. FOR <input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |  | 52 CIRCUMSTANCES HOMICIDE & ASSAULT   |  |
| 53 WEAPON USED <input type="checkbox"/> FIREARM <input type="checkbox"/> KNIFE <input type="checkbox"/> HANDS, FISTS, VOICE, ETC. <input type="checkbox"/> OTHER DANGEROUS   |  | 54 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE   |  | 55 HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> UNKNOWN              |  | 56 QUANTITY 15  |  | 57 STOLEN, RECOVERED, LOST, FOUND OR DESTROYED (INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL NUMBER, COLOR, ETC.) 2X8X14 Boards  |  |
| 58 DOLLAR VALUE  |  | 59 RECOVERED   |  | 60 ELECTRONICS   |  | 61 HOUSEHOLD  |  | 62 CONSUMABLE GOODS 354.19  |  |
| 63 MOTOR VEHICLE   |  | 64 CURRENCY, NOTES   |  | 65 JEWELRY   |  | 66 CLOTHING/FURS  |  | 67 FIREARMS   |  |
| 68 OFFICE EQUIPMENT  |  | 69 MISCELLANEOUS   |  | 70 # STOLEN  |  | 71 LIC.   |  | 72 LIS.   |  |
| 73 LIVESTOCK   |  | 74 TAG COLOR   |  | 75 VIN   |  | 76 VYR  |  | 77 VMA  |  |
| 78 VMO   |  | 79 VST   |  | 80 YCD: TOP BOTTOM   |  | 81 ADDITIONAL DESCRIPTION   |  | 82 WARRANT SIGNED   |  |
| 83 AUTO INSURER NAME (COMPANY) ADDRESS (STREET, CITY, STATE, ZIP)  |  | 84 STOLEN IN YOUR JURISDICTION? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |  | 85 RECOVERED IN YOUR JURISDICTION? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                      |  | 86 WHERE?   |  | 87 PHONE  |  |

TYPE OR PRINT IN BLACK INK

ACJIC-32 REV 8-96

INCHES

1 2 3 4 5 6

|  |  |   |  |  |  |   |  |  |   |  |  |                      |  |  |  |
|--|--|---|--|--|--|---|--|--|---|--|--|----------------------|--|--|--|
| <b>INCIDENT/OFFENSE REPORT CONTINUED</b>   |  | 95 DATE AND TIME OF REPORT<br>01/19/01 3:26   |  | 96 CASE #<br>L0000002114   |  | 97 SFX  |  | 98 <input type="checkbox"/> OFFENDER<br><input checked="" type="checkbox"/> SUSPECT<br><input type="checkbox"/> MISSING PERSON |   | <input checked="" type="checkbox"/> CHECK IF MULTIPLE  |  |                      |  |  |  |
| 99 NAME (LAST, FIRST, MIDDLE)<br>Baker Brian Michael   |  |   |  | 100 NICKNAME/ALIAS   |  | 101 RACE<br><input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> I |  | 102 SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F  |   | 103 DOB<br>05/13/77  |  | 104 AGE<br>23        |  |  |  |
| 105 ADDRESS (STREET, CITY, STATE, ZIP)<br>3016 Correll St. Pelham, AL 35124  |  |   |  | 106 HGT<br>5'11"   |  | 107 WGT<br>145  |  | 108 EYE<br>Blu   |   | 109 HAIR<br>Brn  |  | 110 COMPLEXION       |  |  |  |
| 111 PROBABLE DESTINATION   |  |   |  |  |  | 112 ARMED?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK   |  | 113 WEAPON   |   |  |  |                      |  |  |  |
| 114 CLOTHING   |  |   |  |  |  | 115 <input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATOOS   |  |  | 115 <input type="checkbox"/> ARRESTED<br><input checked="" type="checkbox"/> WANTED |  |  |                      |  |  |  |
| 116 NAME (LAST, FIRST, MIDDLE)<br>Lacey Faith Branham  |  |   |  | 117 NICKNAME/ALIAS   |  | 118 RACE<br><input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> I |  | 119 SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F  |   | 120 DOB<br>03/05/58  |  | 121 AGE<br>48        |  |  |  |
| 122 ADDRESS (STREET, CITY, STATE, ZIP)<br>High Creek Rd Pelham AL 35124  |  |   |  | 123 HGT<br>5'2"  |  | 124 WGT<br>131  |  | 125 EYE<br>Grn   |   | 126 HAIR<br>Brn  |  | 127 COMPLEXION       |  |  |  |
| 128 PROBABLE DESTINATION   |  |   |  |  |  | 129 ARMED?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UNK   |  | 130 WEAPON   |   |  |  |                      |  |  |  |
| 131 CLOTHING   |  |   |  |  |  | 132 <input type="checkbox"/> SCARS <input type="checkbox"/> MARKS <input type="checkbox"/> TATOOS   |  |  | 132 <input type="checkbox"/> ARRESTED<br><input checked="" type="checkbox"/> WANTED |  |  |                      |  |  |  |
| 133 NAME (LAST, FIRST, MIDDLE) SEX, RACE, DOB  |  |   |  | 134 ADDRESS (STREET, CITY, STATE, ZIP)   |  |   |  | 135 RES. PHONE   |   | 136 BUS. PHONE   |  |                      |  |  |  |
| WITNESSES<br>#1 Pate, Jackie<br>SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> I<br>D 7-15-77<br>#2<br>SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> I<br>M D Y<br>#3<br>SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> I<br>M D Y<br>#4<br>SEX <input type="checkbox"/> M <input type="checkbox"/> F RACE <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> I<br>M D Y |  |   |  | 732 Highland Lakes Ln<br>Bham AL 35292   |  |   |  | 205 982 2665   |   |  |  |                      |  |  |  |
|  |  |   |  | 02/09/2001--04806  |  |   |  |  |   |  |  |                      |  |  |  |
|  |  |   |  | 11:50 AM CERTIFIED   |  |   |  |  |   |  |  |                      |  |  |  |
|  |  |   |  | SHELBY COUNTY JUDGE OF PROBATE   |  |   |  |  |   |  |  |                      |  |  |  |
| WITNESS #1 SSN<br>403-88-9758  |  |   |  | WITNESS #2 SSN   |  |   |  | WITNESS #3 SSN   |   | WITNESS #4 SSN   |  |                      |  |  |  |
| 137 NARRATIVE<br>The victim owns a construction company. His company has been building houses in Sterling Gate. On 12-23-00, the witness observed suspect Baker take the listed lumber from one of the victim's building sites. Suspect Lacey is a builder who is building a house across the street from the victim's lot. Baker is framing that house for Lacey. The victim has confronted Lacey and has given her several chances to pay for the lumber. Lacey always says, "I didn't take the lumber." In addition to the last lumber, the victim is out the labor that he had to pay his workers when they showed up for work and lumber was gone.  |  |   |  |  |  |   |  |  |   |  |  |                      |  |  |  |
| I hereby affirm that I have read this report and that all information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying this agency if any stolen property or missing person hereby reported is returned.  |  |   |  |  |  |   |  | 138 LOCAL USE  |   | 139 STATE USE  |  |                      |  |  |  |
| SIGNATURE<br>James D. Handley  |  |   |  |  |  |   |  | 140 ASSISTING AGENCY ORI   |   | 141 ASSISTING AGENCY CASE #  |  | 142 SFX              |  |  |  |
| MULTIPLE CASES CLOSED  |  | 143 CASE #  |  | 144 SFX  |  | 145 CASE #  |  | 146 SFX  |   | 147 ADDITIONAL CASES CLOSED NARRATIVE<br><input type="checkbox"/> Y <input type="checkbox"/> N |  |                      |  |  |  |
| 147 CASE STATUS<br><input checked="" type="checkbox"/> PENDING<br><input type="checkbox"/> INACTIVE<br><input checked="" type="checkbox"/> CLOSED  |  | 148 CASE DISPOSITION:<br><input type="checkbox"/> CLEARED BY ARREST (JUV.)<br><input type="checkbox"/> CLEARED BY ARREST (ADULT)<br><input type="checkbox"/> UNFOUNDED<br><input type="checkbox"/> ADM. CLEARED |  | 149 EXCEPTIONAL CLEARANCE:<br><input checked="" type="checkbox"/> SUSPECT/OFFENDER DEAD<br><input type="checkbox"/> OTHER PROSECUTION<br><input type="checkbox"/> EXTRADITION DENIED<br><input type="checkbox"/> LACK OF PROSECUTION<br><input type="checkbox"/> JUVENILE, NO REFERRAL<br><input type="checkbox"/> DEATH OF VICTIM |  | 148 REPORTING OFFICER<br>Meg Baker ID # 126   |  | 149 ASSISTING OFFICER  |   | 150 SUPERVISOR APPROVAL ID # 110   |  | 151 WATCH CMDR. ID # |  |  |  |

Inst # 2001-04806

**INDEXED**