

UNIFORM CITATION

COURT

OFFENDER / VIOLATOR	AGENCY LOUISVILLE METRO POLICE DEPT		ORI: 0568000
	NAME: LAST, FIRST, MI, FILIAL COLBERT, WAYNE		ATTN: UNKNOWN
	ALIAS NAME: LAST, FIRST, MI, FILIAL		HOME PHONE
	ADDRESS (NUMBER, NAME, SUFFIX)		EMERGENCY PHONE
	CITY LOUISVILLE		STATE KY
	ZIP CODE/EXTENSION 40211		KENTUCKY RESIDENT STATUS <input type="checkbox"/> F: FULL-TIME <input type="checkbox"/> P: PART-TIME <input type="checkbox"/> N: NON RESIDENT
	ID TYPE NONE	ID ST	ID NUMBER
	MARITAL STATUS		VICTIM'S RELATIONSHIP TO OFFENDER
	HEIGHT 5' 09"		WEIGHT 210
	HAIR COLOR BLACK		EYE COLOR BROWN

VEHICLE	<input type="checkbox"/> COMMERCIAL VEHICLE		<input type="checkbox"/> PLACARDED HAZARDOUS VEHICLE		
	DATE OF BIRTH	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN OR ALASKA <input type="checkbox"/> ASIAN		
	PLACE OF EMPLOYMENT / OCCUPATION		CITY	STATE	

DATE / TIME	VIOLATION DATE 02 12 2019		VIOLATION TIME 4:33 PM		EXACT LOCATION OF VIOLATION 644 PHILLIPS LN		MILES	DIRECTION	CITY LOUISVILLE	
	ARREST DATE		TIME OF ARREST		EXACT LOCATION OF ARREST		MILES	DIRECTION	CITY	
	COUNTY JEFFERSON		SECTOR 4-2							
	COUNTY		SECTOR							

NUMBER	VIOLATION CODE	ASCF	STATUTE/ORD.	CHARGE(S)	STARTING CASE	ENDING CASE	DRUG TYPE
1 of 1	03004	0	202A.051	1			
of							
of							
of							

POST-ARREST COMPLAINT
Charge 1: 60/360 DAYS INVOL HOSPIT OF MENTALLY ILL

Officers dispatched to Phillips In on a subject walking in the middle of the street into traffic. Upon arrival, officers observed listed consumer walking in Phillips In with no regard for his life. Upon trying to talk to the consumer he continued to walk away from officers on the side of the street. As officers attempted to make contact with him again, subject walked out into traffic causing a vehicle to slam on its brake to avoid hitting him. As officers attempted to walk the consumer off the roadway he began resisting causing offices to have to conduct a take down to keep consumer from running into traffic again. Consumer would not tell officers who he was. After consumer was transported and paperwork was complete, hospital staff was able to obtain consumer identity. See citation # dc77815

COURT	COURT DATE	COURT TIME	<input type="checkbox"/> PAYABLE	COURT LOCATION	
	COURT CASE NUMBER		<input type="checkbox"/> COURT	TOTAL PREPAYABLE AMOUNT	NOT PREPAYABLE

CASE	WITNESS 1 NAME: LAST, FIRST, MI, FILIAL		STATE	ZIP CODE
	WITNESS 1 ADDRESS (NUMBER, STREET, SUFFIX)		CITY	
	WITNESS 2 NAME: LAST, FIRST, MI, FILIAL		STATE	ZIP CODE
	WITNESS 2 ADDRESS (NUMBER, STREET, SUFFIX)		CITY	
	<input type="checkbox"/> SERVING WARRANT FOR OTHER AGENCY SPECIFY: -		<input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> FINGERPRINTS <input type="checkbox"/> PHOTOS <input type="checkbox"/> EVIDENCE HELD	

YEAR
19

CONTROL NUMBER
DC77939

TYPE
2

OFFICER SIGNATURE MAYBODY, C.	BADGE/I.D. NUMBER 7261	ASSIGNMENT 414A
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