

ROUTING
 DET/INV
 MUNICIPAL CRT
 D.A.
 FILE
 OTHER
 CASE NO

ADMINISTRATIVE	<div style="display: flex; justify-content: space-between;"> CLEARED EXCEPTIONALLY OKLAHOMA CASE NUMBER 2018-10426 </div>									
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DENIED <input type="checkbox"/> VICTIM REFUSED TO COOPERATE <input type="checkbox"/> JUVENILE/NO CUSTODY <input type="checkbox"/> NOT CLEARED EXCEPTIONAL </div> <div style="text-align: center;"> UNIFORM INCIDENT/OFFENSE REPORT </div> <div> PAGE <u>1</u> OF <u>4</u> <input checked="" type="checkbox"/> INITIAL RPT. OFFICER SAFETY <input type="checkbox"/> MODIFY RPT. OFFICER ASSAULT <input type="checkbox"/> DELETE RPT. </div> </div>									
	EXCEPTIONAL CLEARANCE DATE _____									
VICTIM	AGENCY NAME ENID POLICE DEPARTMENT ORI# OKO									
	OCCURRED ON OR BETWEEN MONTH DAY YEAR DOW HOUR MONTH DAY YEAR DOW HOUR MONTH DAY YEAR DOW HOUR 10 5 2018 Fri 0645 10 5 2018 Fri 0701 10 5 2018 Fri 0701									
	TYPE OF REPORT <input checked="" type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLE <input type="checkbox"/> JUVENILE <input type="checkbox"/> ARSON-LOSS \$ <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> ARREST <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> GANG RELATED <input checked="" type="checkbox"/> INFORMATION <input type="checkbox"/> PHONE REPORT <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> OTHER									
OFFENSE	NO. <u>1</u> VICTIM (LAST, FIRST, MIDDLE) <u>Gravlee John C</u> RACE <u>W B I A</u> ETHNICITY <u>HISP</u> SEX <u>M</u> DOB [REDACTED] AGE <u>39</u> HGT <u>601</u> WT <u>200</u> HAIR <u>Bro</u> EYES <u>Haz</u>									
	ADDRESS <u>4801 Ritchie</u> CITY/STATE/ZIP <u>Enid, OK 73703</u> RES. STATUS <input checked="" type="checkbox"/> N PHONE [REDACTED]									
	BUS. ADDRESS <u>302 E. Maple</u> CITY/STATE/ZIP <u>Enid, OK 73701</u> MARITAL STATUS <u>S</u> BUS PHONE <u>580-297-5130</u>									
	DR. LIC.# _____ SSN [REDACTED] TYPE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> RELIGIOUS ORG. <input type="checkbox"/> OTHER OF VICTIM <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> UNKNOWN									
	TYPE OF INJURY CHECK UP TO 5 OF THE FOLLOWING TYPE OF INJURY APPLIES ONLY TO OFFENSES LISTED BELOW KIDNAPPING/ABDUCTION ROBBERY <input type="checkbox"/> N - NONE <input type="checkbox"/> M - APPARENT MINOR INJURY FORCIBLE RAPE AGGRAVATED ASSAULT <input type="checkbox"/> B - APPARENT BROKEN BONES <input type="checkbox"/> O - OTHER MAJOR INJURY FORCIBLE SODOMY SIMPLE ASSAULT <input type="checkbox"/> I - POSSIBLE INTERNAL INJURY <input type="checkbox"/> T - LOSS OF TEETH SEXUAL ASSAULT, WITH AN OBJECT EXTORTION/BLACKMAIL <input type="checkbox"/> L - SEVERE LACERATIONS <input type="checkbox"/> U - UNCONSCIOUSNESS FORCIBLE FONDLING LOCATION OF INJURY									
RELATIONSHIP OF VICTIM TO OFFENDER(S) OFFENDER # <u>1</u> OFFENDER # _____ OFFENDER # _____ VICTIM OF OFFENSE * <u>1</u> OSBI # _____ CODE # <u>OK</u> CODE # _____ CODE # _____ FBI # _____										
OFFENSE # <u>1</u> CLASSIFICATION <u>Breaking & Entering</u> IBR CODE <u>220</u> ATTEMPT <input checked="" type="checkbox"/> ADDRESS/LOCATION OF OFFENSE <u>4801 Ritchie</u> GEO LOCATION _____ PREMISE TYPE NAME <u>Residence</u> IBR CODE _____ HATE/BIAS YES NO _____ CODE _____ APPLIES TO BREAKING & ENTERING ONLY <input type="checkbox"/> FORCIBLE NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> NO FORCE										
OFFENSE # <u>2</u> CLASSIFICATION _____ IBR CODE <u>ADW</u> ATTEMPT <input checked="" type="checkbox"/> ADDRESS/LOCATION OF OFFENSE <u>4801 Ritchie</u> GEO LOCATION _____ PREMISE TYPE NAME <u>Residence</u> IBR CODE _____ HATE / BIAS YES NO _____ CODE _____ APPLIES TO BREAKING & ENTERING ONLY <input type="checkbox"/> FORCIBLE NUMBER OF PREMISES ENTERED _____ <input type="checkbox"/> NO FORCE										
TYPE OF CRIMINAL ACTIVITY ENTER UP TO 3 FOR EACH OFFENSE INDICATE TYPE BY LETTER APPLIES ONLY TO OFFENSES LISTED BELOW B - BUYING/RECEIVING C - CULTIVATING/MANUFACTURING/PUBLISHING D - DISTRIBUTING/SELLING E - EXPLOITING CHILDREN O - OPERATING/PROMOTING/ASSISTING P - POSSESSING/CONCEALING T - TRANSPORTING/TRANSMITTING/IMPORTING U - USING/CONSUMING OFFENSE # _____ OFFENSE # _____										
TYPE WEAPON/FORCE INVOLVED ENTER UP TO 3 FOR EACH OFFENSE INDICATE WEAPON/FORCE BY NUMBER APPLIES ONLY TO OFFENSES LISTED BELOW 11 - FIREARM 12 - HANDGUN 13 - RIFLE 14 - SHOTGUN 15 - OTHER FIREARM 20 - KNIFE/CUTTING INSTRUMENT 30 - BLUNT OBJECT 35 - MOTOR VEHICLE 40 - PERSONAL WEAPONS 50 - POISON 60 - EXPLOSIVES 65 - FIRE/INCENDIARY DEVICE 70 - DRUGS/NARCOTICS A A A A A A A A 90 - OTHER 95 - UNKNOWN 99 - NONE OFFENSE # <u>2</u> <u>12</u> OFFENSE # _____										
OFFENDER(S) SUSPECTED OF USING AT TIME OF OFFENSE <input type="checkbox"/> C-COMPUTER OR SHORTLY BEFORE <input checked="" type="checkbox"/> D-DRUGS OFFENSE OCCURRED <input type="checkbox"/> A-ALCOHOL										
IT IS UNLAWFUL TO FALSELY REPORT A CRIME. WILL YOU PROSECUTE: (Y/N) _____ REPORTING OFFICER ID # <u>M. Atchley 791</u> REVIEWED BY ID # <u>J. Wilson 967</u>										

AGENCY NAME ENID POLICE DEPARTMENT	ORI #	CASE NUMBER 2018-10426
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AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCE (APPLIES TO UCR DEFINITION ONLY)		ADDITIONAL HOMICIDE
FOR AGGRAVATED ASSAULT MURDER/NONNEGLIGENT MANSLAUGHTER CHOOSE UP TO 2 _____	NEGLIGENT MANSLAUGHTER CHOOSE 1 _____	CHOOSE 1 _____
01 ARGUMENT 02 ASSAULT ON LAW ENFORCEMENT OFFICER 03 DRUG DEALING 04 GANGLAND 05 JUVENILE GANG 06 LOVER'S QUARREL 07 MERCY KILLING 08 OTHER FELONY INVOLVED 09 OTHER CIRCUMSTANCES 10 UNKNOWN CIRCUMSTANCES	30 CHILD PLAYING WITH GUN 31 GUN-CLEANING ACCIDENT 32 HUNTING ACCIDENT 33 OTHER NEGLIGENT WEAPON HANDLING 34 OTHER NEGLIGENT KILLINGS ADDITIONAL HOMICIDE CHOOSE 1 _____ 20 CRIMINAL KILLED BY PRIVATE CITIZEN 21 CRIMINAL KILLED BY POLICE OFFICER	A CRIMINAL ATTACKED POLICE OFFICER KILLED CRIMINAL B CRIMINAL ATTACKED POLICE OFFICER KILLED CRIMINAL C CRIMINAL ATTACKED A CIVILIAN D CRIMINAL ATTEMPTED FLIGHT FROM A CRIME E CRIMINAL KILLED IN COMMISSION OF A CRIME F CRIMINAL RESISTED ARREST G UNABLE TO DETERMINE/NOT ENOUGH INFORMATION

SUSPECT/ARRESTEE	NO S-1	CODES: A - ARREST R - RUNAWAY	S - SUSPECT MISSING	I - INSTITUTIONAL (MENTAL, DETOX)	X - OTHER:
	NAME (LAST, FIRST, MIDDLE)		RACE	ETHNICITY	SEX
	BOOKED / WHERE		BOOKING #	UCR ARREST OFFENSE CODE	TYPE OF ARREST
	ARREST DATE		LOCATION OF ARREST		CHARGES
	FINGERPRINT CARD #		CITED Y N	CITATION/WARRANT NO (S)	BAIL
JUV. PARENT/ GDN. NOTIFIED	Y N	NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE/TIME NOTIFIED	
OSBI #		FBI #		WEAPON CODE(S)	
MULTI CLEARANCE M C N		DISP JUV H R			

VEHICLE	TYPE VEHICLE	1-VICTIMS 2-THEFT FROM	3-SUSPECT 4-VANDALISM	5-RECOVERED 6-SEIZED	7-STOLEN 8-IMPOUNDED	9-OTHER
	TYPE	TAG NO.	STATE	YEAR	V.I.N.	DISTINGUISHING MARKS
	VEH. YR.	MAKE	MODEL	STYLE	COLOR	EST VALUE
	IMPOUNDED BY	DATE RECOVERED	RECOVERED VALUE	RECOVERING AGENCY ORI #	NCIC# VEH/DECAL#	

WITNESS/ RPT PERSON	

NARRATIVE

On 10/5/18 we were sent to a residence in the western sector of Enid in reference to a breaking and entering by a 35 year old male, who was later shot outside the residence by a 39 year old male.

REPORTING OFFICER <i>M. Atchley</i>	ID # 791	REVIEWED BY	ID #	DATE OF REPORT 10/05/18
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VICTIM SUPPLEMENT

AGENCY NAME **ENID POLICE DEPARTMENT** ORI # **0 K 0** CASE NUMBER **2018-10426**

NO **2** VICTIM (LAST, FIRST, MIDDLE) **Williams Tripper Beau** RACE **W** ETHNICITY **I A** SEX **M** DOB **[REDACTED]** AGE **35** HGT **601** WGT **230** HAIR **Bro** EYES **Grn**

ADDRESS **General Delivery** CITY/STATE/ZIP **Enid, OK 73701** RES. STATUS **X** PHONE **Unk**

BUS. ADDRESS CITY/STATE/ZIP MARITAL STATUS BUS PHONE

DR. LIC.# SSN TYPE INDIVIDUAL FINANCIAL INSTITUTION RELIGIOUS ORG. OTHER OF VICTIM BUSINESS GOVERNMENT SOCIETY/PUBLIC UNKNOWN

VICTIM
 TYPE OF INJURY CHECK UP TO 5 OF THE FOLLOWING TYPE OF INJURY
 APPLIES ONLY TO OFFENSES LISTED BELOW
 KIDNAPPING/ABDUCTION ROBBERY N - NONE M - APPARENT MINOR INJURY
 FORCIBLE RAPE AGGRAVATED ASSAULT B - APPARENT BROKEN BONES O - OTHER MAJOR INJURY
 FORCIBLE SODOMY SIMPLE ASSAULT I - POSSIBLE INTERNAL INJURY T - LOSS OF TEETH
 SEXUAL ASSAULT WITH AN OBJECT EXTORTION/BLACKMAIL L - SEVERE LACERATIONS U - UNCONSCIOUSNESS
 FORCIBLE FONDLING LOCATION OF INJURY

RELATIONSHIP OF VICTIM TO OFFENDER(S) OFFENDER # **2** OFFENDER # OFFENDER # VICTIM OF OFFENSE # **2** OSBI #
 CODE # **OK** CODE # CODE # CODE # FBI #

NO VICTIM (LAST, FIRST, MIDDLE) RACE ETHNICITY SEX DOB AGE HGT WGT HAIR EYES
W B I A **HISP NON**

ADDRESS CITY/STATE/ZIP RES. STATUS R PHONE

BUS. ADDRESS CITY/STATE/ZIP MARITAL STATUS BUS PHONE

DR. LIC.# SSN TYPE INDIVIDUAL FINANCIAL INSTITUTION RELIGIOUS ORG. OTHER OF VICTIM BUSINESS GOVERNMENT SOCIETY/PUBLIC UNKNOWN

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RELATIONSHIP OF VICTIM TO OFFENDER(S) OFFENDER # OFFENDER # OFFENDER # VICTIM OF OFFENSE # OSBI #
 CODE # CODE # CODE # CODE # FBI #

NO VICTIM (LAST, FIRST, MIDDLE) RACE ETHNICITY SEX DOB AGE HGT WGT HAIR EYES
W B I A **HISP NON**

ADDRESS CITY/STATE/ZIP RES. STATUS R PHONE

BUS. ADDRESS CITY/STATE/ZIP MARITAL STATUS BUS PHONE

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RELATIONSHIP OF VICTIM TO OFFENDER(S) OFFENDER # OFFENDER # OFFENDER # VICTIM OF OFFENSE # OSBI #
 CODE # CODE # CODE # CODE # FBI #

NO VICTIM (LAST, FIRST, MIDDLE) RACE ETHNICITY SEX DOB AGE HGT WGT HAIR EYES
W B I A **HISP NON**

ADDRESS CITY/STATE/ZIP RES. STATUS R PHONE

BUS. ADDRESS CITY/STATE/ZIP MARITAL STATUS BUS PHONE

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 FORCIBLE FONDLING LOCATION OF INJURY

RELATIONSHIP OF VICTIM TO OFFENDER(S) OFFENDER # OFFENDER # OFFENDER # VICTIM OF OFFENSE # OSBI #
 CODE # CODE # CODE # CODE # FBI #

REPORTING OFFICER **Mr. Atchley** ID# **791** DATE OF REPORT **10/5/18**

SUSPECT / WITNESS SUPPLEMENT

AGENCY NAME **ENID POLICE DEPARTMENT** ORI # _____ CASE NUMBER **2018-10426**

SUSPECT / ARRESTEE	NO. S-1	CODES: A - ARREST R - RUNAWAY	S - SUSPECT M - MISSING	I - INSTITUTIONAL (MENTAL, DETOX)	X - OTHER:		
	ARREST DATE	LOCATION OF ARREST	OFFENSE CODE	TYPE OF ARREST O S T	CHARGES	FBI #	
	FINGERPRINT CARD #	CITED Y N	CITATION/WARRANT NO (S)	BAIL	LOCAL ID #	WEAPON CODE(S)	MULTI CLEARANCE M C N
	JUV. PARENT / GDN. NOTIFIED Y N	NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE/TIME NOTIFIED	NOTIFIED BY	DISP JUV H R	

SUSPECT / ARRESTEE	NO.	CODES: A - ARREST R - RUNAWAY	S - SUSPECT M - MISSING	I - INSTITUTIONAL (MENTAL, DETOX)	X - OTHER:						
	NAME (LAST, FIRST, MIDDLE)		RACE W B I A	ETHNICITY H I S P N O N	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	ALIAS NAME		IDENTIFIERS			MARITAL STATUS	RES. STATUS R N				
	STREET ADDRESS				CITY/STATE/ZIP		PHONE				
	EMPLOYMENT / OCCUPATION / SCHOOL			BUSINESS PHONE	GANG/TRIBE/AFFIL.	SSN	DL #/STATE				
	BOOKED / WHERE	BOOKING #	UCR ARREST OFFENSE CODE	TYPE OF ARREST O S T	CHARGES	OSBI #					
	ARREST DATE	LOCATION OF ARREST		FBI #							
	FINGERPRINT CARD #	CITED Y N	CITATION/WARRANT NO (S)	BAIL	LOCAL ID #	WEAPON CODE(S)	MULTI CLEARANCE M C N				
	JUV. PARENT / GDN. NOTIFIED Y N	NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE/TIME NOTIFIED	NOTIFIED BY	DISP JUV H R					

WITNESS/ RPT PERSON	CODE	NAME (LAST, FIRST, MIDDLE)		RACE W B I A	ETHNICITY H I S P N O N	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	ADDRESS/LOCATION				CITY/STATE/ZIP				PHONE			
	EMPLOYER		ADDRESS		CITY/STATE/ZIP				PHONE			
	DR.LIC.#	SSN		OSBI #	FBI #			MARITAL STATUS	RES. STATUS R N			

WITNESS/ RPT PERSON	CODE	NAME (LAST, FIRST, MIDDLE)		RACE W B I A	ETHNICITY H I S P N O N	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	ADDRESS/LOCATION				CITY/STATE/ZIP				PHONE			
	EMPLOYER		ADDRESS		CITY/STATE/ZIP				PHONE			
	DR.LIC.#	SSN		OSBI #	FBI #			MARITAL STATUS	RES. STATUS R N			

WITNESS/ RPT PERSON	CODE	NAME (LAST, FIRST, MIDDLE)		RACE W B I A	ETHNICITY H I S P N O N	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	ADDRESS/LOCATION				CITY/STATE/ZIP				PHONE			
	EMPLOYER		ADDRESS		CITY/STATE/ZIP				PHONE			
	DR.LIC.#	SSN		OSBI #	FBI #			MARITAL STATUS	RES. STATUS R N			

REPORTING OFFICER *M. Atchley* ID # *791* DATE OF REPORT *10/5/18*