

# KYIBRS REPORT

JUVENILE

COMMONWEALTH OF KENTUCKY

ADMINISTRATIVE	AGENCY ORI/NAME <b>0561500 UNIV. OF LOUISVILLE POLICE</b>					INCIDENT NUMBER <b>KY UL25-000702</b>																																																																																
	INCIDENT DATE/TIME		EXACT / ESTIMATE		REPORT DATE		RECEIVED		DISPATCHED		ARRIVED		Cleared																																																																									
	<b>8/21/2025 17:43</b>		<b>ESTIMATE</b>		<b>8/21/2025</b>		<b>22:37</b>		<b>22:37</b>		<b>22:37</b>		<b>22:37</b>																																																																									
	REPORTED BY: [REDACTED]					HOW REPORTED		<b>IN PERSON</b>		<input checked="" type="checkbox"/> VIDEO TAKEN																																																																												
OFFENSE DATA	LICENSE/ID STATE:		LICENSE/ID NUMBER:																																																																																			
	ADDRESS:																																																																																					
	CITY:				STATE:		ZIP CODE:				PHONE NUMBER:																																																																											
	EXACT LOCATION OF OFFENSE												SECTOR NO: <b>1</b>																																																																									
	ADDRESS		[REDACTED]																																																																																			
	CITY		[REDACTED]																																																																																			
	COUNTY		LATITUDE		[REDACTED]		LONGITUDE		[REDACTED]		[REDACTED]																																																																											
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STATIS	TOTAL STOLEN VALUE:		TOTAL RECOVERED VALUE:				TOTAL VEHICLES STOLEN:				TOTAL VEHICLES RECOVERED:																																																																											
	INCIDENT STATUS	CLOSED DATE	CLEARANCE TYPE		CLEARED EXCEPTIONALLY				EX. CLEARANCE DATE		UCR REPORTING FOR OTHER AGENCY																																																																											
	<b>OPEN</b>										<input type="checkbox"/> YES																																																																											
	ORIGINATING OFFICER		ASSIGNED TO		UNIT/BADGE #		REVIEWED BY				SUPPLEMENTED BY																																																																											
<b>Brooks, James</b>		<b>Brooks, James</b>		<b>5726</b>		<b>AUTO ACCEPTED</b>																																																																																

## JUVENILE

**KYIBRS REPORT**  
COMMONWEALTH OF KENTUCKY

VICTIM DATA	VICTIM SEQUENCE		VICTIM NAME										PHONE	
	1 of 3													
	LICENSE/ID STATE:		LICENSE/ID NUMBER:											
	<input type="checkbox"/> Address Unknown		ADDRESS:										VICTIM TYPE: SCHOOL STUDENT	
	CITY:		STATE:				ZIP CODE:		KY RESIDENT:					
	DATE OF BIRTH		SSN		HEIGHT		WEIGHT		EYE COLOR		HAIR COLOR			
	GENDER		RACE				ETHNIC ORIGIN				PEACE OFFICER?			
											<input type="checkbox"/> YES			
	NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS				NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS				NBR	INJURY TYPE
	1	1												
	VICTIM OF OFFENSE(S)				AGG ASSAULT/ HOMICIDE CIRC				ADDTL JUSTIFIABLE HOMICIDE CIRC					
	11220, 51201													
LEOKA ASSIGNMENT						LEOKA ACTIVITY								

SUSPECT / ARRESTEE DATA	SUSPECT SEQ. #		NAME:										ARRESTED?		ARREST DATE	
	1 of 1		ALIAS:										<input checked="" type="checkbox"/> YES		8/27/2025	
	LICENSE/ID STATE:		LICENSE/ID NUMBER:													
	ADDRESS										DATE OF BIRTH:		PHONE:		KY RESIDENT:	
	CITY:				STATE:		ZIP CODE:						UNKNOWN			
	SSN		SEX		RACE		ETHNIC ORIGIN		HEIGHT		WEIGHT		EYE COLOR		HAIR COLOR	
	ARRESTEE SEQ. #		MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS									
	1 of 1		NOT APPLICABLE		WARRANTLESS ARREST		1		EX31048		4		8			
	ARRESTEE ARMED WITH						2				5		7			
						3				6		9				

SUSPECT / ARRESTEE DATA	SUSPECT SEQ. #		NAME:										ARRESTED?		ARREST DATE	
	of		ALIAS:										<input type="checkbox"/> YES			
	LICENSE/ID STATE:		LICENSE/ID NUMBER:													
	ADDRESS										DATE OF BIRTH:		PHONE:		KY RESIDENT:	
	CITY:				STATE:		ZIP CODE:									
	SSN		SEX		RACE		ETHNIC ORIGIN		HEIGHT		WEIGHT		EYE COLOR		HAIR 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/OTHER	WITNESS/OTHER SEQ		WITNESS NAME										PHONE	
	1 of 2													
	LICENSE/ID STATE:		LICENSE/ID NUMBER:											
	ADDRESS:										DATE OF BIRTH			
	CITY:				STATE:		ZIP CODE:		SSN:					

VICTIM SEQUENCE		VICTIM NAME										PHONE					
2 of 3																	
LICENSE/ID STATE:				LICENSE/ID NUMBER:													
<input type="checkbox"/> Address Unknown		ADDRESS:										VICTIM TYPE: <b>INDIVIDUAL</b>					
CITY:				STATE:		ZIP CODE:				KY RESIDENT:							
DATE OF BIRTH		SSN		HEIGHT		WEIGHT		EYE COLOR				HAIR COLOR					
GENDER				RACE				ETHNIC ORIGIN				PEACE OFFICER?					
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LEOKA ASSIGNMENT						LEOKA ACTIVITY											

VICTIM DATA

WITNESS/OTHER SEQ	WITNESS NAME				PHONE
2 of 2					
LICENSE/ID STATE:	LICENSE/ID NUMBER:				
ADDRESS:					DATE OF BIRTH
CITY:		STATE:		ZIP CODE:	SSN:
WITNESS/OTHER SEQ	WITNESS/OTHER NAME				PHONE
of					
LICENSE/ID STATE:	LICENSE/ID NUMBER:				
ADDRESS:					DATE OF BIRTH
CITY:		STATE:		ZIP CODE:	SSN:
WITNESS/OTHER SEQ	WITNESS/OTHER NAME				PHONE
of					
LICENSE/ID STATE:	LICENSE/ID NUMBER:				
ADDRESS:					DATE OF BIRTH
CITY:		STATE:		ZIP CODE:	SSN:
WITNESS/OTHER SEQ	WITNESS/OTHER NAME				PHONE
of					
LICENSE/ID STATE:	LICENSE/ID NUMBER:				
ADDRESS:					DATE OF BIRTH
CITY:		STATE:		ZIP CODE:	SSN:
WITNESS/OTHER SEQ	WITNESS/OTHER NAME				PHONE
of					
LICENSE/ID STATE:	LICENSE/ID NUMBER:				
ADDRESS:					DATE OF BIRTH
CITY:		STATE:		ZIP CODE:	SSN:
WITNESS/OTHER SEQ	WITNESS/OTHER NAME				PHONE
of					
LICENSE/ID STATE:	LICENSE/ID NUMBER:				
ADDRESS:					DATE OF BIRTH
CITY:		STATE:		ZIP CODE:	SSN:
WITNESS/OTHER SEQ	WITNESS/OTHER NAME				PHONE
of					
LICENSE/ID STATE:	LICENSE/ID NUMBER:				
ADDRESS:					DATE OF BIRTH
CITY:		STATE:		ZIP CODE:	SSN:
WITNESS/OTHER SEQ	WITNESS/OTHER NAME				PHONE
of					
LICENSE/ID STATE:	LICENSE/ID NUMBER:				
ADDRESS:					DATE OF BIRTH
CITY:		STATE:		ZIP CODE:	SSN:

WITNESS AND/OR OTHER DATA

**SYNOPSIS:**

Det. was notified by Sgt. Huelsman that a victim of a sexual assault is currently being treated at Audubon Hospital. Det. responded to location to conduct investigation.

**INVESTIGATION:**

[REDACTED]

[REDACTED]

Affiliated

Student ID [REDACTED]

On Campus

Open Case

BWC [REDACTED]

Building [REDACTED]

Telephone Numbers [REDACTED]

**ATTACHMENTS:****METHODS OF OPERATION:**