

KYIBRS REPORT
COMMONWEALTH OF KENTUCKY

ADMINISTRATIVE	AGENCY ORI/NAME 0561500 UNIV. OF LOUISVILLE POLICE						INCIDENT NUMBER KY UL25-000711													
	INCIDENT DATE/TIME 8/24/2025 01:00 TO 8/24/2025 06:00						EXACT / ESTIMATE ESTIMATE		REPORT DATE 8/24/2025		RECEIVED 16:15		DISPATCHED 16:15		ARRIVED 16:26		C.I. FARED 18:00			
	REPORTED BY: [REDACTED]						HOW REPORTED IN PERSON		<input checked="" type="checkbox"/> VIDEO TAKEN											
	LICENSE/ID STATE: [REDACTED] LICENSE/ID NUMBER: [REDACTED]																			
	ADDRESS: [REDACTED]																			
	CITY: [REDACTED]						STATE: [REDACTED]		ZIP CODE: [REDACTED]				PHONE NUMBER: [REDACTED]							
	EXACT LOCATION OF OFFENSE																			
	ADDRESS [REDACTED]						SECTOR NO: [REDACTED]													
	CITY [REDACTED]						STATE: [REDACTED]		ZIP CODE: [REDACTED]											
	COUNTY [REDACTED]						LATITUDE [REDACTED]		LONGITUDE [REDACTED]											
OFFENSE DATA	SEQUENCE # 1 OF 2		LOCATION TYPE: SCHOOL-COLLEGE, UNIVERSITY						TYPE WEAPON/FORCE INVOLVED				CRIMINAL ACTIVITY/GANG IFO							
	OFFENSE DESCRIPTION: SEXUAL ABUSE, 1ST DEGREE										1-OTHER (ANY OTHER WEAPON OR				1-NONE/UNKNOWN					
	OFFENSE CODE: 11220		ASCF CODE: 0		KRS CODE: 510.110		CLASS: D		DEGREE: F		COUNTS: 1									
	BIAS MOTIVATION: NONE (NO BIAS)						METHOD ENTRY:		NUMBER PREMISES: 0											
	SCHOOL NAME: UNIVERSITY OF LOUISVILLE						SCHOOL TYPE: UNIVERSITY/COLLEGE				<input checked="" type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus		CAMPUS? ON CAMPUS							
	OFFENDER SUSPECTED OF USING: NOT APPLICABLE						<input checked="" type="checkbox"/> VAWA <input checked="" type="checkbox"/> Title IX		COURT ORDER TYPE:											
	SEQUENCE # 2 OF 2		LOCATION TYPE: SCHOOL-COLLEGE, UNIVERSITY						TYPE WEAPON/FORCE INVOLVED				CRIMINAL ACTIVITY/GANG IFO							
	OFFENSE DESCRIPTION: SODOMY, 1ST DEGREE										1-PERSONAL WEAPONS				1-NONE/UNKNOWN					
	OFFENSE CODE: 11180		ASCF CODE: 0		KRS CODE: 510.070		CLASS: B		DEGREE: F		COUNTS: 1									
	BIAS MOTIVATION: NONE (NO BIAS)						METHOD ENTRY:		NUMBER PREMISES: 0											
SCHOOL NAME: UNIVERSITY OF LOUISVILLE						SCHOOL TYPE: UNIVERSITY/COLLEGE				<input checked="" type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus		CAMPUS? ON CAMPUS								
OFFENDER SUSPECTED OF USING: NOT APPLICABLE						<input checked="" type="checkbox"/> VAWA <input checked="" type="checkbox"/> Title IX		COURT ORDER TYPE:												
PROPERTY DATA	SEQUENCE #		OF		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:				<input type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus		CAMPUS?							
	OFFENDER SUSPECTED OF USING:						<input type="checkbox"/> VAWA <input type="checkbox"/> Title IX		COURT ORDER TYPE:											
	SEQ #		PROPERTY DESCRIPTION				TYPE OF LOSS		VALUE		RECVRD VALUE		REC. COND.		DT RECOVERED					
	GENERAL	PROPERTY DESCRIPTION																		
		OWNER APPLIED NUMBER										SERIAL NUMBER								
		MAKE										MODEL								OWNER
GENERAL	SEQ #		PROPERTY DESCRIPTION				TYPE OF LOSS		VALUE		RECVRD VALUE		REC. COND.		DT RECOVERED					
	PROPERTY DESCRIPTION																			
	OWNER APPLIED NUMBER										SERIAL NUMBER									
	MAKE										MODEL								OWNER	
STATIS	TOTAL STOLEN VALUE:		TOTAL RECOVERED VALUE:				TOTAL VEHICLES STOLEN:				TOTAL VEHICLES RECOVERED:									
	INCIDENT STATUS OPEN		CLOSED DATE		CLEARANCE TYPE		CLEARED EXCEPTIONALLY				EX. CLEARANCE DATE		UCR REPORTING FOR OTHER AGENCY <input type="checkbox"/> YES							
	ORIGINATING OFFICER Browning, Jessie				ASSIGNED TO Browning, Jessie				UNIT/BADGE # 177679		REVIEWED BY Brooks, James				SUPPLEMENTED BY					

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VICTIM DATA	VICTIM SEQUENCE		VICTIM NAME										PHONE		
	1 of 1														
	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	
	VICTIM OF OFFENSE(S)				AGG ASSAULT/ HOMICIDE CIRC				ADDTL JUSTIFIABLE HOMICIDE CIRC						
11220, 11180															
LEOKA ASSIGNMENT						LEOKA ACTIVITY									

SUSPECT / ARRESTEE DATA	SUSPECT SEQ. #		NAME:										ARRESTED?		ARREST DATE	
	1 of 1		ALIAS:										<input type="checkbox"/> YES			
	LICENSE/ID STATE: KY		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		8					
							2		5		7					

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					
							2		5		8					

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

KYIBRS REPORT: NARRATIVE

COMMONWEALTH OF KENTUCKY

SYNOPSIS:

Victim arrived at Post One to report an incident of sexual assault that occurred earlier this morning.

INVESTIGATION:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Affiliated [REDACTED]
Student ID: [REDACTED]

KYIBRS REPORT: NARRATIVE

COMMONWEALTH OF KENTUCKY

On Campus (inside a residential hall room)

Status of Report: Open

BWC [REDACTED]

Bldg [REDACTED]

Victim's phone number: [REDACTED]

ATTACHMENTS:

METHODS OF OPERATION:

[REDACTED]