

**KYIBRS REPORT**  
COMMONWEALTH OF KENTUCKY

<b>ADMINISTRATIVE</b>	AGENCY ORI/NAME <b>0561500 UNIV. OF LOUISVILLE POLICE</b>				INCIDENT NUMBER <b>KY UL25-000747</b>									
	INCIDENT DATE/TIME <b>8/31/2025 18:00 TO 8/31/2025 19:00</b>		EXACT / ESTIMATE <b>ESTIMATE</b>	REPORT DATE <b>8/31/2025</b>	RECEIVED <b>19:00</b>	DISPATCHED <b>19:34</b>	ARRIVED <b>19:36</b>	C.I. FARED <b>22:19</b>						
	REPORTED BY: [REDACTED]			HOW REPORTED <b>BY INVESTIGATION</b>		<input checked="" type="checkbox"/> VIDEO TAKEN								
	LICENSE/ID STATE:		LICENSE/ID NUMBER:											
	ADDRESS: [REDACTED]													
	CITY: [REDACTED]		STATE: [REDACTED]	ZIP CODE: [REDACTED]		PHONE NUMBER: [REDACTED]								
	EXACT LOCATION OF OFFENSE ADDRESS [REDACTED] CITY [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] COUNTY [REDACTED] LATITUDE [REDACTED] LONGITUDE [REDACTED]													
	SECTOR NO: <b>1</b>													
<b>OFFENSE DATA</b>	<b>SEQUENCE # 1 OF 2</b>		LOCATION TYPE: <b>SCHOOL-COLLEGE, UNIVERSITY</b>			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO						
	OFFENSE DESCRIPTION: <b>SEXUAL MISCONDUCT</b>													
	OFFENSE CODE: <b>01710</b>	ASCF CODE: <b>0</b>	KRS CODE: <b>510.140</b>	CLASS: <b>A</b>	DEGREE: <b>M</b>	COUNTS: <b>1</b>								
	BIAS MOTIVATION: <b>NONE (NO BIAS)</b>		METHOD ENTRY:		NUMBER PREMISES: <b>0</b>									
	SCHOOL NAME: <b>UNIVERSITY OF LOUISVILLE</b>		SCHOOL TYPE: <b>UNIVERSITY/COLLEGE</b>		<input checked="" type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus	CAMPUS?	<b>ON CAMPUS</b>							
	OFFENDER SUSPECTED OF USING: <b>NOT APPLICABLE</b>		<input checked="" type="checkbox"/> VAWA <input checked="" type="checkbox"/> Title IX	COURT ORDER TYPE:										
	<b>SEQUENCE # 2 OF 2</b>		LOCATION TYPE: <b>SCHOOL-COLLEGE, UNIVERSITY</b>			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO						
	OFFENSE DESCRIPTION: <b>SODOMY, 1ST DEGREE</b>					<b>1-NONE</b>								
	OFFENSE CODE: <b>11180</b>	ASCF CODE: <b>0</b>	KRS CODE: <b>510.070</b>	CLASS: <b>B</b>	DEGREE: <b>F</b>	COUNTS: <b>1</b>								
	BIAS MOTIVATION: <b>NONE (NO BIAS)</b>		METHOD ENTRY:		NUMBER PREMISES: <b>0</b>									
SCHOOL NAME: <b>UNIVERSITY OF LOUISVILLE</b>		SCHOOL TYPE: <b>UNIVERSITY/COLLEGE</b>		<input checked="" type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus	CAMPUS?	<b>ON CAMPUS</b>								
OFFENDER SUSPECTED OF USING: <b>NOT APPLICABLE</b>		<input type="checkbox"/> VAWA <input checked="" type="checkbox"/> Title IX	COURT ORDER TYPE:											
<b>SEQUENCE #</b>		<b>OF</b>	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?	<input type="checkbox"/> Public Property <input type="checkbox"/> Non-Campus Property								
OFFENDER SUSPECTED OF USING:		<input type="checkbox"/> VAWA <input type="checkbox"/> Title IX	COURT ORDER TYPE:											
<b>PROPERTY DATA</b>	SEQ #		PROPERTY DESCRIPTION		TYPE OF LOSS		VALUE		RECVRD VALUE		REC. COND.		DT RECOVERED	
	PROPERTY DESCRIPTION													
	OWNER APPLIED NUMBER						SERIAL NUMBER							
	MAKE						MODEL						OWNER	
	SEQ #		PROPERTY DESCRIPTION		TYPE OF LOSS		VALUE		RECVRD VALUE		REC. COND.		DT RECOVERED	
PROPERTY DESCRIPTION														
OWNER APPLIED NUMBER						SERIAL NUMBER								
MAKE						MODEL						OWNER		
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>Dahl, George</b>		<b>Dahl, George</b>		<b>5696</b>		<b>Brooks, James</b>								

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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: <b>SCHOOL STUDENT</b>				
	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					
	01710														
LEOKA ASSIGNMENT							LEOKA ACTIVITY								

SUSPECT / ARRESTEE DATA	SUSPECT SEQ. #		NAME: <b>UNKNOWN, UNKNOWN</b>										ARRESTED?		ARREST DATE	
	1 of 1		ALIAS:										<input type="checkbox"/> YES			
	LICENSE/ID STATE:			LICENSE/ID NUMBER:												
	ADDRESS								EST AGE		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				
	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/OTHER NAME										PHONE	
	of													
	LICENSE/ID STATE:			LICENSE/ID NUMBER:										
	ADDRESS:												DATE OF BIRTH	
	CITY:				STATE:		ZIP CODE:			SSN:				

## COMMONWEALTH OF KENTUCKY

On August 30, 2025, at some time [REDACTED] victim reports a subject [REDACTED] [REDACTED] and sexually assaulted her and attempted to have sexual intercourse with her after [REDACTED]

**BODY CAMERA:**

[REDACTED] [REDACTED]



## **KYIBRS REPORT: NARRATIVE**

COMMONWEALTH OF KENTUCKY

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

***ATTACHMENTS:***

***METHODS OF OPERATION:***