



OBTs NUMBER:		<b>SUPPLEMENT</b>			SPN NUMBER:	
AGENCY ORI NUMBER: <b>0010100</b>		<b>EIGHTH JUDICIAL CIRCUIT</b>			AGENCY CASE REPORT NUMBER: <b>02-16-022446</b>	
<b>DEF</b>	NAME OF SUBJECT (LAST, FIRST, MI): <b>MORRIS, JACOB ABRAHAM</b>				ALIAS / MAIDEN:	
	RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ORIENTAL		SEX: <b>M</b>	DATE OF BIRTH: <b>01/03/1980</b>	HEIGHT: <b>5'07</b>	WEIGHT: <b>140</b>
<b>WITNESSES</b>	#3 (NAME):		ADDRESS:			TELEPHONE NUMBER:
	#4 (NAME):		ADDRESS:			TELEPHONE NUMBER:
<b>CHARGE</b>	OFFENSE DESCRIPTION:				COMPLETE STATUTE / ORDINANCE NUMBER:	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:				VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:	
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:
<b>CHARGE</b>	OFFENSE DESCRIPTION:				COMPLETE STATUTE / ORDINANCE NUMBER:	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:				VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:	
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:
<b>CHARGE</b>	OFFENSE DESCRIPTION:				COMPLETE STATUTE / ORDINANCE NUMBER:	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:				VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:
<b>CHARGE</b>	OFFENSE DESCRIPTION:				COMPLETE STATUTE / ORDINANCE NUMBER:	
	<input type="checkbox"/> WARRANT <input type="checkbox"/> JUVENILE PU ORDER <input type="checkbox"/> CIVIL ORDER <input type="checkbox"/> CITATION <input type="checkbox"/> CAPIAS NUMBER:				VICTIM NOTIFICATION: ARREST: <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	DATE OF OFFENSE:		TIME OF OFFENSE:		BAIL AMOUNT:	
	VICTIM (NAME):		ADDRESS (STREET, APARTMENT NUMBER, PO BOX, ETC.):		CITY:	STATE: ZIP CODE:
<b>PROSECUTIVE SUMMARY - CONTINUED</b>	<b>years.</b>					
	The VIC explained to me that the DEF got mad at her because she found out that he cheated on her. The VIC stated that the DEF became violent and choked her around her neck cutting off her airway. The VIC also advised that he grabed her aggressively around the jaw as well as her armpit area. The VIC stated that she was struck in the head by the DEF's fist. The Vic also had bruises on her left elbow and wrist from where the DEF grabbed her.					
	The VIC had bruising around both armpits, her chest area, left elbow and wrist, right side forehead, and back.					
	The VIC identified the DEF via a inmate photo.					
	The DEF was identified by inmate photo.					