

St. Martin Sheriff's Office - RECORDS SECTION**05/19/2022**

This correspondence certifies that an offense report, number 20-00021017, is on file with the St. Martin Sheriff's Office for the following:

Date & Time Reported: 10/28/2020 - 16:20

Investigating Officer(s): E2066 - NOEL,JORDAN

Remarks:

SERVICE CALL ALL OTHER

Departmental Records Clerk

Administration Information

Report Number:	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	Report Type:	<input type="text" value="5"/>
Report Date:	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/>	Time:	<input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="0"/>
Address:	<input type="text" value="1669"/> <input type="text" value=""/> <input type="text" value="DUCHAMP"/>	RD	SM Apt: <input type="text" value=""/>
Report Officer 1 -	<input type="text" value="E2066"/> <input type="text" value="NOEL, JORDAN"/>	Assign Date:	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/>
Report Officer 2 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Investigator 1 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Investigator 2 -	<input type="text" value=""/>	Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Assigned By:	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
UCR Status:	<input type="text" value="NA"/>	Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
CaseStatus:	<input type="text" value="RM"/> <input type="text" value="REPORT MADE--NO FURTHER ACTION"/>	Status Date:	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/>
		Status Date:	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/>

Primary Offense

Offense Type:	<input type="text" value=""/>	<input type="checkbox"/> Attempted	<input type="checkbox"/> Completed
Address:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
City:	<input type="text" value=""/>	State:	<input type="text" value=""/> <input type="text" value=""/> Zip: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
District/Zone:	<input type="text" value=""/>	Location Type:	<input type="text" value=""/>
Begin Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Time:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
End Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Time:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Lighting:	<input type="text" value=""/>	Weather:	<input type="text" value=""/>
Bias Motive:	<input type="text" value=""/>	Premises Enter:	<input type="text" value=""/>
Point Entry:	<input type="text" value=""/>	Point Exit:	<input type="text" value=""/>
Tools Used:	<input type="text" value=""/>	Entry Dir:	<input type="text" value=""/>
		Exit Dir:	<input type="text" value=""/>

☐ B-Buying Receiving
☐ C-Cultivation/Manufacturing/Publishing
☐ D-Distributing/Selling
☐ E-Exploiting Children
☐ O-Operating/Promoting/Assisting
☐ P-Possessing/Concealing
☐ T-Transporting/Transmitting/Importing
☐ U-Using/Consuming
☐ I-Pos With Intent To Sell
☐ X-Other

☐ Consumed Alcohol ☐ Photo/Video ☐ Used Computer Equipment ☐ Used Drugs ☐ Prints Lifted

Weapons:

Comments:

Report approved by Todd Noel on 10/29/2020

Narrative

CAD Dispo B-ASSISTANCE RENDE, NO OFF RPT CONTACT WAS MADE WITH BLAKE DUBROC (02-11-1963) SAID THAT BILLY BROUSSARD (09-01-1978) WAS DRAGGING TREES ACROSS THE ROADWAY, WITH A TRACTOR. CONTACT WAS MADE WITH BILLY (VIA PUBLIC) WHO INFORMED ME THAT HE WOULD PUT THE TREE ON A TRAILER NEXT TIME TO HAUL IT AWAY.

St. Martin Sheriff's Office - RECORDS SECTION**05/19/2022**

This correspondence certifies that an offense report, number 21-00032034, is on file with the St. Martin Sheriff's Office for the following:

Date & Time Reported: 10/07/2021 - 15:07

Investigating Officer(s): E1929 - OLANDER, NICHOLAS

Remarks:

SERVICE CALL ALL OTHER

Departmental Records Clerk

Administration Information

Report Number:	2	1	0	0	0	3	2	0	3	4	0	0	0	Report Type:	5						
Report Date:	1	0	/	0	7	/	2	0	2	1	Time:	1	5	0	7						
Address:	1669			DUCHAMP								RD	SM	Apt:							
Report Officer 1 -	E1929		OLANDER,NICHOLAS								Assign Date:	1	0	/	0	7	/	2	0	2	1
Report Officer 2-											Assign Date:			/			/				
Investigator 1 -											Assign Date:			/			/				
											Review Date:			/			/				
I nvestigator 2-											Assign Date:			/			/				
											Review Date:			/			/				
Assigned By:											Review Date:			/			/				
UCR Status:	NA										Status Date:	1	0	/	0	7	/	2	0	2	1
CaseStatus:	RM		REPORT MADE--NO FURTHER ACTION								Status Date:	1	0	/	0	7	/	2	0	2	1

Primary Offense

Offense Type: <input style="width: 100px;" type="text"/>		<input type="checkbox"/> Attempted		<input type="checkbox"/> Completed	
Address: <input style="width: 80px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 200px;" type="text"/>		<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 60px;" type="text"/>			
City: <input style="width: 250px;" type="text"/>		State: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>		Zip: <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
District/Zone: <input style="width: 80px;" type="text"/>		Location Type: <input style="width: 60px;" type="text"/>			
Begin Date: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>		Time: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>			
End Date: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> / <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>		Time: <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>			
Lighting: <input style="width: 120px;" type="text"/>		Weather: <input style="width: 120px;" type="text"/>		Gang Activity: <input style="width: 80px;" type="text"/>	
Bias Motive: <input style="width: 40px;" type="text"/>		Premises Enter: <input style="width: 40px;" type="text"/>		<input type="checkbox"/> Force Used <input type="checkbox"/> Home Inv	
Point Entry: <input style="width: 100px;" type="text"/>		Point Exit: <input style="width: 100px;" type="text"/>		Means Entry: <input style="width: 100px;" type="text"/>	
Tools Used: <input style="width: 100px;" type="text"/>		Entry Dir: <input style="width: 100px;" type="text"/>		Exit Dir: <input style="width: 100px;" type="text"/>	
<div style="display: flex; justify-content: space-between; padding: 5px;"> <div> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Photo/Video <input type="checkbox"/> Used Computer Equipment </div> <div> <input type="checkbox"/> Used Drugs <input type="checkbox"/> Prints Lifted </div> </div>					
Weapons: <input style="width: 40px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 150px;" type="text"/>					
Comments: <input style="width: 950px; height: 40px;" type="text"/>					

Report approved by Andrew Rigby on 10/10/2021

Person Information

☐ Victim ☒ Complainant ☐ Suspect ☐ Arrestee ☐ Witness ☐ Prop/Veh Owner ☐ Business
☐ Financial ☐ Government ☐ Religious ☐ Society ☐ Other/Unknown ☐ Custodian

Name, Last: Name, First: MNI #-

Middle Name: Suffix:

Social Security: - -

Date of Birth: / / Report Age:

Age From: to: Sex: Race: Ethnicity:

Height/From: to: Weight/From: to: Resident Status:

Eye Color: Hair Color: Birth Place (City): State:

Address: Apt:

Phone: Hours There/From: to:

City: State: Zip Code: -

Driver License: State: Exp Year: ☐ Juvenile

Comments:

Employer Information

Employer's Name:

Address: Apt:

City: State: Zip Code: -

Phone: Hours From: Hours To:

Start Date: / /

Alias Information

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Narrative

CAD Dispo B-ASSISTANCE RENDE, NO OFF RPT BLAKE DUBROC WISHED TO REPORT THAT BILLY BROUSSARD'S TREE SERVICE WAS STILL DUMPING THEIR BY-PRODUCT ON THE PROPERTY NEXT TO HIS, WHICH HE WAS TOLD IS NOT ALLOWED DUE TO THE COMPANY NOT HAVING PERMITS; HE ALSO WANTED TO REPORT THE TRUCKS SPEEDING. BLAKE ADDED THAT ST. MARTIN PARISH GOVERNMENT IS INVOLVED AND THE PARISH ATTORNEY. CONTACT WAS MADE WITH THE LAW OFFICE OF LEE DURIO AND HIS PARALEGAL INFORMED ME THAT THERE IS SOMETHING IN MOTION BUT SHE COULD NOT GO INTO DETAIL AT THIS TIME. SHE FURTHER ADDED THAT DUE TO THIS ONGOING CIVIL ISSUE, DOCUMENT WHAT BLAKE IS REPORTING, IN CASE IT IS NEEDED. BLAKE WAS INFORMED OF EVERYTHING AND EXPLAINED THAT I WILL BE DOCUMENTING WHAT HE REPORTED TO ME.

St. Martin Sheriff's Office - RECORDS SECTION**05/19/2022**

This correspondence certifies that an offense report, number 22-00007342, is on file with the St. Martin Sheriff's Office for the following:

Date & Time Reported: 02/28/2022 - 11:26

Investigating Officer(s): E2085 - TOUPS,RANDALL

Remarks:

DISTURBANCE THREATS

Departmental Records Clerk

Administration Information

Report Number:	<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	Report Type:	<input type="text" value="103T"/>
Report Date:	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>	Time:	<input type="text" value="1"/> <input type="text" value="1"/> : <input type="text" value="2"/> <input type="text" value="6"/>
Address:	<input type="text" value="1669"/> <input type="text" value=""/> <input type="text" value="DUCHAMP"/>	RD:	<input type="text" value="RD"/>
		SM:	<input type="text" value="SM"/>
		Apt:	<input type="text" value=""/>
Report Officer 1 -	<input type="text" value="E2085"/> <u>TOUPS, RANDALL</u>	Assign Date:	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>
Report Officer 2 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Investigator 1 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
		Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Investigator 2 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
		Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Assigned By:	<input type="text" value=""/>	Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
UCR Status:	<input type="text" value="NA"/>	Status Date:	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>
CaseStatus:	<input type="text" value="RM"/> <u>REPORT MADE--NO FURTHER ACTION</u>	Status Date:	<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>

Primary Offense

Offense Type:	<input type="text" value=""/>	<input type="checkbox"/> Attempted	<input type="checkbox"/> Completed
Address:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
City:	<input type="text" value=""/>	State:	<input type="text" value=""/> <input type="text" value=""/>
		Zip:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
District/Zone:	<input type="text" value=""/>	Location Type:	<input type="text" value=""/>
Begin Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Time:	<input type="text" value=""/> <input type="text" value=""/> : <input type="text" value=""/> <input type="text" value=""/>
End Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Time:	<input type="text" value=""/> <input type="text" value=""/> : <input type="text" value=""/> <input type="text" value=""/>
Lighting:	<input type="text" value=""/>	Weather:	<input type="text" value=""/>
		Gang Activity:	<input type="text" value=""/>
Bias Motive:	<input type="text" value=""/>	Premises Enter:	<input type="text" value=""/>
		<input type="checkbox"/> Force Used	<input type="checkbox"/> Home Inv
Point Entry:	<input type="text" value=""/>	Point Exit:	<input type="text" value=""/>
		Means Entry:	<input type="text" value=""/>
Tools Used:	<input type="text" value=""/>	Entry Dir:	<input type="text" value=""/>
		Exit Dir:	<input type="text" value=""/>

☐ B-Buying Receiving
☐ C-Cultivation/Manufacturing/Publishing
☐ D-Distributing/Selling
☐ E-Exploiting Children
☐ O-Operating/Promoting/Assisting
☐ P-Possessing/Concealing
☐ T-Transporting/Transmitting/Importing
☐ U-Using/Consuming
☐ I-Pos With Intent To Sell
☐ X-Other

☐ Consumed Alcohol
 ☐ Photo/Video
 ☐ Used Computer Equipment
 ☐ Used Drugs
 ☐ Prints Lifted

Weapons:

Comments:

Report approved by Brailyn Rabenaldt on 02/28/2022

Narrative

CAD Dispo B-ASSISTANCE RENDE, NO OFF RPT COMPLAINANT BLAKE DUBROC 2/11/63 339-3369 STATED LAST FRIDAY BILLY BROUSSARD 9/1/78 316-6193 TOLD HIM HIS DAYS ARE NUMBERED AND HE FELT LIKE THAT WAS A THREAT. BLAKE STATED HE JUST WANTED TO SHERIFF'S OFFICE TO KNOW WHAT BILLY SAID. I WAS UNABLE TO MAKE CONTACT WITH BILLY.

St. Martin Sheriff's Office - RECORDS SECTION**05/19/2022**

This correspondence certifies that an offense report, number 22-00008008, is on file with the St. Martin Sheriff's Office for the following:

Date & Time Reported: 03/04/2022 - 16:04

Investigating Officer(s): E1942 - ROMERO,BAILY

Remarks:

SERVICE CALL ALL OTHER

Departmental Records Clerk

Administration Information

Report Number:	<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	Report Type:	<input type="text" value="5"/>		
Report Date:	<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>	Time:	<input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="4"/>	District/Zone:	<input type="text" value="3"/>
Address:	<input type="text" value="1669"/> <input type="text" value=""/> <input type="text" value="DUCHAMP"/> <input type="text" value="RD"/> <input type="text" value="SM"/> Apt: <input type="text" value=""/>				
Report Officer 1 -	<input type="text" value="E1942"/> <input type="text" value="ROMERO,BAILY"/>	Assign Date:	<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>		
Report Officer 2 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
Investigator 1 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
		Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
Investigator 2 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
		Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
Assigned By:	<input type="text" value=""/>	Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
UCR Status:	<input type="text" value="NA"/>	Status Date:	<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>		
CaseStatus:	<input type="text" value="CEN"/> <input type="text" value="CLEARED NOT APPLICABLE"/>	Status Date:	<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>		

Primary Offense

Offense Type:	<input type="text" value=""/>	<input type="checkbox"/> Attempted	<input type="checkbox"/> Completed		
Address:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>				
City:	<input type="text" value=""/>	State:	<input type="text" value=""/> <input type="text" value=""/>	Zip:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
District/Zone:	<input type="text" value=""/>	Location Type:	<input type="text" value=""/>		
Begin Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Time:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
End Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Time:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
Lighting:	<input type="text" value=""/>	Weather:	<input type="text" value=""/>	Gang Activity:	<input type="text" value=""/>
Bias Motive:	<input type="text" value=""/>	Premises Enter:	<input type="text" value=""/>	<input type="checkbox"/> Force Used	
Point Entry:	<input type="text" value=""/>	Point Exit:	<input type="text" value=""/>	<input type="checkbox"/> Home Inv	
Tools Used:	<input type="text" value=""/>	Entry Dir:	<input type="text" value=""/>	Exit Dir:	<input type="text" value=""/>
<div><input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Photo/Video <input type="checkbox"/> Used Computer Equipment <input type="checkbox"/> Used Drugs <input type="checkbox"/> Prints Lifted</div>					
Weapons:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>				
Comments:	<input type="text" value=""/>				

Report approved by Nicholas Olander on 03/12/2022

Person Information

☐ Victim ☒ Complainant ☐ Suspect ☐ Arrestee ☐ Witness ☐ Prop/Veh Owner ☐ Business
☐ Financial ☐ Government ☐ Religious ☐ Society ☐ Other/Unknown ☐ Custodian

Name, Last: Name, First: MNI #-

Middle Name: Suffix:

Social Security: - -

Date of Birth: / / Report Age:

Age From: to: Sex: Race: Ethnicity:

Height/From: to: Weight/From: to: Resident Status:

Eye Color: Hair Color: Birth Place (City): State:

Address: Apt:

Phone: Hours There/From: to:

City: State: Zip Code: -

Driver License: State: Exp Year: ☐ Juvenile

Comments:

Employer Information

Employer's Name:

Address: Apt:

City: State: Zip Code: -

Phone: - Hours From: Hours To:

Start Date: / /

Alias Information

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Person Information

☐ Victim ☐ Complainant ☒ Suspect ☐ Arrestee ☐ Witness ☐ Prop/Veh Owner ☐ Business
☐ Financial ☐ Government ☐ Religious ☐ Society ☐ Other/Unknown ☐ Custodian

Name, Last: Name, First: MNI #-

Middle Name: Suffix:

Social Security: - -

Date of Birth: / / Report Age:

Age From: to: Sex: Race: Ethnicity:

Height/From: to: Weight/From: to: Resident Status:

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Address: Apt:

Phone: Hours There/From: to:

City: State: Zip Code: -

Driver License: State: Exp Year: ☐ Juvenile

Comments:

Employer Information

Employer's Name:

Address: Apt:

City: State: Zip Code: -

Phone: Hours From: Hours To:

Start Date: / /

Alias Information

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Narrative

CONTACT WAS MADE WITH COMPLAINANT BLAKE BROUSSARD WHO STATED BILLY BROUSSARD, WAS TRESPASSING ON HIS OWN PROPERTY AND DUMPING LOGS. BLAKE STATED THERE IS A CURRENT LAWSUIT FILED BY ST. MARTIN PARISH GOVERNMENT AGAINST BILLY. I SPOKE WITH BOTH PARTIES AND CONCLUDED THAT IT IS AN ACTIVE CIVIL MATTER AND THERE ARE NOT ANY COURT ORDERS, SIGNED BY A JUDGE. BILLY STATED HE IS IN CONTACT WITH SGT. ANDREW RIGBY ABOUT TRESPASSING AND LITTERING COMPLAINTS, AGAINST BLAKE. I INFORMED BOTH PARTIES THERE IS NOTHING ENFORCEABLE AGAINST BILLY UNTIL A ORDER IS SIGNED BY A JUDGE. NO FURTHER.

Administration Information

Report Number:	<input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/>	Report Type:	<input type="text" value="FOL"/>
Report Date:	<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>	Time:	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/>
Address:	<input type="text" value="1669"/> <input type="text" value=""/> <input type="text" value="DUCHAMP"/> <input type="text" value="RD"/> <input type="text" value="SM"/> Apt: <input type="text" value=""/>	District/Zone:	<input type="text" value="3"/>
Report Officer 1 -	<input type="text" value="E2085"/> <input type="text" value="TOUPS,RANDALL"/>	Assign Date:	<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>
Report Officer 2 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Investigator 1 -	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Investigator 2 -	<input type="text" value=""/>	Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Assigned By:	<input type="text" value=""/>	Assign Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
UCR Status:	<input type="text" value="NA"/>	Review Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
CaseStatus:	<input type="text" value="CEN"/> <input type="text" value="CLEARED NOT APPLICABLE"/>	Status Date:	<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>
		Status Date:	<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/>

Primary Offense

Offense Type:	<input type="text" value=""/>	<input type="checkbox"/> Attempted	<input type="checkbox"/> Completed
Address:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
City:	<input type="text" value=""/>	State:	<input type="text" value=""/> <input type="text" value=""/> Zip: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
District/Zone:	<input type="text" value=""/>	Location Type:	<input type="text" value=""/>
Begin Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Time:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
End Date:	<input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Time:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Lighting:	<input type="text" value=""/>	Weather:	<input type="text" value=""/> Gang Activity: <input type="text" value=""/>
Bias Motive:	<input type="text" value=""/>	Premises Enter:	<input type="text" value=""/> <input type="checkbox"/> Force Used <input type="checkbox"/> Home Inv
Point Entry:	<input type="text" value=""/>	Point Exit:	<input type="text" value=""/> Means Entry: <input type="text" value=""/>
Tools Used:	<input type="text" value=""/>	Entry Dir:	<input type="text" value=""/> Exit Dir: <input type="text" value=""/>
<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Photo/Video <input type="checkbox"/> Used Computer Equipment <input type="checkbox"/> Used Drugs <input type="checkbox"/> Prints Lifted			
Weapons:	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
Comments:	<input type="text" value=""/>		

Narrative

Complainant Billy Broussard asked for some statements he wanted to fill out about call the day before about a complainant put on him about his property. I gave Bill two statements and he said that was all he needed he did not need assistance with anything else. Billy told me he wanted the statements to fill out and turn in to have something defending him in the report that was made against him. Billy did not get into to much detail about the call he just wanted the statements.

St. Martin Sheriff's Office - RECORDS SECTION**05/19/2022**

This correspondence certifies that an offense report, number 22-00015807, is on file with the St. Martin Sheriff's Office for the following:

Date & Time Reported: 05/05/2022 - 14:59

Investigating Officer(s): E1182 - ALEXANDER, MATHIEW

Remarks:

SERVICE CALL ALL OTHER

Departmental Records Clerk

Administration Information

Report Number:	2	2	0	0	0	1	5	8	0	7	0	0	0	Report Type:	5							
Report Date:	0	5	/	0	5	/	2	0	2	2	Time:	1	4	5	9	District/Zone:	3					
Address:	1679		DUCHAMP								RD	SM	Apt:									
Report Officer 1 -	E1182	ALEXANDER, MATHIEW										Assign Date:	0	5	/	0	5	/	2	0	2	2
Report Officer 2-												Assign Date:			/			/				
Investigator 1 -												Assign Date:			/			/				
Investigator 2-												Review Date:			/			/				
												Assign Date:			/			/				
												Review Date:			/			/				
Assigned By:												Review Date:			/			/				
UCR Status:	NA											Status Date:	0	5	/	0	5	/	2	0	2	2
CaseStatus:	RM	REPORT MADE--NO FURTHER ACTION										Status Date:	0	5	/	0	5	/	2	0	2	2

Primary Offense

Offense Type:	<input type="text"/>		<input type="checkbox"/> Attempted		<input type="checkbox"/> Completed	
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
City:	<input type="text"/>		State:	<input type="text"/>	Zip:	<input type="text"/>
District/Zone:	<input type="text"/>	Location Type:	<input type="text"/>			
Begin Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time:	<input type="text"/>	<input type="text"/>
End Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Time:	<input type="text"/>	<input type="text"/>
Lighting:	<input type="text"/>	Weather:	<input type="text"/>	Gang Activity:	<input type="text"/>	
Bias Motive:	<input type="text"/>	Premises Enter:	<input type="text"/>	<input type="checkbox"/> Force Used		
Point Entry:	<input type="text"/>	Point Exit:	<input type="text"/>	<input type="checkbox"/> Home Inv		
Tools Used:	<input type="text"/>	Entry Dir:	<input type="text"/>	Exit Dir:	<input type="text"/>	
<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Photo/Video <input type="checkbox"/> Used Computer Equipment <input type="checkbox"/> Used Drugs <input type="checkbox"/> Prints Lifted						
Weapons:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Comments:

Report approved by Chris Champagne on 05/10/2022

Person Information

☐ Victim ☒ Complainant ☐ Suspect ☐ Arrestee ☐ Witness ☐ Prop/Veh Owner ☐ Business
☐ Financial ☐ Government ☐ Religious ☐ Society ☐ Other/Unknown ☐ Custodian

Name, Last: Name, First: MNI #-

Middle Name: Suffix:

Social Security: - -

Date of Birth: / / Report Age:

Age From: to: Sex: Race: Ethnicity:

Height/From: to: Weight/From: to: Resident Status:

Eye Color: Hair Color: Birth Place (City): State:

Address: Apt:

Phone: Hours There/From: to:

City: State: Zip Code: -

Driver License: State: Exp Year: ☐ Juvenile

Comments:

Employer Information

Employer's Name:

Address: Apt:

City: State: Zip Code: -

Phone: Hours From: Hours To:

Start Date: / /

Alias Information

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Person Information

☐ Victim ☐ Complainant ☐ Suspect ☐ Arrestee ☐ Witness ☐ Prop/Veh Owner ☐ Business
☐ Financial ☐ Government ☐ Religious ☐ Society ☒ Other/Unknown ☐ Custodian

Name, Last: Name, First: MNI #-

Middle Name: Suffix:

Social Security: - -

Date of Birth: / / Report Age:

Age From: to: Sex: Race: Ethnicity:

Height/From: to: Weight/From: to: Resident Status:

Eye Color: Hair Color: Birth Place (City): State:

Address: Apt:

Phone: Hours There/From: to:

City: State: Zip Code: -

Driver License: State: Exp Year: ☐ Juvenile

Comments:

Employer Information

Employer's Name:

Address: Apt:

City: State: Zip Code: -

Phone: Hours From: Hours To:

Start Date: / /

Alias Information

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Name: Date of Birth: / /

Social Security: - -

Narrative

On May 5, 2022, at approximately 1459 hours, I, Corporal Mathiew Alexnder, Jr. with the St Martin Parish Sheriff's Office, Civil Division, was dispatched to 1057 Vieux Jacquet Road.

I contacted the complainant, Mendy Girouard DL/6837344, La. She explained that they recently went to court with Billy Broussard in reference to his property located at 1675 Duchamp Road where the parish was granted an injunction for a civil matter. She said that the yellow and red Dump truck belonging to Billy Broussard's tree service is not supposed to be parked at the property. She said that Chester Cedar's informed them to file a report if they noticed any violations.

I relocated at 1675 Duchamp Road where I noticed the yellow and red Dump truck parked at the rear of the property. I took a picture of it to attach to this report. I issued Mendy a complaint card with the information contained.

Respectfully,

Corporal Mathiew Alexander, Jr.

Don't Drink and Drive

Louisiana

Don't Litter Louisiana

PERSONAL
DRIVER'S LICENSE

NOT FOR FEDERAL IDENTIFICATION

LICENSE/ID NO

CLASS

EXPIRATION DATE

006837344

E

07-10-2027

DOB 07-10-1979

ISSUE DATE 07-12-2021

GIROUARD

MENDY MARIE

1057 VIEUX JACQUET
ROAD

BROUSSARD, LA 70518-0000

ENDORSEMENTS

W3

RESTRICTIONS

01

SEX

HGT

WGT

EYES

AUDIT

OFFICE

F

5' 04"

240

BRO

9372

130

PARISH

28

Mendy M. Giroard



