

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 13
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/01/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Departmental Report - NFD EMS- David Van Sickle	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]



Patient Seq: 3, Document Title: DR- NFD EMS- David Van Sickle.pdf

## Prehospital Care Report

## Patient Information

Name: Van Sickle, David Bardwell

Age: 27 Years

DOB: [REDACTED]

Gender: Male

Race: Caucasian or  
White

Weight: kg

SSN: [REDACTED]

Address: [REDACTED]

## Provider Impression

Primary Impression: Injury of forearm

Secondary  
Impression:

## Narrative

Crew Member Bunch, Eric [REDACTED]  
Completing this  
Report:

**Narrative:** Med 7 found a 27 Y/o Male sitting upright with a CC of apx 2 inch vertical laceration to R forearm no bleeding noted. Wound was cleaned with sterile water and covered with with clean sterile dressing and secured with tape. Pt was assisted onto cot secured and vital assessed and noted. Pt remained aaox4 for duration of transport to ED. Upon arrival pt was assisted into hospital bed and care report given. Pt care was transferred with signature.

## Past Medical History

## Patient Medications

Medication

Dosage

Route

## Medication Allergies

## Medication Allergies

No Known Drug Allergy

## Environment Allergies

## Environmental/Food Allergies

Medical History: None Reported

Pregnancy:

Medical History

Obtained From:

Advance Directives: None

## Assessment Exams

## Assessments

Date/Time of Assessment	Crew Member	Abdomen Exam Summary	Back and Spine Exam Summary	Extremities Exam Summary	Eye Exam Summary	Skin Assessment	Face Assessment	Chest Exam Summary	Lung Exam Summary	Mental Status Assessment
04:55:06	Bunch, Eric [REDACTED]			Forearm - Forearm- Right: Puncture/Stab Wound		Pink, Warm, Dry	Normal		Lung - Bilateral: Breath Sounds- Equal	Awake, Oriented X 4

## Stroke Assessment

Date/Time Last 06/27/2024 04:04:45

Known Well:

Stroke Scale Gaze:

Stroke Scale Arm

Drift:

Possible Stroke:

Stroke Scale Facial

Droop:

Stroke Scale:

Speech:

Stroke Alert

Initiated:

## Patient Condition

Complaint Type

Complaint

Duration

Unit Notified: 06/27/2024 04:26:12

Incident #: FFD240627084414

Patient Name: Van Sickle, David Bardwell

Call #: [REDACTED]

Date Printed: 06/28/2024 16:55

Chief (Primary)

Laceration To R forearm apx 2 inches

30 Minutes

**Alcohol/Drug Use:** Patient denies alcohol and/or drug**Primary Symptom:****Barriers to Patient Care:** None Noted**Other Symptoms:****Cardiac Arrest****Cardiac Arrest:** No**Activities****Vitals**

Time	BP	Limb	Pulse	Resp	Effort	SpO2	Qual	Total GCS	CO2	Pain	Stroke Scale	PTA	Pt. Position
06/27/2024 04:46:27	134 / 78		118	14	Normal	98	At Room Air	15		0		No	Semi-Fowlers
06/27/2024 04:56:29	138 / 78		118	14	Normal	99	At Room Air	15				No	Semi-Fowlers

**ECG****Time** **Monitor ECG Interpretation****Procedures**

Time	Crew	Attempts	Success	Response
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**i-Gel Lot Number:****Medications**

Time	Crew	Medication	Route	Dosage	Response	PTA
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**GCS**

Time	Eye	Motor	Verbal	Score Qualifier
06/27/2024 04:46:27	Opens Eyes spontaneously	Spontaneous	Adult oriented; Child coos, babbles	Initial GCS has legitimate values without interventions such as intubation and sedation
06/27/2024 04:56:29	Opens Eyes spontaneously	Spontaneous	Adult oriented; Child coos, babbles	Initial GCS has legitimate values without interventions such as intubation and sedation

**Call Type/Location/Disposition****Call Type:** Stab/Gunshot Wound/Penetrating Trauma**EMD Card Number:** STABBING**Resp. Mode:** Lights and Sirens**Urgency:** Immediate**Response:** 911 Response (Scene)**Location:** Apartment**Disposition:** Patient Treated, Transported by EMS**Transport Mode:** Non-Emergency**Destination:** General Hospital ED  
1818 Albion St  
Nashville, TN 37208**Dest. Determ.:** Patient's Choice  
**Diverted From:****Response Delay:** None/No Delay**Transport Delay:** None/No Delay**Incident Address:** [REDACTED]**Patient Transport/Positioning****Patient Moved to Ambulance:** Assisted/Walk**Patient's Position in Transport:** Semi-Fowlers**Patient Moved From Ambulance:** Stretcher**Patient Belongings:** Wallet/Purse - Not Inventoried; Cell Phone**Patient Belongings Other:****Patient Belongings Left With:** At Destination with Patient**Patient Belongings Left With Other:****Unit Personnel**

Crew Member	Level of Certification	Role
Lee, Timothy	EMT-Paramedic	Driver
Bunch, Eric	EMT-Advanced	Primary Patient Caregiver

**Unit Notified:** 06/27/2024 04:26:12**Incident #:** FFD240627084414**Patient Name:** Van Sickle, David Bardwell**Call #:** 20240627-096316**Date Printed:** 06/28/2024 16:55

<b>PSAP:</b> 06/27/2024 04:05:00	<b>Incident Number:</b> FFD240627084414	
<b>Disp. Notified:</b> 06/27/2024 04:26:12	<b>Call Sign:</b> MED07	<b>To Scene:</b>
<b>Unit Disp.:</b> 06/27/2024 04:26:12	<b>Veh. #:</b> 5141AI	<b>To Dest:</b> 9.4
<b>Enroute:</b> 06/27/2024 04:28:15	<b>Start Odom:</b>	<b>To End:</b>
<b>At Scene:</b> 06/27/2024 04:39:24	<b>Scene Odom:</b> 0	<b>Total:</b>
<b>At Patient:</b> 06/27/2024 04:41:33	<b>Dest. Odom:</b> 9.4	
<b>Depart:</b> 06/27/2024 04:52:48	<b>Ending Odom:</b>	
<b>Arrive Dest.:</b> 06/27/2024 05:05:06		
<b>In Service:</b> 06/27/2024 05:21:08		
<b>In Quarters:</b> <b>Cancelled:</b>		
<b>Type of Response Delay:</b> None/No Delay		

**Insurance**Billing Insurances**Insurance Company Name**

SELF PAY

Hospital Record Numbers**Record Number**

20118089

**Type of Record Number**

Medical Record Number

**Signatures****Type of Person Signing:** Patient**Signature Reason:** HIPAA acknowledgement/Release; Permission to Transport; Release for Billing**Paragraph Text:**


Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by the Nashville Fire Department now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by the Nashville Fire Department, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to the Nashville Fire Department any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to the Nashville Fire Department. I authorize the Nashville Fire Department to appeal payment denials or other adverse decisions on my behalf.

I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to the Nashville Fire Department and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by the Nashville Fire Department, now, in the past, or in the future. I also authorize the Nashville Fire Department to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

If the patient signs with an "X" or other mark, a witness should sign below.

**Status:** Patient Signed**Signature Graphic:****Unit Notified:** 06/27/2024 04:26:12**Incident #:** FFD240627084414**Patient Name:** Van Sickle, David Bardwell**Call #:** [REDACTED]**Date Printed:** 06/28/2024 16:55



**Printed Name:** David Van

**Signature Date:** 06/27/2024 05:06:37

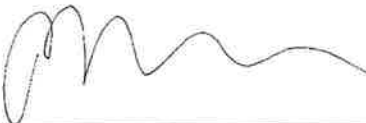
**Type of Person Signing:** Healthcare Provider

**Signature Reason:** Transfer of Patient Care

**Paragraph Text:**

**Status:**

**Signature Graphic:**



**Printed Name:** rn bobby

**Signature Date:** 06/27/2024 05:07:27

**Type of Person Signing:** EMS Primary Care Provider (for this event)

**Signature Reason:** EMS Provider

**Paragraph Text:** I acknowledge that I have provided the above assessments/treatments for this patient.

**Status:**

**Signature Graphic:**



**Printed Name:** Eric Bunch

**Signature Date:** 06/27/2024 05:07:58

**Unit Notified:** 06/27/2024 04:26:12

**Incident #:** FFD240627084414

**Patient Name:** Van Sickle, David Bardwell

**Call #:** [REDACTED]

**Date Printed:** 06/28/2024 16:55

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 14
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/01/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Departmental Report - NFD EMS- Maxwell Van Sickle	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]



Document Seq: 4, Document Title: DR-NFD EMS- Maxwell Van Sickle.pdf

## Prehospital Care Report

## Patient Information

Name: VAN SICKLE, MAXWELL Age: 25 Years DOB: [REDACTED]  
 Gender: Male Race: Caucasian or White Weight: kg  
 SSN: [REDACTED]  
 Address: [REDACTED]

## Provider Impression

Primary Impression: Obvious Death

Secondary Impression: Gunshot

## Narrative

Crew Member Street, Michael [REDACTED]  
 Completing this Report:

**Narrative:** Medic 37 was dispatched and responded emergency traffic to [REDACTED] for a stabbing. Dispatch advised for Medic 37, Squad 37, and D20 to stage for PD. Ems notified dispatch when we arrived at the entrance of the complex and staged awaiting PD to clear the scene. Once scene was secured dispatch advised that shots had been fired by PD and the suspect was down. Metro PD advised us to come to unit [REDACTED]. Ems took the ambulance to the building. We took the cot, monitor, and bag to where Metro PD was awaiting. They took us up to the building to the second level to where the pt was located. Unknown age white male who appeared to be in his 20's was laying supine outside of the door in the breezeway. He was unconscious, lifeless, and apneic with no chest rise or fall. Ems checked for a carotid pulse on the right side as it was the easiest access without moving the pt. No pulse was found. He had a gunshot wound to the forehead, a chest seal on the right lower abdomen which appeared to have a gunshot under it, a second chest seal on the right upper abdomen which appeared to have a gunshot under it, a tourniquet on his left upper thigh, and a tourniquet on his left upper arm. Pt was placed on the cardiac monitor via 4 lead. Pt was found to be in asystole in leads 2, 3, and avf. D 20 advised officers on scene of a time of death at 04:36. Ems cleared our supplies from where the pt was located. Ems awaited for a bit to attempt to get some pt information from PD. After a while, D20 stated we could clear the scene since no one was able to provide pt demographics. Ems notified dispatch and returned to service. EOR

## Past Medical History

## Patient Medications

Medication	Dosage	Route
Unable to Obtain		

## Medication Allergies

## Medication Allergies

Unable to Obtain

## Environment Allergies

## Environmental/Food Allergies

Medical History: Unable to Obtain

Pregnancy:

Medical History

Obtained From:

Advance Directives: None

## Assessment Exams

## Assessments

Date/Time of Assessment	Crew Member	Abdomen Exam Summary	Back and Spine Exam Summary	Extremities Exam Summary	Eye Exam Summary	Skin Assessment	Head Assessment	Face Assessment	Chest Exam Summary	Lung Exam Summary	Mental Status Assessment	Neurological Assessment
04:34:00	Street, Michael [REDACTED]	<b>Abdomen - Left Lower Quadrant:</b> Gunshot Wound; <b>Abdomen - Right Upper Quadrant:</b> Gunshot Wound;		<b>Upper Leg - Leg-Upper-Left:</b> Gunshot Wound; <b>Upper Arm - Arm-Left:</b> Gunshot Wound;		Diaphoretic	Gunshot wound	Normal			Unresponsive	Unable to Assess

Unit Notified: 06/27/2024 04:11:07

Incident #: FFD240627084414

Patient Name: VAN SICKLE, MAXWELL

Call #: [REDACTED]

Date Printed: 06/28/2024 16:42

## Stroke Assessment

Date/Time Last Known Well: 06/27/2024 04:25:00  
Stroke Scale Gaze:  
Stroke Scale Arm Drift:  
Possible Stroke:

Stroke Scale Facial Droop:  
Stroke Scale Speech:  
Stroke Alert Initiated:

## Patient Condition

Complaint Type      Complaint      Duration

Alcohol/Drug Use: Unable to Obtain  
Primary Symptom:  
Barriers to Patient Care: None Noted

Other Symptoms:

## Cardiac Arrest

Cardiac Arrest: No

## Activities

## Vitals

Time	BP	Limb	Pulse	Resp	Effort	SpO2	Qual	Total GCS	Gluc	Temp	CO2	CO	Pain	Stroke Scale	PTA	Pt. Position
06/27/2024 04:34:00	Unable to Obtain/Unable to Obtain	0	0		Apneic	Unable to Obtain		3	Unable to Obtain	Unable to Obtain	Unable to Complete	Unable to Obtain	Unable to Complete		No	Supine

## ECG

Time	Monitor ECG Interpretation	Provider ECG Rhythm Interpretation
06/27/2024 04:35:51		Asystole
06/27/2024 04:37:03		Asystole

## Procedures

Time	Crew	Procedure	Attempts	Success	Response	Procedure Comments
06/27/2024 04:35:51	Street, Michael	Cardiac Monitor				Import Event 'Leads On'

i-Gel Lot Number:

## Medications

Time	Crew	Medication	Route	Dosage	Response	PTA
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## GCS

Time	Eye	Motor	Verbal	Score Qualifier
06/27/2024 04:34:00	None	No Motor Response	No verbal/vocal response	Initial GCS has legitimate values without interventions such as intubation and sedation

## Call Type/Location/Disposition

Call Type: Stab/Gunshot Wound/Penetrating Trauma  
EMD Card Number: STABBING  
Resp. Mode: Lights and Sirens  
Urgency: Immediate  
Response: 911 Response (Scene)  
Location: Apartment

Disposition: Dead on Arrival  
Transport Mode:  
Destination: , TN  
Dest. Determin.: Patient's Choice  
Diverted From:  
Response Delay: None/No Delay  
Transport Delay: None/No Delay

Incident Address:

## Patient Transport/Positioning

Unit Notified: 06/27/2024 04:11:07  
Incident #: FFD240627084414

Patient Name: VAN SICKLE, MAXWELL  
Call #:  
Date Printed: 06/28/2024 16:42

Patient Moved to  
Ambulance:  
Patient's Position in  
Transport:  
Patient Moved From  
Ambulance:

Patient Name: VAN SICKLE, MAXWELL

Patient Belongings:

Patient Belongings

Other:

Patient Belongings

Left With:

Patient Belongings

Left With Other:

## Unit Personnel

Crew Member	Level of Certification	Role
Street, Michael	EMT-Paramedic	Primary Patient Caregiver
Dile, Elli'Anna	EMT-Advanced	Driver

## Response Times and Mileage

PSAP: 06/27/2024  
04:05:00

Incident Number: FFD240627084414

Disp. Notified: 06/27/2024  
04:11:07

Call Sign: MED37

To Scene:

Unit Disp.: 06/27/2024  
04:11:07

Veh. #: 5482BB

To Dest:

Enroute: 06/27/2024  
04:12:49

Start Odom:

To End:

At Scene: 06/27/2024  
04:27:21

Scene Odom:

Total:

At Patient: 06/27/2024  
04:34:00

Dest. Odom:

Depart:  
Arrive Dest.:

Ending Odom:

In Service: 06/27/2024  
05:04:05In Quarters:  
Cancelled:

Type of Response Delay: None/No Delay

## Insurance

## Billing Insurances

## Hospital Record Numbers

Record Number	Type of Record Number
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## Signatures


Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: EMS Provider

Paragraph Text: I acknowledge that I have provided the above assessments/treatments for this patient.

Status:

Signature Graphic:



Printed Name: Michael Street

Signature Date: 06/27/2024 05:31:26

Unit Notified: 06/27/2024 04:11:07  
Incident #: FFD240627084414

Patient Name: VAN SICKLE, MAXWELL

Call #:

Date Printed: 06/28/2024 16:42

Patient Name: VAN SICKLE, MAXWELL

Unit Notified: 06/27/2024 04:11:07  
Incident #: FFD240627084414

Patient Name: VAN SICKLE, MAXWELL  
Call #: [REDACTED]  
Date Printed: 06/28/2024 16:42

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 15
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Recovery of Evidence - MNPDP Graduation Certificates, In-Service Records, MNPDP Aggravated Assault Report, and MNPDP Found Property Report	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

On July 2, 2024, at approximately 6:46 AM, TBI Special Agent (SA) Matthew Massingill received an email from Metro Nashville Police Department (MNPDP) Detective (DT) Mike Roland that contained the graduation certificate for MNPDP Officer JONATHAN SCULL, MNPDP Officer SCULL's in-service record, session 101 curriculum, and 2024 IST catalog 02072024.

SA Massingill received a second email from DT Roland that contained the graduation certificate for MNPDP Officer George Poulos, MNPDP Officer Poulos' in-service record, session 97 curriculum final, 2023 IST Catalog, and 2024 IST catalog 02072024.

SA Massingill received a third email from DT Roland that contained the graduation certificate for MNPDP Officer Benjamin Mincer, MNPDP Officer Mincer's in-service record, session 97 curriculum final 2023 IST Catalog, and 2024 IST catalog 02072024.

SA Massingill received a fourth email from DT Roland that contained a MNPDP Incident Report for Aggravated Assault from June 27, 2024, that was completed by MNPDP Detective Tristan Krausman and an MNPDP Found Property Report that from June 27, 2024, that was completed by MNPDP Officer Cara Allen.

All records that are not voluminous in nature will be serialized separately from this investigative report and all records that are voluminous in nature will be maintained in SA Massingill's digital case file.

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 16
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Document - Graduation certificate- Scull	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

METROPOLITAN NASHVILLE POLICE DEPARTMENT  
Nashville – Davidson County, Tennessee

# *Training Academy*

## CERTIFICATE OF TRAINING

This is to certify that

*Jonathan Scull*

Has successfully completed the  
*Police Basic Training Program*

This 17<sup>th</sup> day of February 2023

  
Charles Widener  
Director of Training

  
John Drake  
Chief of Police

  
John Cooper  
Honorable Mayor

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 17
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Document - Scull In-service record	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

Courses - History

Course Number	Course Name	Section	Start	End	Score	Status
2024-002	2024 Core	005		3/13/2024 5:00 PM	0 / 0 (0%)	Passed

This report has been generated using PowerDMS™

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 18
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Document - Poulos Academy Certificate	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

METROPOLITAN NASHVILLE POLICE DEPARTMENT  
Nashville – Davidson County, Tennessee

# Training Academy

## CERTIFICATE OF TRAINING

This is to certify that

**George Poulos**

Has successfully completed the

**Police Basic Training Program**

This 1<sup>st</sup> day of November 2022



Charles Widener  
Director of Training



John Drake  
Chief of Police



John Cooper  
Honorable Mayor

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 19
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Document - Poulos In-service Record	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

*Courses - History*

Course Number	Course Name	Section	Start	End	Score	Status
2023 - SGT	2023 Sergeant Promotional Process -- THIS IS NOT A REQUIRED VIDEO	001	2/27/2023 6:29 PM	9/21/2023 7:32 PM	0 / 0 (0%)	Passed
2023-008	2023 Community Immersion Course	001	2/6/2023 8:23 PM	2/16/2023 11:36 PM	100 / 100 (100%)	Passed
2023-01	2023 IST Videos	001	3/5/2023 7:35 PM	9/21/2023 7:31 PM	106 / 106 (100%)	Passed
2023-1	2023 Firearms 5th day	014		5/25/2023 5:00 PM	0 / 0 (0%)	Passed
2023-2	2023 Core	023		9/21/2023 5:00 PM	49 / 50 (98%)	Passed
2023-PR	2023 Patrol Rifle Operator Course	001		2/10/2023 12:00 AM	94 / 100 (94%)	Passed
2024-002	2024 Core	010		4/9/2024 5:00 PM	0 / 0 (0%)	Passed

**This report has been generated using PowerDMS™**

Document Id: 8, Document Title: DOC- Poulos In-service Record.pdf

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 20
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Document - Mincer academy certificate	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

METROPOLITAN NASHVILLE POLICE DEPARTMENT  
Nashville – Davidson County, Tennessee

# *Training Academy*

## CERTIFICATE OF TRAINING

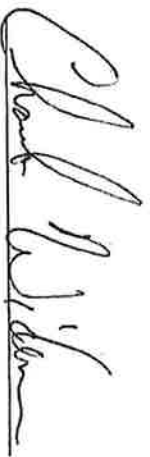
This is to certify that

*Benjamin Mincer*

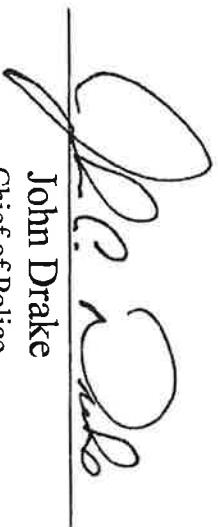
Has successfully completed the

*Police Basic Training Program*

This 1<sup>st</sup> day of November 2022



Charles Widener  
Director of Training



John Drake  
Chief of Police



John Cooper  
Honorable Mayor

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 21
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Document - Mincer In-service record	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

*Courses - History*

Course Number	Course Name	Section	Start	End	Score	Status
2023-008	2023 Community Immersion Course	001	8/2/2023 10:12 PM	8/2/2023 10:14 PM	100 / 100 (100%)	Passed
2023-01	2023 IST Videos	001	4/27/2023 9:44 PM	10/24/2023 10:23 PM	104 / 106 (98.1%)	Passed
2023-1	2023 Firearms 5th day	009		5/11/2023 5:00 PM	0 / 0 (0%)	Passed
2023-2	2023 Core	026		10/5/2023 5:00 PM	49 / 50 (98%)	Passed
2024-002	2024 Core	001		2/27/2024 5:00 PM	0 / 0 (0%)	Passed

**This report has been generated using PowerDMS™**

Document Id: 10, Document Title: DOC- Mincer In-service record.tbl

<b>TENNESSEE BUREAU OF INVESTIGATION</b> <b>INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067 <b>IR # :</b> 22
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Departmental Report - DR- 24-426902 (A) DV offense (Det. Krausman)	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

ZONE	RPA	1. MPD Incident No.
123	4815	2024-0426902

**Part 1 Incident**

2. Related Incident

2024-0426520

3. Other Police Agency and Case Incident No.

N/A

4. Report Type

DISPATCHED

5. Report Date

06/27/2024 11:56

6. Incident Date

From: 06/27/2024 04:10

To: 06/27/2024 04:10

Precinct

WEST

7. Reporting/Dispatched Location

8. Address of Incident

1

9. Offense Code

13A - Aggravated Assault

10. Offense Description

AGGRAVATED ASSAULT

11. Status

COMPLETED

12. Location Type Code

APARTMENT

13. Weapon Code (Enter up to 3)

KNIFE/CUTTING INSTRUMENT

PERSONAL (HANDS, ETC.)

14. Activity Code (Enter up to 3)

15. Hate Crime Suspected

NO

16. Suspected Gang Activity

NO

16a. Terrorism Suspected

NO

16b. Cybercrime Suspected

17. (For Burglary) Forced Entry

If Hotel/Motel/Rental Storage No of premises entered

18. (For Burglary/Robbery) Home Invasion?

**Part 2 Victim**

Victim

1

31. Victim Type

INDIVIDUAL (18 AND OVER)

19. (Last, First, Middle Name or Business Name)

VAN SICKLE, DAVID B

Officer ENO

20. Social Security Number

21. Driver's License Number

22. Address of Victim

Same as Address of Incident Block 8

Email

23. Sex

MALE

24. Race

WHITE

25. Ethnicity

NOT HISPANIC OR LATI

27. County Resident

YES

28. D.O.B.

29. Age

25 Y

29.1. Language

ENGLISH

29.2. Phone Numbers

Home:

Work:

Cell/Pager:

30. Victim of Offenses:

(Ref Block #9)

**13A - Aggravated Assault**

32. Local College Student? (If yes, last name of college/university)

N/A

33. Employment

N/A

34. Domestic Disturbance?

Yes

Was Order of Protection violated?

NO

Was victim taken to safe place?

NO

Were children taken to safe place?

NO

Were children present during Incident?

NO

35. Victim to Suspect

Number: 1

Name: VAN SICKLE, MAXWELL SCOTT

Relationship: VICTIM WAS SIBLING (BROTHER OR SISTER)

36. Aggravated Assault/Homicide Circumstances

ARGUMENT

37. Negligent Manslaughter

38. Justifiable Homicide

38.1. Will Victim Prosecute?

NO

38.2. Can ID Suspect:

YES

123. Signature of Recipient/Authorizer:

N/A

127. Advisory Notice Issued

CITIZEN INFORMATION NOTICE

**Part 3 Suspect**

Suspect

1

92. (Last, First, Middle Name)

VAN SICKLE, MAXWELL SCOTT

94. SSN and/or Driver's License Nbr.

93. Address of Suspect

1277 SPRING CREEK DRIVE &amp; SCENIC DR, NASHVILLE, TN 37209

95. Phone Number

Unknown

Document Seq: 11, Document Title: DR-24-426902 (A) DV offense (Det  
Krawman).pdf

97. Sex MALE	98. Race WHITE	99. Ethnicity NOT HISPANIC OR LATINO	100. D.O.B. 11/15/1998	101. Age 25 Years	104. Height 5 feet 06 inches	105. Weight 120 lbs
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Hair BROWN	107. Eyes BROWN
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108. Scars and Other Identifiers	109. Clothing
----------------------------------	---------------

102. Suspected of Using Alcohol: YES      Drugs: YES      Computer: NO	103. Status (Enter up to 2) AT LARGE
---	---

96. Weapon/Tool (Enter up to 3) KNIFE/CUTTING INSTRUMENT	PERSONAL (HANDS, ETC.)
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110. Vehicle Used None
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Year	Make	Model	Body	Color	License Plate Number	State	Year
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Part 4 Other Person	N/A
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Part 5 Property	N/A
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60. If Offense was arson and Property was structure, was the structure occupied?

Complete Items 50-58 and 81-84 for Drug/Narcotic Violation

Drugs	N/A
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Part 6 Injury and Transport
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1	85. Injured VICTIM 1 VAN SICKLE, DAVID B
---	---

86. Injury Code (Enter up to 5)

APPARENT MINOR INJURY

Describe Injury	minor laceration to left hand and right forearm
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Medical Treatment	GENERAL/MEHARRY	89. Transported By	NFD AMBULANCE
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90. Examining Physician	N/A	91. Status	RELEASED
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Part 7 Search by Officer	N/A
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Part 8 Other Units Requested	N/A
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113. I.D. Section Called to Scene	Yes for:	Other:
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Part 9 LEOKA	115. Police Assault Cleared	116. First Weapon Encountered	117. Type of Activity
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118. Officer Assignment	119. LEOKA Incident Type
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## Part 10 Narrative

120.

Incident Number: 2024-0075530  
Offense: Aggravated Assault

On 06/27/2024, Document Title: DR- 24-426902 (A) DV offense (Det\_

Victim: David B. Van Sickle / DOB: [REDACTED]  
Suspect: Maxwell S. Van Sickle / DOB: [REDACTED]  
Relationship: Siblings  
Detective: Tristan Krausman

On 06/27/2024 I was notified there had been a DV related stabbing at [REDACTED]. I was informed there had been a subsequent Officer involved shooting involving the suspect, which was actively being investigated by the TBI.

I responded to General Hospital and interviewed the victim (David Van Sickle). The interview was recorded on BWC. The victim stated the suspect was his brother/roommate Maxwell Van Sickle. The victim stated he out with a friend when the suspect called him. He stated the suspect was alleging the victim was inside his room with people being rude. The victim stated the suspect recently began huffing chemicals and possibly meth. He stated the suspect has called him previously with similar allegations. The victim stated he was concerned about the suspect's drug use, so he went home and asked the suspect to give him all his drugs/chemicals. He stated the suspect handed over a container used to huff chemicals as well as a red pen shaped container filled with what the victim believed was meth. He stated the suspect also disposed of some drugs/chemicals in the kitchen sink. The victim stated he talked to the suspect about getting therapy and the suspect became agitated. He stated the suspect continuously went in and out of his room, changing outfits. He stated the suspect kept asking the victim if he wanted to kill him and made suicidal statements. He stated the suspect retrieved a kitchen knife and was playing with it. He stated he talked the suspect into dropping the knife. He stated throughout the interaction the suspect continuously grabbed weapons such as knives and hammers and would then put them down. Throughout the interaction the suspect would shoulder bump the victim. The victim stated he went to leave the apartment and the suspect blocked his exit. The victim stated he told the suspect he was retrieving some personal items then would leave. The victim stated the suspect claimed the victim had "put people in his computer." The victim then went back inside to retrieve his property. The suspect told the victim he would help him and proceeded to throw the victim's property around. The victim believed the suspect was possibly looking for his drugs. The victim stated he managed to calm the suspect down and convince him to go to bed. He stated the suspect then got out of bed and began screaming at the victim. He was screaming things such as "WHAT HAPPENED?" and "WHAT DID YOU DO TO ME?" The victim stated the suspect told him to leave the apartment. The victim stated he did not want to leave the apartment because he was concerned the suspect would kill himself, and he did not want to leave him alone. At one point the suspect attempted to exit his room and the victim stated he physically blocked the suspect from going into the common area. Eventually would retrieve a weapon from the common area. The victim stated there was a small physical altercation where he tried to prevent the suspect from going into the common area. Eventually the victim decided to leave the apartment and attempted to walk away. He stated the suspect was screaming conflicting demands such as telling him to leave then telling him to stay. At some point the suspect retrieved a knife and approached the victim. The victim stated he took the knife from the suspect and slightly cut the webbing on his left hand in the process. He stated at this point he began to leave the apartment and the suspect retrieved another knife and charged him. He stated the suspect attempted to stab him in the face. The victim stated he was able to prevent the suspect from stabbing him, and during the altercation the suspect placed his hand around the victim's throat for approximately one minute. The victim stated he did not lose consciousness. The victim did not believe the suspect was trying to strangle him, but rather used his hand to hold the victim in place. The victim stated he kicked the suspect away and ran out of the apartment. The victim stated he fell outside and accidentally cut himself on his right forearm with the knife. He stated once he got away he called police. At no point did the suspect physically stab the victim.

The victim was offered assistance with counseling and shelter. The victim declined both. He stated he would move out and his future residence will be [REDACTED] in Nashville. The victim was not offered assistance with prosecution and an order of protection due to the suspect dying.

I assisted Detective Lewis complete a search warrant for the residence. Detective Lewis executed the search warrant with assistance from Detective Beauchesne. Sergeant Door and Detective Pinho also responded to the scene of the incident and provided assistance to command.

No DV history for the involved parties. The suspect is currently showing two outstanding warrants for FTBs. The suspect has been arrested twice for traffic related offenses.

120.1 Fingerprints Lifted: NO

121. Body Worn Camera or In-Car Camera Evidence May Exist Related To This Incident: Yes

122. Report is Continued on: N/A (Check all that apply)

130. Primary Investigative Unit: DOMESTIC VIOLENCE Reporting Agency: METROPOLITAN NASHVILLE POLICE DEPARTMENT

Case Status: Cleared by Exception:  
N

124. Reporting Officer (First, MI, Last)	Employee No.	Agency	Radio Call Sign	District
Tristan Krausman	[REDACTED]	TN0190100		
125. Approving Supervisor	Employee No.	Agency		
Jason Door	[REDACTED]	TN0190100		
126. Data Entry	Employee No.	Agency	Date	
Alyssa Selley	[REDACTED]	TN0190100	06/27/2024	

Comments

Crime Scene Photos

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 23
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Departmental Report - DR- 24-435394 (A) Found Property report	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

2024-0435394

ZONE 123	RPA 4815	1. MPD Incident No. 3034-0426520
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## Part 1 Incident

2. Related Incident  
N/A  
3. Other Police Agency and Case Incident No.  
N/A

4. Report Type DISPATCHED	5. Report Date Time 06/27/2024 22:07	6. Incident Date Time From: 06/27/2024 04:10 To: 06/27/2024 04:30	Precinct WEST
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7. Reporting/Dispatched Location

8. Address of Incident

9. Offense Code 715 - Found Property	10. Offense Description FOUND PROPERTY	11. Status COMPLETED	12. Location Type Code APARTMENT
---	---	-------------------------	-------------------------------------

13. Weapon Code (Enter up to 3) KNIFE/CUTTING INSTRUMENT		
---	--	--

14. Activity Code (Enter up to 3)		
-----------------------------------	--	--

15. Hate Crime Suspected NO	16. Suspected Gang Activity NO	16a. Terrorism Suspected NO	16b. Cybercrime Suspected	17. (For Burglary) Forced Entry	If Hotel/Motel/Rental Storage No of premises entered	18. (For Burglary/Robbery) Home Invasion?
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## Part 2 Victim

Victim 1	31. Victim Type INDIVIDUAL (18 AND OVER)	19. (Last, First, Middle Name or Business Name) VAN SICKLE, DAVID BARDWELL	Officer ENO
-------------	---	---	-------------

20. Social Security Number Unknown	21. Driver's License Number
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22. Address of Victim	Email
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23. Sex MALE	24. Race WHITE	25. Ethnicity NOT HISPANIC OR LATI	27. County Resident YES	28. D.O.B.	29. Age 27 Y	29.1. Language ENGLISH
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Home Numbers

Home:	Work:	Cell/Pager
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30. Victim of Offenses:  
(Ref Block #9)

## 715 - Found Property

32. Local College Student? (If yes, last name of college/university) N/A
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33. Employment N/A
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34. Domestic Disturbance? No	Was Order of Protection violated?	Was victim taken to safe place?	Were children taken to safe place?	Were children present during incident?
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35. Victim to Suspect
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36. Aggravated Assault/Homicide Circumstances	37. Negligent Manslaughter	38. Justifiable Homicide
---	----------------------------	--------------------------

38.1. Will Victim Prosecute? NO	38.2. Can ID Suspect: YES
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123. Signature of Recipient/Authorizer: N/A	127. Advisory Notice Issued NOT APPLICABLE
---	---

Part 3 Suspect N/A
--------------------

4 Other Person N/A
--------------------

Part 5 Property
-----------------

1	49. Victim/Suspect No. <b>VICTIM 1 VAN SICKLE, DAVID BARDWELL</b>			
50. Cat Code Weapons/Other: <b>12, Document Title: DR- 24-435394 (A) Found Property report.pdf</b>				
51. Property Description (Make) (Model) (Size) (Type) (Color) <b>1 Wooden Switch Blade Knife</b>				
Serial No.	Owner Applied No.	53. Quantity <b>1</b>	Offense Code <b>0086</b>	
54. Type Code <b>FOUND</b>	55. Cond Code <b>UNDAMAGED (USED)</b>	ConditionCode (Other)		
56. Est \$ Value <b>\$20.00</b>	57. Date Recovered <b>06/27/2024</b>	Recovered \$ Value <b>\$20.00</b>	Category	
58. Stored By Code <b>MPD PROPERTY SECTION</b>		Stored By (Other)		
Motor Vehicle # <b>1</b>				
61. License Nbr.	State	Year	62. VIN	
63. Year	64. Make	65. Model	66. Style	67. Color
68. Doors Locked	69. Ignition Locked	70. Keys In Vehicle		
73. Method of Entering Vehicle	74. Method of Taking Vehicle	75. Vehicle Towed To VTR Nbr:		
76. Authorization to Tow	77. Hold Vehicle For: Other:			
78. Describe Damage to Vehicle as a Result of this Incident	79. Insured By:	80. Financed By or Titleholder:		
60. If Offense was arson and Property was structure, was the structure occupied?				
Complete Items 50-58 and 81-84 for Drug/Narcotic Violation				
Drugs <b>N/A</b>				
Part 6 Injury and Transport <b>N/A</b>				
Part 7 Search by Officer <b>N/A</b>				
Part 8 Other Units Requested <b>N/A</b>				
I.D. Section Called to Scene		Yes for: Other:		
Part 9 LEOKA	115. Police Assault Cleared	116. First Weapon Encountered	117. Type of Activity	
118. Officer Assignment	119. LEOKA Incident Type			
Part 10 Narrative	120.			
On 6/27/2024 Officers were dispatched to [REDACTED] for a domestic incident. Officers went with the victim to Nashville General Hospital. Officers located a pocket knife on the victim that he could not take into the facility with him. Officers kept the pocket knife in the front of the vehicle for safe keeping. After the victim was treated at the hospital, officers transported him to 600 Murfreesboro Pike to be interviewed by Cold Case Detectives. Upon arrival, a second officer was there to take over in transporting the victim around. Officers left the pocket knife in the first car where it was then turned into MNPD property room.				
120.1 Fingerprints Lifted: <b>NO</b>				
121. Body Worn Camera or In-Car Camera Evidence May Exist Related To This Incident: <b>Yes</b>				
122. Report is Continued on: <b>N/A</b> (Check all that apply)				
130. Primary Investigative Unit: <b>WEST INVESTIGATIONS</b>		Reporting Agency: <b>METROPOLITAN NASHVILLE POLICE DEPARTMENT</b>		
128. Case Status: <b>UNFOUNDED</b>	Cleared by Exception:			
124. Reporting Officer (First, MI, Last) <b>Cara Allen</b>	Employee No. [REDACTED]	Agency <b>TN0190100</b>	Radio Call Sign <b>111C</b>	District
125. Approving Supervisor <b>John Tuberville</b>	Employee No. [REDACTED]	Agency <b>TN0190100</b>		
126. Data Entry <b>Jazel Diodonet</b>	Employee No. [REDACTED]	Agency <b>TN0190100</b>	Date <b>06/28/2024</b>	
Comments				

Crime Scene Photos

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 24
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Recovery of Evidence - MNPDP Officer Supplements and Crime Scene Entry Log	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

On July 2, 2024, at approximately 9:30 AM, TBI Special Agent (SA) Matthew Massingill received an email from Metro Nashville Police Department (MNPDP) Detective Mike Roland that contained supplement reports completed by MNPDP Officers from MNPDP Incident 24-426520 on June 27, 2024.

Below is a list of all MNPDP Officers supplement reports:


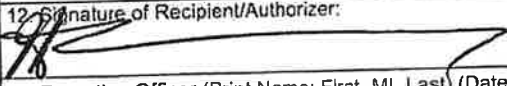
1. MNPDP Officer Matthew Cammarn
2. MNPDP Officer Roy Sain
3. MNPDP Officer Samuel White
4. MNPDP Sgt Brad Turner
5. MNPDP Sgt Michael Hunnicutt
6. MNPDP Officer Theodore Meskers
7. MNPDP Officer Cara Allen
8. MNPDP Officer Clint Gilleland
9. MNPDP Officer David Crisman
10. MNPDP Officer John Robish
11. MNPDP Officer Kelly Turcios
12. MNPDP Sgt Jason Door

The email also contained a copy of the crime scene entry log for MNPDP Incident 24-426520 on June 27, 2024.

A copy of the MNPDP Officer supplements and crime scene entry log will be serialized separately from this investigative report.

<b>TENNESSEE BUREAU OF INVESTIGATION INVESTIGATIVE REPORT</b>		<b>Case # :</b> NA-5U-000067
		<b>IR # :</b> 25
<b>Author:</b>	Massingill, Matthew	<b>Activity Date:</b> 07/02/2024
<b>Case Agent:</b>	Massingill, Matthew	<b>Report Date:</b> 07/05/2024
<b>SAC/ASAC:</b>	Neese, Nathan L	<b>Approved By:</b> Neese, Nathan L
<b>Description:</b>	Departmental Report - DR- 24-426520 (C) Ofc. Matthew Cammarn Supplement	

(V) DAVID B VAN SICKLE, W/M, DOB: [REDACTED]  
 (LE-A) JONATHAN WILLIAM SCULL, W/M, DOB: [REDACTED]  
 (O-A) MAXWELL SCOTT VAN SICKLE, W/M, DOB: [REDACTED]

M.N.P.D. FORM 106 Supplement Document Seq. 13, Document Title: DR- 24-426520 (C) Ofc_ Matthew Cammarn (Rev. 03/2020) Supplement Report		 Metropolitan Police Department Nashville, TN		2. M.N.P. D. Incident No. 20240426520	
3. Arrest No. <input checked="" type="checkbox"/> N/A		4. Offense and Classification / Charge OIS			5. Page No. 1 of 1
6. Kind of Report Continued <input type="checkbox"/> Incident <input type="checkbox"/> Missing Person <input type="checkbox"/> Arrest <input checked="" type="checkbox"/> Follow-up or Supplemental		7. Multiple Clear-up <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes (If Yes, List Other Incident No's and/or Victims in Narrative) <input type="checkbox"/> No		8. Further Police Action and Report Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Narrative <input type="checkbox"/> N/A		9. Value of Property Recovered <input checked="" type="checkbox"/> N/A \$			
Record all developments in the case subsequent to the last report. Describe and record value of any property recovered. Clearly show disposition of recovered property and inventory no's. List names and arrest numbers of any persons arrested. Explain any offense / classification change and cite prior offense / classification. For multiple clearance information, list each case by incident number and respective victim(s). Record crime scene protection information.  I was dispatched to [REDACTED] to assist with an OIS at this location. I arrived on scene at approx. 0710 hrs to report in. At 0720 hrs I took over as the scribe. I was the scribe for the scene from 0720hrs until the scene was collapsed at approx. 1100hrs. I transfered all names to Lt. Nave of the West Police Precinct.					
11. Body Worn Camera or In-Car Camera Evidence May Exist Related To This Incident: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> None Known At Time of Report					
12. Signature of Recipient/Authorizer: 				13. Advisory Notice Issued <input type="checkbox"/> Domestic Violence Notice <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Citizen Information Notice <input type="checkbox"/> Other	
14. Reporting Officer (Print Name: First, MI, Last) (Date/Time) Matthew Cammarn 06-27-2024/1244		Employee No. Radio Call Sign [REDACTED] 225A		18. Case Status <input type="checkbox"/> Open <input type="checkbox"/> Death of Offender <input type="checkbox"/> Unfounded <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Extradiction Declined <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Juvenile, No Custody	
15. Approving Supervisor (Signature)  		Employee No.		Cleared by Exception (Select One Below)	
16. Reviewer  		Employee No.		17. Date/Time Reproduced  	