|              |        | AGENCY ID (ORI)  |                                       |                 |  | CASE              | NUMBER                                  | 0                     | 80            | 3 6283                  |
|--------------|--------|--|---------------------------------------|-----------------|--|-------------------|---|-----------------------|---------------|-------------------------|
|              | - ]    | SA GA0310100 CLAYTON COUNTY PO   | OLICE                                 | NCIDENT         | REPORT                                 |                   |   |                       | e-trox-       | D REPORT                |
|              |        | INCIDENT TYPE  | ·                                     | INCIDENT (      |  |                   |   | <del></del>           |               |                         |
|              |        | DEATH INVESTIGATION  | i                                     | 00-00           | The second second                      | *                 | HISHWAI                                 |                       | IISE          | TYPE<br>SERVICE STATION |
|              | - [    |  |                                       | ×0 00           |  | -                 |   | ENCE STORE            | -             |                         |
|              | . 1    |  |                                       |                 |  | -                 |   |                       | 77            | BANK                    |
| :            | EVENT. | NO THE PART OF THE |                                       | L.,             | <del></del>                            | -                 | COMMER                                  |                       | X.            | RESIDENCE               |
|              | ۱۵     | JONESBORO, GA 30238  | , <del></del>                         | STATE           | ZIP COUE                               | L                 | schoon                                  | CAMPUS                |               | ALIOTHER                |
|              | ۱,     |  |                                       |                 |  |                   |   | WEAPO                 | NTY           |                         |
|              | . ł    | INCIDENT DATE TIME DATE TIME   07.06.2008   01:59   TO   |                                       | R TO STRANGE    |  | -                 | GUN                                     |                       |               | KNIFE/CUTTING TOOL      |
|              | +      | COMPLAINANTS NAME  | Yes H                                 | OX UNK          | <u>3€</u>                              | با                | KANOSIFI                                |                       |               | CHER                    |
|              | Ę      | RASHID, GINA O   | ······                                |                 | RACE<br>B                              | ر<br>آ            | <u>X</u> 1                              | AGE                   |               | DATE OF BIRTH           |
| 1            | 1 -    | STREET ADDRESS   |                                       | RESIDE          | NCE NUMBER                             |                   | ا لــــــــــــــــــــــــــــــــــــ | 49                    | FFC           | NUMBER                  |
| į            | 3 []   |  |                                       |                 | NA                                     | ····              |   | 70311                 | N.            |                         |
| Ę            |        | CITY STATE ZIP CODE  |                                       |                 | .#/STATE ISSU                          | 60                | <u> </u>                                | EMPLOYER              |               | OCCUPATION              |
| -            |        | JONESBORO GA 30238   |                                       | · ·             | NA                                     |                   |   |                       | N             |                         |
|              |        | victime name<br>KANWAL, SANDEELA   |                                       |                 | RACE                                   | 96                |   | AGE                   |               | DATE OF BIRTH           |
| 2            |        | STREET ADDRESS   |                                       | OCOURTS         |  | F                 | U L                                     | 25                    |               |                         |
| ទ្ធិ         |        |  |                                       |                 | CE NUMBER<br>NA                        |                   |   | BUSIN                 | -             | NUMBER                  |
| -            | C      | CITY STATE ZIP CODE  |                                       |                 | #/STATE ISSU                           |                   | [                                       | SHO! DVCO             | N             | DOCUPATION:             |
|              | J      | JONESBORO GA 30238   | $\neg$ $\vdash$                       |                 |  | $\overline{\Box}$ | <u> </u>                                |                       |               | IART I                  |
|              | Τ      | MME  |                                       |                 | RACE                                   | <br>38            | <u> </u>                                | AGE                   |               | DATE OF BIRTH           |
|              | l      |  |                                       |                 |  |                   | _] [                                    |                       |               |                         |
| ٠            | ١١     | WANTED STREET ADDRESS  | <del></del>                           |                 | HEIGHT                                 |                   | WEIGHT                                  | н                     | AIR           | EYES                    |
|              | l.     | WARRANT CITY STATE   |                                       |                 | J L                                    | J. L              |   | ┛┖┈                   |               |                         |
| 盖            | ļ "    | WARRAN CON SIAIL   | ZIP CODE                              |                 | . LUCESSE                              | EORL              | 0.#/ST/                                 | TE ISSUED             | _             |                         |
| OFFENDER # 1 | ١,     | ARREST CHARGES   |                                       |                 | COUNTS OFF                             | ENSE C            | ADE (                                   | were territan         |               |                         |
| 2            |        |  | · · · · · · · · · · · · · · · · · · · |                 |  | SIVACL            | <u> </u>                                | TENSCIKH              |               | T JURISDICTION  1. CITY |
| Ö            |        |  | •                                     |                 |  |                   |   |                       |               | 2. COUNTY<br>3. STATE   |
|              | ĺ      |  |                                       |                 |  |                   |   | H                     | _             | 4. OUT OF STATE         |
|              |        | YOTAL MUMBER ARRESTED ARRESTED AT OR NEAR OFFENSE SC   |                                       | OPPENSE DATE    |  | 11                |   | iide establica        | <u>.</u><br>H | 8. UNKNOWN              |
|              |        | YES NO NO  |                                       |                 |  |                   |   |                       |               | e.                      |
| -            |        |  |                                       |                 |  | 11                | 112 E 1811<br>100                       | 1112 1112211<br>00401 | H .           |                         |
|              |        | ABAHDONED TAG NIMBER STATE YEAR  | VEH                                   | ICLE IDENTIFICA | TON NUMBER                             | V.(N.)            |   | PLATE                 |               | VIN PLATE ONLY          |
|              |        | 5TOLEN   |                                       |                 |  |                   |   |                       |               |                         |
| VEHICLE      |        |  | ODEL                                  | <del></del> -   | STYLE                                  | -                 |   |                       | _c            | OLOR                    |
| 罗            | -      | Suspects L   |                                       |                 |  |                   |   |                       |               |                         |
| 1            | -      | L VICTIMS MOTOR SIZE (CIO)   | MAN. S                                | <b>20</b> .     | <u> </u>                               |                   | INSURE                                  | D BY                  | ***********   |                         |
| _            |        | LOST ARTICLE TRANSMISSION  |                                       |                 |  |                   |   | tella ann             |               |                         |
| - 1          | 1      | STOLEN VEHICLES CLIERRENCY, NOTES, ETC. LEWELRY, PR.   | EC METALS                             | [               | 1                                      |                   |   |                       |               |                         |
|              | -      | RECOVERED  |                                       |                 |  | FRE               | OVERY                                   | REPORT, JU            | RISO          | ICTION OF THEFT         |
| ≽l           | 1      |  |                                       | L               |  | ╽┖                | ····                                    |                       |               |                         |
| Ы            | 1      | STOLEN STOLEN  | X.E.I.K.                              | HOUSEHO         | LD GOCOS                               |                   | Ė                                       | DATE OF T             | HEF           | <u>-</u>                |
| PROPERTY     | ı      | RECOVERED  |                                       | <u> </u>        | -                                      | ĺ                 | , <b>L</b>                              | ·                     | تعزمنسيه      |                         |
| •            |        | FIREARMS CONSTANABLE GOODS LIVEST  | ocx                                   | On              | ien .                                  |                   | TOT                                     | AL.                   |               |                         |
| ŀ            |        | STOLEN   |                                       |                 |  |                   |   |                       | ŝī            | OLEN                    |
| _            |        | RECOVERED :  |                                       | L               |  |                   |   |                       | R             | COVERED                 |
| ADM.         |        | CCC ENTRY WARRANT MISSING PERSONS VEHICLE  | ARTI                                  | cue             | BOAT                                   |                   | Gt                                      | IN [                  | SE            | CURTIES                 |
|              |        | DECLINED DAYA EED DS CLEARED BY ARREST DESCEPTIONALLY CLE  | ABES [                                | Inche a co      | ~~~                                    |                   |   |                       |               |                         |
| TERK.        |        | The state of the s | with                                  | DEPT, CLEAN     | <del></del>                            | ·                 | NEGUNO                                  | ro [                  |               | 7.06.2008               |
| 5            |        | FOR CLEARANCE REPORT DATE OF CLEARANCE   | L                                     | AOULT           | JUVENI                                 |                   |   | ,                     |               | FORTDATE                |
| T            | į      | ON 07.06.2008 AT 01:59 I RESPONDED TO A DOMESTIC   | DISTUR                                | BANCE A         | TTHE INC                               | DE                | VT LO                                   | CATIO                 | Ň.            | IMADE                   |
| (            | O.     | ONTACT WITH THE COMPLAINANT WHO ADVISED TH   | Œ FOLL                                | OWING:          | SHE BELD                               | EVE               | THE                                     | VICTII                | W 1           | WAS                     |
| T            | TP:    | STAIRS AND DECEASED. I MADE ENTRY IN TO THE H  | OUSE A                                | ND FOUN         | D THE VI                               | TIN               | ILOC                                    | ATED I                | N a           | AN                      |
| , T          | P      | STAIRS BEDROOM. THE VICTIM EXHIBITED NO VISI   | BLE SIG                               | ns of br        | EATHING                                | ANI               | I WA                                    | S UNAI                | BL)           | OTS                     |
| D            | E'     | ETECT A PULSE. MED UNITS WERE REQUESTED TO TI  | ee scen                               | VE AND E        | NGINE 12 A                             | ND                | MED                                     | 6 ARRI                | VE.           | D                       |
|              |        | ORTLY THEREAFTER. MED UNIT 6 CONFIRMED THA   |                                       |                 |  |                   |   | I dna e               | A.            | D NO.                   |
| P            |        | ilse. The scene was secured and the appropri   | ATE PEI                               | rsons wi        | ere notu                               | TED               | •                                       |                       |               |                         |
|              | S      | SEE SUPPLEMENTAL(S) FOR DETAILS.   |                                       |                 | , '                                    |                   | •                                       | •                     |               |                         |
|              |        | FORTING OFFICER NUMBER   | APPROVIN                              | OFFICER         | . بر نوستمونید                         |                   |   |                       | ···········   | NUMBER                  |
| 10           | -      | C.R. LECATES 19450   |                                       |                 | ······································ |                   |   |                       | ]             |                         |
|              | V      | WHITE/RECORDS CANARY/COMPUTER  | PINK                                  | CID             | GOLDENRO                               | D/CU              | ARAN                                    | CE REPO               | RT            | 050702                  |

|    | AGENCY ID (ORI) |
|----|-----------------|
| SA | GA0310100       |

## CLAYTON COUNTY POLICE SUPPLEMENTAL REPORT

| CASE NUMBER | 0803 6283        |
|-------------|------------------|
| i           | CORRECTED REPORT |

| ADMINIST DEPONT |     | W1201 C14 |
|-----------------|-----|-----------|
| ORIGINAL REPORT | ואו | SUPPLEM   |

SUPPLEMENTAL REPORT

PAGE 1 OF 2

ON 07.06.2008 AT 01:51 I WAS DISPATCHED TO A DOMESTIC DISTURBANCE AT JONESBORO, GA 30238. I ARRIVED ON SCENE AT 01:59 AT MET THE COMPLAINANT AT THE END OF THE DRIVEWAY OF THE RESIDENCE WHO ADVISED THE FOLLOWING: SHE HEARD SCREAMING INSIDE THE HOUSE BUT COULDN'T UNDERSTAND THE LANGUAGE. SHE WAS FEARFUL AND LEFT THE LOCATION, WENT SOUTH TO OF AND CALLED 911. SHE RETURNED TO THE RESIDENCE AND WAITED FOR OUR ARRIVAL.

WHILE SHE WAS SPEAKING TO ME TWO INDIAN MALES CAME TO THE END OF THE DRIVEWAY. THE TALLER MALE SAID HE THOUGHT HIS SISTER WAS DEAD. I ASKED ONE OF THE MALES WHERE SHE WAS AND HE SAID IN AN UPSTAIRS BEDROOM. I THEN ASKED WHY HE THOUGHT SHE WAS DEAD AND HE INDICATED THAT HIS FATHER HAD TOLD HIM SUCH. HE ADDED THAT HIS FATHER WAS SMOKING IN THE HOUSE WHICH HE NEVER DOES AND SEEMED UPSET. I REQUESTED THAT RESPONDING UNITS STEP UP THE PRIORITY TO A RUSH CALL AND FOR DISPATCH TO START A MED UNIT.

I THEN BEGAN SPEAKING WITH THE MALES AND COMPLAINANT AGAIN AND ASKED WHERE THE FATHER WAS AND HE POINTED HIM OUT SITTING BEHIND A VEHICLE IN THE DRIVEWAY. I COULD HEAR RESPONDING UNITS AND FELT SAFE ENOUGH TO APPROACH THE FATHER (RASHID, CHAUDRY A / 509 / 200 / OLN 500 / 509 / 200 / OLN 500 / 500 / 500 / 500 / 500 / OLN 500 / 50

AS WE MADE ENTRY INTO THE HOUSE I IMMEDIATELY SMELLED AN ODOR THAT WAS ACRID AND SIMILAR TO BURNT PLASTIC OR POSSIBLY ELECTRICAL. WE CLEARED THE HOUSE IN THE FOLLOWING ORDER: FAMILY ROOM, DINING ROOM, KITCHEN, DEN THEN BACK THROUGH THE CENTRAL HALLWAY AND UPSTAIRS. UPSTAIRS I CLEARED LEFT WHILE OFFICER DEESE HELD THE LANDING OVER TO THE MASTER BEDROOM. I CLEARED THE HALLWAY BATHROOM AND AS I TURNED THE CORNER I COULD SEE THE WAIST AND LEGS OF THE VICTIM IN THE DOORWAY OF THE BEDROOM AT THE FAR SOUTH END OF THE HALL. I CONTINUED CLEARING AND CHECKED THE BEDROOM ON THE LEFT OF THE HALLWAY BEFORE ENTERING THE ROOM WHERE THE VICTIM LIE. I TOLD OFFICER DEESE I HAD CONTACT WITH THE VICTIM.

I ENTERED THE BEDROOM CONTINUING TO CLEAR AND RETURNED TO THE VICTIM. I NOTICED HER BARE FEET AND HANDS WERE GREVISH IN COLOR. AS I KNEELED DOWN NOTICING THAT SHE HAD BLOOD AT THE END OF HER LEFT NOSTRIL AND A DROP OF BLOOD JUST BENEATH HER CHIN ON THE LEFT. THE RIGHT SIDE OF HER FACE APPEARED DARK IN COLOR AND THERE WAS NO RISE OR FALL IN HER CHEST INDICATING SHE WAS NOT BREATHING. I TILTED HER HEAD BACK IN PREPARATION TO PERFORM CPR BUT NOTICED THAT IT WAS DIFFICULT TO MANIPULATE HER NECK AND SHE WAS COOL TO THE TOUCH. CONSIDERING ALL THE AVAILABLE OBSERVATIONS, I BELIVED THE VICTIM TO BE INFACT DECEASED. MED UNITS ARRIVED AND BEGAN EVALUATING THE VICTIM, ARRIVING AT THE SAME CONCLUSION. A SHORT TIME LATER, AN ADDITIONAL EMT ARRIVED ON SCENE AND TOLD ALL PARTIES TO EVACUATE THE HOUSE BELIEVING THAT A CARBON MONOXIDE HAZARD MIGHT BE PRESENT. THE PREMISES WAS VACATED.

I RETURNED TO SPEAK WITH THE COMPLAINANT WHO ADDED THE FOLLOWING: THE VICTIM WAS MARRIED A SHORT TIME AGO IN PAKISTAN AT AN ARRANGED MARRIAGE. THE HUSBAND IN CURRENTLY LIVING IN CHICAGO. THE VICTIM WAS NOT INTERESTED IN MARRYING, NOR REMAINING MARRIED TO HER HUSBAND. THIS WAS CAUSING A GREAT DEAL OF FRICTION BETWEEN THE VICTIM AND HER FATHER. SO MUCH SO THAT THE VICTIM AND FATHER HAVEN'T SPOKEN IN 2 MONTHS TIME. I ASKED HER ABOUT THE SCREAMING THAT SHE METIONED IN HER ORIGINAL CALL TO 911 TO WHICH SHE ELABORATED. SHE WOKE UP DURING THE NIGHT AND WAS HOT, ASKING HER HUSBAND (THE VICTIM'S FATHER) TO TURN ON THE FAN AND OPEN SOME WINDOWS. SHE ROLLED OVER AND WENT BACK TO SLEEP. LATER SHE WAS AWAKENED BY LOUD SCREAMS BUT SHE COULDN'T UNDERSTAND WHAT WAS BEING SAID. SHE COULD MAKE OUT THE NAME "ABU" BEING SAID OVER AND OVER AGAIN BUT COULD NOT DETERMINE ANYTHING ELSE. THIS IS WHEN SHE BECAME CONCERNED, LEFT THE RESIDENCE AND CALLED 911.

|   | <b>.</b>              |                   |            |                   | -                  | REPOR    | TOATE  |
|---|-----------------------|-------------------|------------|-------------------|--------------------|----------|--------|
| ¥ | CASE STATUS: X ACTIVE | CLEARED BY ARREST | EX. CLEARE | D DEPT. CLEARED   | UNFOUNDED          | 07.06    | .2008  |
| 7 | REPORTING OFFICER     | * _               | NUMBER     | APPROVING OFFICER |                    | <u> </u> | NUMBER |
|   | LECATES, RICHARD      |                   | 19450      |                   |                    |          |        |
|   | WHITE/RECORDS         | CANARY/COMPUTER   |            | PINK/CID GOLDE    | ENROD/CLEARANCE RE | PORT     | 070101 |

REPORT - NARRATIVE

|    | AGENCY (D | ORU  |    |
|----|-----------|------|----|
| SA | GAO       | 3101 | OO |

## **CLAYTON COUNTY POLICE** SUPPLEMENTAL REPORT

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| المنظم والمواجعة |                  |
| CASE NUMBER      | 0803 6283        |
|                  | 00000000         |
|                  | CORRECTED REPORT |

ORIGINAL REPORT

X SUPPLEMENTAL REPORT

AT THIS TIME SUPERVISORS SGT. ROBINSON AND LT. HIERS AND BRIEFED WITH REGARDS TO THE KNOWN INFORMATION. THE COUNTY PHOTOGRAPHER RESPONDED AND WAS ESCORTED TO THE SCENE TO RECORD THE INCIDENT LOCATION AND VICTIM.

THE COMPLAINT AND ADDITIONAL FAMILY MEMBERS WERE TRANSPORTED TO CLAYTON COUNTY POLICE HEADQUARTERS TO TAKE STATEMENTS. THE FATHER OF THE VICTIM WAS TRANSPORTED TO SOUTHERN REGIONAL MEDICAL CENTER BY MED 6 FOR POSSIBLE MEDICAL COMPLICATIONS OF UNKNOWN DETAIL TO THIS OFFICER.

UPON FURTHER INVESTIGATION OF THE SCENE, 7 CIGARETTE BUTTS WHERE DISCOVERED IN THE IMMEDIATE VICINITY OF WHERE THE FATHER WAS SITTING IN THE DRIVEWAY. THE CIGARETTE BUTTS WERE DEPOSITED RECENTLY BECAUSE THEY HAD NOT BEEN DISCOLORED BY THE RAIN EARLIER LAST EVENING. POSSIBLE LIGATURE MARKS WERE NOTICED ON THE VICTIM AND SEVERAL ITEMS DISCOVERED THAT MIGHT HAVE BEEN USED TO CAUSE THEM. THERE WAS AN IRON (& CORD) BY THE VICTIM'S BEDROOM DOORWAY AND A NECKLACE ON A TABLE DOWNSTAIRS IN THE FAMILY ROOM NEXT TO WHAT APPEARED TO BE A PRAYER TABLE,

THE SCENE WAS MARKED WITH CRIME SCENE TAPE AND THE RESIDENCE SECURED UNTIL WARRANTS TO ENTER THE PREMISES COULD BE OBTAINED.

|      |                       |                   |             |               |                 | •                         |
|------|-----------------------|-------------------|-------------|---------------|-----------------|---------------------------|
| LEAR | CASE STATUS: X ACTIVE | CLEARED BY ARREST | EX CLEARED  | DEFT. CLEARED | UNFOUNDED       | REPORT DATE<br>07,06,2008 |
|      | OFC. R. LECATES       |                   | 19450 APPRO | VING OFFICER  |                 | NUMBER                    |
|      | WHITE/RECORDS         | CANARY/COMPUTER [ | PIN         | K/CID GOLDEN  | ROD/CLEARANCE I | REPORT 1070101            |