

INCIDENT DATA		Agency Name RUTHERFORD COUNTY SHERIFF OFFICE		<b>INCIDENT/INVESTIGATION REPORT</b>				OCA 2012-000720																																																					
		ORI NC0810000						Date / Time Reported Month Day Yr Time 2/20/2012 11:47:00 PM Hrs.																																																					
#	Crime / Incident(s) 0890 ALL OTHER SIMPLE ASSAULT	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	At Found Month Day Yr Time 8/1/2011 12:00:00 PM Hrs.		Last Known Secure Month Day Yr Time 8/1/2011 8:00:00 AM Hrs.																																																								
	Crime / Incident 2490 ALL OTHER	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	Location of Incident 209 OLD FLYNN RD SPINDALE NC				Offense Tract C4																																																						
	Crime / Incident	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	Premise Type CHURCH/SYNAGOGUE/TEMPLE		Residence Type <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family																																																								
MO		How Attacked or Committed BY HOLDING VICTIM DOWN AND HITTING HIM			Forcible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Weapon / Tools PERSONAL WEAPONS (HANDS, FEET, TEETH, ETC.)		Additional Weapons <input type="checkbox"/> Yes <input type="checkbox"/> No																																																				
		# of Victims 1		Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unk		Injury: <input type="checkbox"/> None <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major		Drug/Alcohol Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> N/A																																																					
VICTIM		V1 Victim/Business Name (Last, First, Middle) LOWRY MICHAEL		Victim of Crime # 12		DOB / Age 7/21/1990 21		Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Race W																																																			
								Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		Relationship To Offender OK																																																			
		Home Address 3461 NOBB HILL DR HUNDSONVILLE MI 49426-0000		Home Phone 231-709-1697																																																									
		Employer Name / Address						Business Phone																																																					
CODES: V-Victim (Denote V2, V3)    O-Owner (if other than victim)    R-Reporting Person (if other than victim) Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown Code Name (Last, First, Middle)																																																													
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Status Codes: L - Lost    S - Stolen    R - Recovered    D - Damaged    Z - Seized    B - Burned    C - Counterfeit / Forged    F - Found (Check "OJ" column if recovered for other jurisdiction)																																																													
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<b>WITNESS</b>	Name (last, first, middle)				DOB / Age		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Race		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		OCA  2012-000720											
	Home Address				Home Phone		Employer				Phone													
<b>SUSPECT</b>	Name (Last, First, Middle) SUDANO ADAM				Alias or Nickname				Home Address NC															
	Occupation				Business Address																			
	DOB / Age 00		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U		Race U		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> NonHisp <input type="checkbox"/> Unknown		Height		Weight		Build		Hair Color		Hair Style		Hair Length		Eye Color		Glasses False	
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)																							
	<input type="checkbox"/> Suspect Arrested																							
Hat		Jacket		Shirt/Blouse		Tie/Scarf		Coat/Suit		Pants/Dress/Skirt		Socks		Shoes										
Was Suspect Armed?				Type of Weapon										Direction of Travel				Mode of Travel						
<b>NARRATIVE</b>	Narrative																							
	<p style="text-align: right;">2012-000720</p> <p>VICTIM STATED THAT HE USED TO BE A MEMBER OF THE WORD OF FAITH CHURCH IN SPINDALE. MR. LOWERY STATED THAT LAST AUGUST A GROUP OF CHURCH MEMBERS HELD HIM DOWN AND HIT HIM ABOUT THE FACE AND CHEST AREA. MR. LOWERY STATED THAT TOLD THEM TO LET HIM GO BUT THEY WOULD NOT. THE REASON THEY DONE THIS WAS BECAUSE HE WAS HOMOSEXUAL AND THEY WERE TRYING TO GET HIM TO STOP BEING HOMOSEXUAL. WHEN THIS INCIDENT WAS TAKING PLACE THE GROUP WOULD TELL HIM THAT HE HAD DEMONS IN HIM AND THAT HE WAS GOING TO HELL. MR LOWRY ALSO STATED THAT HE WAS TOLD THAT HIS FAMILY WOULD NOT HAVE ANYTHING ELSE TO DO WITH HIM THE GROUP STOPPED AND MR LOWERY WAS LET GO. MR LOWERY STATED THAT IT WAS MONTHS LATER THAT HE LEFT THE CHURCH. THE NAMES OF THE CHURCH MEMBERS THAT WERE INVOLVED IN THIS ARE ADAM SUDANO, KERRICK HUDSON, PATRICK COVINGTON, WARREN MCNIGHT, MARK MORRIS, AND CHRIS HALL. MR. LOWERY DID NOT STATED WHICH SUBJECTS HIT HIM. NO OTHER INFORMATION AT THIS TIME.</p>																							

JRI

NC0810000

# INCIDENT REPORT ADDITIONAL SUSPECTS

OCA

2012-000720

Name (Last, First, Middle)				Alias or Nickname				Home Address			
Occupation				Code				Business Address			
DOB	Age	Race	Sex	Height	Weight	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses

cars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)

☐ Suspect Arrested

Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Socks	Shoes
Was Suspect Armed?	Type of Weapon				Code	Direction of Travel	Mode of Travel
VYR	Make	Model	Style	Color	Lic/Lis	VIN	

Name (Last, First, Middle)				Alias or Nickname				Home Address			
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