

Pigeon Forge Police Department

PRELIMINARY INVESTIGATIVE REPORT

CONFIDENTIAL

D.S.P. 102 - M

Code Number TN0780300	Reported By 752 - Michael Emmott	Page No. <u>1</u>	Origin	Date 07/11/2020	Time 13:58	Case Number 20071123869								
C O M P	Comp No	NAME Last, First Middle	Residence Phone		Business Phone									
	ADDRESS Number/Street	City	State	Zip	Race	Sex								
V I C I M	Vic No 1	NAME Last, First Middle HEWITT, JAMIE D	Residence Phone		Business Phone									
	ADDRESS	City	State	Zip	Race W	Sex F								
			Resident Status N	Date of Birth /1991										
			Ethnic U	SSAN										
T I M	Vic No 2	NAME Last, First Middle SEXTON, BRANDI Q	Residence Phone (000) 000-0000		Business Phone									
	ADDRESS Number/Street	City	State	Zip	Race W	Sex F								
		Resident Status N	Date of Birth /1998											
		Ethnic U	SSAN											
E V E N T	Event No 1	Event Ambulance Assist	Code No NR	<input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	# Premises Entered	Type Security								
	Occurred On <input checked="" type="checkbox"/> Between	Mo 07	Day 11	Yr 2020	Time 13:58	Day of Week SAT	And	Mo 07	Day 11	Yr 2020	Time 17:32	Day of Week SAT	Acc/Susp Used	Criminal Activity
A C C U S E D	Event No	Event	Code No	<input type="checkbox"/> (A) Attempted <input type="checkbox"/> (C) Completed	# Premises Entered	Type Security								
	ADDRESS			Acc/Susp Used	Criminal Activity	Hate Crime								
		DOLLYWOOD - 2700 DOLLYWOOD PARKS BLVD												
City PIGEON FORGE		State TN	Zip	Type Location 38 - Amusement Park										
A R R E S T E E D	ASO No 1	<input type="checkbox"/> A <input type="checkbox"/> S <input checked="" type="checkbox"/> O	NAME Last, First Middle GOODIN, CHARLES	Alias AKA		Residence Phone ()	Business Phone							
	ADDRESS Number/Street	Occupation		Race W	Sex M	Date of Birth /1993								
	City KNOXVILLE	State TN	Zip 37920-	Arrest Number		SSAN								
	Height	Weight	Hair Color	Eye Color	Hairstyle	Marks/Scars Location								
				ARMED LH	RH	AB								
O T H E R	ASO No	<input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O	NAME Last, First Middle	Alias AKA		Residence Phone	Business Phone							
	ADDRESS Number/Street	Occupation		Race	Sex	Date of Birth								
	City	State	Zip	Arrest Number		SSAN								
	Height	Weight	Hair Color	Eye Color	Hairstyle	Marks/Scars Location								
				ARMED LH	RH	AB								
V E H I C L E	Veh No	Year	Make	Model	Type	License Number	Year	State	Teletype Number					
	VIN		Owner's Name		Address									
	Released to Owner Date	Stored - Name		Address			Stolen	Involved	Recovered	Other				
D R U G	Type	Whole Quantity	Fractional Quantity	Measurement	Estimated Value									

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Page No. 2

Scene Processed By		Prints Found <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photographed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type Evidence Taken		When Stored Initially				
ARSON	Loss Data	Value	Loss		Origin of Fire		Bomb Data					
	Structures				Incendiary <input type="checkbox"/>		Explosive Data _____					
	Contents				Undetermined <input type="checkbox"/>		Incendiary Device _____					
	Fixtures				Accidental <input type="checkbox"/>		Threat _____					
	Vehicles				Suspicious <input type="checkbox"/>		Other _____					
Miscellaneous												
PROPERTY	Event Code	Prop. Code	Quantity	Description	Make/Model	Serial Number	P. Loss	Value	Recov. Date			
Jurisdiction Stolen			Jurisdiction Recovered			Number of Motor Vehicles Stolen		Number of Motor Vehicles Recovered				
DEATH	Next of Kin Notified Name		Address		Relationship		Physician Pronouncing Death(Name)					
	Attending Physician Name		Address		Reason for Treatment		Pronounced Death-Date		Time			
	Last Person to See Subject Alive Name		Address				Date		Time			
	Rescue Unit at Scene Name		Address		Medical Examiner		Type Death					
<p>Summary</p> <p>On July 11th at approximately 14:04, I Officer Emmott was dispatched to 2700 Dollywood Parks boulevard in reference to an ambulance assist. Upon arrival I did make contact with a representative of the amusement park who did inform me of three subjects that were needing to be evaluated by emergency medical services. The first subject I encountered that was transported by EMS was Ms. Brandi Sexton. Ms. Sexton did have what appeared to be a laceration on her forehead area and possible injury to her left arm. The second subject I made contact with that was transported by EMS for further evaluation was Ms. Jamie Hewitt. The third and final subject I made contact with was Ms. Paula Holmes. Ms. Holmes was evaluated by EMS and was cleared of any major injuries and did decline to be transported to an area hospital by EMS.</p> <p>I was advised by Ms. Holmes that she and the other subjects were walking under the amusement attraction "Mystery Mine" at Dollywood when a chain fell down from the attraction striking them. It</p>												
<p>Solvability Factors</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>YES NO</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> a. Can a suspect be named?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> b. Is the suspect known?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> c. Can the suspect be identified?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. Has the suspect been seen before?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Was there a witness to the crime?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> f. Can the suspect vehicle be identified?</p> </td> <td style="width: 50%;"> <p>YES NO</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> g. Was there a unique or unusual M.O. employed?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> h. Was there significant evidence?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> i. Is property traceable?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> j. Was there a minimum delay in reporting?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> k. Is there a significant reason to believe crime may be solved with a reasonable amount of investigative effort?</p> </td> <td style="width: 50%;"> <p>Exceptional Clearance (Status 8)</p> <p><input type="checkbox"/> (A) Death of Offender</p> <p><input type="checkbox"/> (B) Prosecution Declined</p> <p><input type="checkbox"/> (C) Extradition Declined</p> <p><input type="checkbox"/> (D) Refuse to Cooperate</p> <p><input type="checkbox"/> (E) Juvenile, No Custody</p> <p><input checked="" type="checkbox"/> (N) Not Applicable</p> </td> </tr> </table>										<p>YES NO</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> a. Can a suspect be named?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> b. Is the suspect known?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> c. Can the suspect be identified?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. Has the suspect been seen before?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Was there a witness to the crime?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> f. Can the suspect vehicle be identified?</p>	<p>YES NO</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> g. Was there a unique or unusual M.O. employed?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> h. Was there significant evidence?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> i. Is property traceable?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> j. Was there a minimum delay in reporting?</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> k. Is there a significant reason to believe crime may be solved with a reasonable amount of investigative effort?</p>	<p>Exceptional Clearance (Status 8)</p> <p><input type="checkbox"/> (A) Death of Offender</p> <p><input type="checkbox"/> (B) Prosecution Declined</p> <p><input type="checkbox"/> (C) Extradition Declined</p> <p><input type="checkbox"/> (D) Refuse to Cooperate</p> <p><input type="checkbox"/> (E) Juvenile, No Custody</p> <p><input checked="" type="checkbox"/> (N) Not Applicable</p>
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<p>CASE STATUS (Check One)</p> <p><input type="checkbox"/> 1 Active <input type="checkbox"/> 5 Inactive <input type="checkbox"/> 4 Closed Arrest</p> <p><input type="checkbox"/> 2 Active - TOT O/A <input type="checkbox"/> 6 Inactive WOF <input type="checkbox"/> 8 Closed Exception</p> <p><input type="checkbox"/> 3 Unfounded <input type="checkbox"/> 7 Closed Service</p>					<p>Case Closed (Status 4 or 8)</p> <p><input type="checkbox"/> Juvenile <input checked="" type="checkbox"/> Adult</p>		<p>Negative File Number</p>					
<p>Date/Time Notified</p> <p>07/11/2020 14:04</p>		<p>Date/Time Arrived at Scene</p> <p>07/11/2020 14:11</p>		<p>Date/Time Cleared Scene</p> <p>07/11/2020 17:32</p>		<p>Original Report <input type="checkbox"/></p> <p>Supplemental Report <input type="checkbox"/></p>						
<p>Information Copies Furnished to:</p>				<p>Approving Supervisor</p> <p>712 - Sergeant Jeff Trentham</p>		<p>Date</p> <p>07/12/2020</p>		<p>Date Report Submitted</p> <p>07/11/2020</p>				