



*** NOT AN OFFICIAL COURT RECORD ***

EXAMPLE CASE

Case Record 1 of 1

Case Information

CASE [REDACTED]	COUNTY FAYETTE	DIVISION DISTRICT	CASE STYLE COMMONWEALTH VS. [REDACTED]
FILED DATE 02/16/2024			

Case Memo

VIOLTIME=17:52;iii

Party Information

NAME: [REDACTED]
 DOB: [REDACTED]
 Address [REDACTED]

Charge Information

Charges

ASSAULT 3RD-DEPT. SOCIAL SERVICES WORKER - 508.025(1)(a)(4)
 CHARGE 1 ORIGINAL 0131150 Charged on **02/15/2024** by citation [REDACTED]

ASSAULT 4TH DEGREE NO VISIBLE INJURY - 508.030
 CHARGE 2 ORIGINAL 0007950 Charged on **02/15/2024** by citation [REDACTED]

TERRORISTIC THREATENING, 3RD DEGREE - 508.080
 CHARGE 3 ORIGINAL 0008220 Charged on **02/15/2024** by citation [REDACTED]

DISORDERLY CONDUCT, 2ND DEGREE - 525.060
 CHARGE 4 ORIGINAL 0023710 Charged on **02/15/2024** by citation [REDACTED]

Event Information

Events

OTHER HEARING scheduled for **09/04/2024 02:00 PM** in room **6** with **HON. JOHN L. TACKETT**

UNIFORM CITATION

NOT ORIGINAL

DOCUMENT

09:29:35

COURT

EXAMPLE CASE

09/02/2024

OFFENDER/VIOLATOR	AGENCY UNIVERSITY OF KENTUCKY POLICE		ORI: [REDACTED]	09/02/2024				
	NAME LAST, FIRST, MI, FILIAL [REDACTED]		ATTN: [REDACTED]	HOME PHONE UNKNOWN				
	ALIAS NAME(S) LAST, FIRST, MI, FILIAL [REDACTED]		EMERGENCY PHONE [REDACTED]		BILL RUCKMAN			
	ADDRESS (NUMBER, NAME, SUFFIX) [REDACTED]		KENTUCKY RESIDENT STATUS <input type="checkbox"/> F: FULL-TIME <input type="checkbox"/> P: PART-TIME <input type="checkbox"/> N: NON RESIDENT					
	CITY LEXINGTON		STATE KY	ZIP CODE/EXTENSION 40504				
	ID TYPE MILITARY ID	ID ST	ISS NUMBER	S.S. NUMBER		MARITAL STATUS		
	<input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PLACARDED HAZARDOUS VEHICLE		ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON HISPANIC			ALCOHOL/DRUG INVOLVEMENT		
	DATE OF BIRTH	SEX	RACE			<input type="checkbox"/> ALCOHOL		
	PLACE OF EMPLOYMENT / OCCUPATION		CITY	STATE		<input type="checkbox"/> DRUGS		
	VEHICLE MAKE		VEHICLE MODEL	VEH. YEAR		VEHICLE COLOR		
VEH. TYPE	REGISTRATION STATE, YEAR, NUMBER		VEHICLE IDENTIFIERS	MPH IN MPH ZONE VIOL KEY				
DATE/TIME	VIOLATION DATE 02 15 2024		VIOLATION TIME 5:52 PM			EXACT LOCATION OF VIOLATION UK GOOD SAMARITAN HOSPITAL EMERGENCY DEPT ROOM 8		
	ARREST DATE		TIME OF ARREST		EXACT LOCATION OF ARREST			
	MILES		DIRECTION	CITY LEXINGTON				
	COUNTY FAYETTE		SECTOR 3					
CHARGES AND POST-ARREST COMPLAINT	NUMBER	VIOLATION CODE	ASCF	STATUTE/ORD.	CHARGE(S)	STARTING CASE	ENDING CASE	DRUG TYPE
	1 of 4	13115	0	508.025(1)(A)(3)	1	202402150106-01		
	2 of 4	00795	0	508.030	1	202402150106-01		
	3 of 4	00822	0	508.080	1	202402150106-01		
	4 of 4	02371	0	525.060	1	202402150106-01		
POST-ARREST COMPLAINT Charge 1: ASSAULT 3RD - DEPT OF SOCIAL SERVICE WORKER Charge 2: ASSAULT, 4TH DEGREE (NO VISIBLE INJURY) Charge 3: TERRORISTIC THREATENING, 3RD DEGREE Charge 4: DISORDERLY CONDUCT, 2ND DEGREE At approximately 1752 hours I was dispatched to University of Kentucky [UK] Good Samaritan Hospital [GSH] Emergency Department [ED] Room 8 for combative patient [REDACTED]. Upon my arrival, I assisted GSH Security and Medical Staff to restrain [REDACTED] with medical bed restraint straps. Once [REDACTED] was physically restrained, Registered Nurse [RN] [REDACTED] advised me she was kicked in the chest and bit on the right forearm by [REDACTED]. In addition, GSH Security Officer [REDACTED] advised me that he was punched multiple times in the ribs by [REDACTED] and that [REDACTED] threw hand sanitizer liquid at his face. In addition, during the restraint and subsequent chemical restraining medication administration, [REDACTED] threatened to kill everyone in the room (there were approximately 6-8 medical and security staff members in the room).								
COURT	COURT DATE 03 11 2024		COURT TIME 1:00 AM		<input type="checkbox"/> PAYABLE <input checked="" type="checkbox"/> COURT		COURT LOCATION FAYETTE	
	COURT CASE NUMBER				TOTAL PREPAYABLE AMOUNT		NOT PREPAYABLE	
CASE	WITNESS 1 NAME: LAST, FIRST, MI, FILIAL		STATE	ZIP CODE		CONTROL NUMBER 2		
	WITNESS 1 ADDRESS (NUMBER, STREET, SUFFIX)		CITY					
	WITNESS 2 NAME: LAST, FIRST, MI, FILIAL		STATE	ZIP CODE				
	WITNESS 2 ADDRESS (NUMBER, STREET, SUFFIX)		CITY					
	<input type="checkbox"/> SERVING WARRANT FOR OTHER AGENCY SPECIFY: -		OFFICER SIGNATURE [REDACTED]		BADGE/D. NUMBER			