

MISSISSIPPI BUREAU OF INVESTIGATION  
CASE FILE INDEX FORM



CASE INFORMATION

Case Number M26-00000435 Agency MBI Case Agent Jason Roe

| <input type="checkbox"/> Involved Person                   | <input checked="" type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input type="checkbox"/> Witness | <input checked="" type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
|------------------------------------------------------------|------------------------------------------------------|----------------------------------|----------------------------------|------------------------------------------------------|----------------------------------------|
| Name                                                       | Privacy Information                                  |                                  |                                  | Phone Number                                         | 662-562-5643                           |
| Address 114 N Center Street, Batesville, Mississippi 38668 |                                                      |                                  |                                  |                                                      |                                        |
| Race                                                       | White                                                | Gender                           | Male                             | DOB                                                  | Privacy Information                    |

| <input type="checkbox"/> Involved Person                   | <input type="checkbox"/> Involved Officer | <input checked="" type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
|------------------------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|
| Name                                                       | Privacy Information                       |                                             |                                             | Phone Number                              | 662-562-5643                           |
| Address 114 N Center Street, Batesville, Mississippi 38668 |                                           |                                             |                                             |                                           |                                        |
| Race                                                       | White                                     | Gender                                      | Male                                        | DOB                                       | Privacy Information                    |

| <input type="checkbox"/> Involved Person                   | <input type="checkbox"/> Involved Officer | <input checked="" type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
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| Name                                                       | Privacy Information                       |                                             |                                             | Phone Number                              | 662-562-5643                           |
| Address 114 N Center Street, Batesville, Mississippi 38668 |                                           |                                             |                                             |                                           |                                        |
| Race                                                       | Black                                     | Gender                                      | Male                                        | DOB                                       | Privacy Information                    |

| <input type="checkbox"/> Involved Person     | <input type="checkbox"/> Involved Officer | <input checked="" type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
|----------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|
| Name                                         | Privacy Information                       |                                             |                                             | Phone Number                              | 662-562-4434                           |
| Address 1 Justice Drive, Senatobia, MS 38668 |                                           |                                             |                                             |                                           |                                        |
| Race                                         | White                                     | Gender                                      | Male                                        | DOB                                       | Privacy Information                    |

| <input type="checkbox"/> Involved Person     | <input type="checkbox"/> Involved Officer | <input checked="" type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
|----------------------------------------------|-------------------------------------------|---------------------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|
| Name                                         | Privacy Information                       |                                             |                                             | Phone Number                              | 662-562-4434                           |
| Address 1 Justice Drive, Senatobia, MS 38668 |                                           |                                             |                                             |                                           |                                        |
| Race                                         | Black                                     | Gender                                      | Male                                        | DOB                                       | Privacy Information                    |

| <input type="checkbox"/> Involved Person | <input type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
|------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|
| Name                                     | Privacy Information                       |                                  |                                             | Phone Number                              | Privacy Information                    |
| Address Privacy Information              |                                           |                                  |                                             |                                           |                                        |
| Race                                     | Black                                     | Gender                           | Male                                        | DOB                                       | Privacy Information                    |

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|------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Involved Person | <input type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
| Name                                     | Privacy Information                       |                                  | Phone Number                                | Privacy Information                       |                                        |
| Address                                  |                                           |                                  |                                             |                                           |                                        |
| Race                                     | Privacy Information                       | Gender                           | Privacy Information                         | DOB                                       | Privacy Information                    |

|                                          |                                           |                                  |                                             |                                           |                                        |
|------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Involved Person | <input type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
| Name                                     | Privacy Information                       |                                  | Phone Number                                | Privacy Information                       |                                        |
| Address                                  |                                           |                                  |                                             |                                           |                                        |
| Race                                     | Privacy Information                       | Gender                           | Privacy Information                         | DOB                                       | Privacy Information                    |

|                                          |                                           |                                  |                                             |                                           |                                        |
|------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Involved Person | <input type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
| Name                                     | Privacy Information                       |                                  | Phone Number                                | Privacy Information                       |                                        |
| Address                                  |                                           |                                  |                                             |                                           |                                        |
| Race                                     | Privacy Information                       | Gender                           | Privacy Information                         | DOB                                       | Privacy Information                    |

|                                          |                                           |                                  |                                             |                                           |                                        |
|------------------------------------------|-------------------------------------------|----------------------------------|---------------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Involved Person | <input type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input checked="" type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
| Name                                     | Privacy Information                       |                                  | Phone Number                                | Privacy Information                       |                                        |
| Address                                  |                                           |                                  |                                             |                                           |                                        |
| Race                                     | Privacy Information                       | Gender                           | Privacy Information                         | DOB                                       | Privacy Information                    |

|                                                     |                                           |                                  |                                  |                                           |                                        |
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| <input checked="" type="checkbox"/> Involved Person | <input type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
| Name                                                | Privacy Information                       |                                  | Phone Number                     |                                           |                                        |
| Address                                             |                                           |                                  |                                  |                                           |                                        |
| Race                                                | Privacy Information                       | Gender                           | Privacy Information              | DOB                                       | Privacy Information                    |

|                                                     |                                           |                                  |                                  |                                           |                                        |
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| <input checked="" type="checkbox"/> Involved Person | <input type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
| Name                                                | Privacy Information                       |                                  | Phone Number                     | Privacy Information                       |                                        |
| Address 330 Hays Street Batesville, MS 38606        |                                           |                                  |                                  |                                           |                                        |
| Race                                                | Privacy Information                       | Gender                           | Privacy Information              | DOB                                       | Privacy Information                    |

|                                                     |                                           |                                  |                                  |                                           |                                        |
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| <input checked="" type="checkbox"/> Involved Person | <input type="checkbox"/> Involved Officer | <input type="checkbox"/> Officer | <input type="checkbox"/> Witness | <input type="checkbox"/> Reporting Person | <input type="checkbox"/> Other/Unknown |
| Name                                                | Privacy Information                       |                                  | Phone Number                     | NA                                        |                                        |
| Address                                             |                                           |                                  |                                  |                                           |                                        |
| Race                                                | Privacy Information                       | Gender                           | Privacy Information              | DOB                                       | Privacy Information                    |

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|-------------------------------------------------|--------------------------------------------------|-------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> <b>Involved Person</b> | <input type="checkbox"/> <b>Involved Officer</b> | <input type="checkbox"/> <b>Officer</b>         | <input checked="" type="checkbox"/> <b>Witness</b> | <input type="checkbox"/> <b>Reporting Person</b> | <input type="checkbox"/> <b>Other/Unknown</b> |
| Name <small>Privacy Information</small>         |                                                  | Phone Number <small>Privacy Information</small> |                                                    |                                                  |                                               |
| Address <small>Privacy Information</small>      |                                                  |                                                 |                                                    |                                                  |                                               |
| Race <b>White</b>                               | Gender <b>Male</b>                               | DOB <small>Privacy Information</small>          |                                                    |                                                  |                                               |

|                                                 |                                                  |                                                 |                                                    |                                                  |                                               |
|-------------------------------------------------|--------------------------------------------------|-------------------------------------------------|----------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> <b>Involved Person</b> | <input type="checkbox"/> <b>Involved Officer</b> | <input type="checkbox"/> <b>Officer</b>         | <input checked="" type="checkbox"/> <b>Witness</b> | <input type="checkbox"/> <b>Reporting Person</b> | <input type="checkbox"/> <b>Other/Unknown</b> |
| Name <small>Privacy Information</small>         |                                                  | Phone Number <small>Privacy Information</small> |                                                    |                                                  |                                               |
| Address <small>Privacy Information</small>      |                                                  |                                                 |                                                    |                                                  |                                               |
| Race <small>Privacy Information</small>         | Gender <small>Privacy Information</small>        | DOB                                             |                                                    |                                                  |                                               |

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| <input type="checkbox"/> <b>Involved Person</b> | <input type="checkbox"/> <b>Involved Officer</b> | <input type="checkbox"/> <b>Officer</b> | <input type="checkbox"/> <b>Witness</b> | <input type="checkbox"/> <b>Reporting Person</b> | <input type="checkbox"/> <b>Other/Unknown</b> |
| Name                                            |                                                  | Phone Number                            |                                         |                                                  |                                               |
| Address                                         |                                                  |                                         |                                         |                                                  |                                               |
| Race                                            | Gender                                           | DOB                                     |                                         |                                                  |                                               |

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| <input type="checkbox"/> <b>Involved Person</b> | <input type="checkbox"/> <b>Involved Officer</b> | <input type="checkbox"/> <b>Officer</b> | <input type="checkbox"/> <b>Witness</b> | <input type="checkbox"/> <b>Reporting Person</b> | <input type="checkbox"/> <b>Other/Unknown</b> |
| Name                                            |                                                  | Phone Number                            |                                         |                                                  |                                               |
| Address                                         |                                                  |                                         |                                         |                                                  |                                               |
| Race                                            | Gender                                           | DOB                                     |                                         |                                                  |                                               |

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| Name                                            |                                                  | Phone Number                            |                                         |                                                  |                                               |
| Address                                         |                                                  |                                         |                                         |                                                  |                                               |
| Race                                            | Gender                                           | DOB                                     |                                         |                                                  |                                               |

|                                                 |                                                  |                                         |                                         |                                                  |                                               |
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| Name                                            |                                                  | Phone Number                            |                                         |                                                  |                                               |
| Address                                         |                                                  |                                         |                                         |                                                  |                                               |
| Race                                            | Gender                                           | DOB                                     |                                         |                                                  |                                               |