

KYIBRS REPORT
COMMONWEALTH OF KENTUCKY

| | | | | | | | | | | | | | | | | | |
|-----------------------|---|--|------------------|--|--------------------|----------|-------------------------------------|-----------|------------|-----------------|---------------|-----------|---|--------|--|------------|--|
| ADMINISTRATIVE | AGENCY ORI/NAME 0561500 UNIV. OF LOUISVILLE POLICE | | | | | | INCIDENT NUMBER KY R24000820 | | | | | | | | | | |
| | INCIDENT DATE/TIME | | EXACT / EST MATR | | REPORT DATE | | RECEIVED | | DISPATCHED | | ARRIVED | | CLOSED | | | | |
| | 10/3/2024 13:14 | | ESTIMATE | | 10/3/2024 | | 13:14 | | 13:15 | | 13:17 | | 13:40 | | | | |
| | REPORTED BY | | | | | | HOW REPORTED | | IN PERSON | | | | <input checked="" type="checkbox"/> VIDEO TAKEN | | | | |
| | LICENSE/ID STATE: | | | | LICENSE/ID NUMBER: | | | | | | | | | | | | |
| | ADDRESS: | | | | | | | | | | | | | | | | |
| | CITY: LOUISVILLE | | | | STATE: KY | | ZIP CODE: 40208 | | | | PHONE NUMBER: | | | | | | |
| | EXACT LOCATION OF OFFENSE | | | | | | | | | | | | SECTOR NO: | | | | |
| | MILLER INFORMATION TECHNOLOGY CENTER | | | | | | | | | | | | | | | | |
| | ADDRESS 2301 S 3RD ST | | | | | | | | | | | | | | | | |
| CITY LOUISVILLE | | | | | | | | STATE: KY | | ZIP CODE: 40208 | | | | | | | |
| COUNTY JEFFERSON | | | | | | LATITUDE | | 38 DEG | | 12.900 MIN | | LONGITUDE | | 85 DEG | | 45.729 MIN | |

| | | | | | | | | | | | | | | | | |
|------------------------------|---|------------|---|---|---|-------------------|----------------------------|--|--|---------|----------------------------|---|----------------------------|--|--|--|
| OFFENSE DATA | SEQUENCE # 1 OF 1 | | LOCATION TYPE: SCHOOL-COLLEGE, UNIVERSITY | | | | TYPE WEAPON/FORCE INVOLVED | | | | CRIMINAL ACTIVITY/GANG IFO | | | | | |
| | OFFENSE DESCRIPTION: HARASSING COMMUNICATIONS | | | | | | | | | | | | | | | |
| | OFFENSE CODE: 02402 | | ASCF CODE: 0 | | KRS CODE: 525.080 | | CLASS: B | | DEGREE: M | | COUNTS: 1 | | | | | |
| | BIAS MOTIVATION: NONE (NO BIAS) | | | | METHOD ENTRY: | | NUMBER PREMISES: 0 | | | | | | | | | |
| | SCHOOL NAME: UNIVERSITY OF LOUISVILLE | | | | SCHOOL TYPE: UNIVERSITY/COLLEGE | | | | <input type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus | | CAMPUS? | | ON CAMPUS | | | |
| | OFFENDER SUSPECTED OF US NG: NOT APPLICABLE | | | | <input type="checkbox"/> VAWA <input type="checkbox"/> Title IX | | COURT ORDER TYPE: | | | | | | | | | |
| | SEQUENCE # | | OF | | LOCATION TYPE: | | | | TYPE WEAPON/FORCE INVOLVED | | | | CRIMINAL ACTIVITY/GANG IFO | | | |
| | OFFENSE DESCRIPTION: | | | | | | | | | | | | | | | |
| | OFFENSE CODE: | | ASCF CODE: | | KRS CODE: | | CLASS: | | DEGREE: | | COUNTS: | | | | | |
| | BIAS MOTIVATION: | | | | METHOD ENTRY: | | NUMBER PREMISES: | | | | | | | | | |
| SCHOOL NAME: | | | | SCHOOL TYPE: | | | | <input type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus | | CAMPUS? | | <input type="checkbox"/> Public Property <input type="checkbox"/> Non-Campus Property | | | | |
| OFFENDER SUSPECTED OF US NG: | | | | <input type="checkbox"/> VAWA <input type="checkbox"/> Title IX | | COURT ORDER TYPE: | | | | | | | | | | |
| SEQUENCE # | | OF | | LOCATION TYPE: | | | | TYPE WEAPON/FORCE INVOLVED | | | | CRIMINAL ACTIVITY/GANG IFO | | | | |
| OFFENSE DESCRIPTION: | | | | | | | | | | | | | | | | |
| OFFENSE CODE: | | ASCF CODE: | | KRS CODE: | | CLASS: | | DEGREE: | | COUNTS: | | | | | | |
| BIAS MOTIVATION: | | | | METHOD ENTRY: | | NUMBER PREMISES: | | | | | | | | | | |
| SCHOOL NAME: | | | | SCHOOL TYPE: | | | | <input type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus | | CAMPUS? | | <input type="checkbox"/> Public Property <input type="checkbox"/> Non-Campus Property | | | | |
| OFFENDER SUSPECTED OF US NG: | | | | <input type="checkbox"/> VAWA <input type="checkbox"/> Title IX | | COURT ORDER TYPE: | | | | | | | | | | |

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|----------------------|----------------------|--|------------------------|--|--|--|------------------------|--|-------|--|---------------------------|--|------------|--|--------------|--|
| PROPERTY DATA | SEQ # | | PROPERTY DESCRIPTION | | | | TYPE OF LOSS | | VALUE | | RECVRD VALUE | | REC. COND. | | DT RECOVERED | |
| | PROPERTY DESCRIPTION | | | | | | | | | | | | | | | |
| | OWNER APPLIED NUMBER | | | | | | SERIAL NUMBER | | | | | | | | | |
| | MAKE | | | | | | MODEL | | | | | | OWNER | | | |
| | SEQ # | | PROPERTY DESCRIPTION | | | | TYPE OF LOSS | | VALUE | | RECVRD VALUE | | REC. COND. | | DT RECOVERED | |
| | PROPERTY DESCRIPTION | | | | | | | | | | | | | | | |
| | OWNER APPLIED NUMBER | | | | | | SERIAL NUMBER | | | | | | | | | |
| | MAKE | | | | | | MODEL | | | | | | OWNER | | | |
| | TOTAL STOLEN VALUE: | | TOTAL RECOVERED VALUE: | | | | TOTAL VEHICLES STOLEN: | | | | TOTAL VEHICLES RECOVERED: | | | | | |

| | | | | | | | | | | | | | | |
|---------------|---------------------|--|-------------|--|-----------------|--|-----------------------|--|--------------|--|--------------------|--|--------------------------------|--|
| STATUS | INCIDENT STATUS | | CLOSED DATE | | CLEARANCE TYPE | | CLEARED EXCEPTIONALLY | | | | EX. CLEARANCE DATE | | UCR REPORTING FOR OTHER AGENCY | |
| | CLOSED | | 10/4/2024 | | | | | | | | | | <input type="checkbox"/> YES | |
| | ORIGINATING OFFICER | | | | ASSIGNED TO | | | | UNIT/BADGE # | | REVIEWED BY | | SUPPLEMENTED BY | |
| | Robinson, Jacob | | | | Robinson, Jacob | | | | 5717 | | Hamilton, Bryan | | | |

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|----------------------|--|------------|---|----------------|----------------------------|--|------------------------|------------|---|---------------------------------|--|--|----------------------------------|------------------------------|--|
| VICTIM DATA | VICT M SEQUENCE | | VICTIM NAME | | | | | | | | | | PHONE | | |
| | 1 of 1 | | | | | | | | | | | | | | |
| | LICENSE/ID STATE: | | LICENSE/ID NUMBER: | | | | | | | | | | | | |
| | <input type="checkbox"/> Address Unknown | | ADDRESS: | | | | | | | | | | VICT M TYPE: SCHOOL STAFF | | |
| | CITY: LOUISVILLE | | | | STATE: KY | | ZIP CODE: 40208 | | KY RESIDENT: RESIDENT | | | | | | |
| | EST AGE | | SSN | | HEIGHT | | WEIGHT | | EYE COLOR | | | | HAIR COLOR | | |
| | 00 | | | | | | | | | | | | | | |
| | GENDER | | | RACE | | | | | ETHNIC ORIGIN | | | | | PEACE OFFICER? | |
| | FEMALE | | | UNKNOWN | | | | | HISPANIC | | | | | <input type="checkbox"/> YES | |
| | NBR | OFFENDER # | VICTIM RELATIONSH P TO OFFENDER: VICTIM WAS | | | | NBR | OFFENDER # | VICTIM RELATIONSH P TO OFFENDER: VICTIM WAS | | | | NBR | INJURY TYPE | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| VICTIM OF OFFENSE(S) | | | | | AGG ASSAULT/ HOMIC DE C RC | | | | | ADDTL JUSTIFIABLE HOMICIDE C RC | | | | | |
| 02402 | | | | | | | | | | | | | | | |
| LEOKA ASSIGNMENT | | | | | LEOKA ACTIVITY | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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|-------------------------|----------------------------------|--|-------------------------------------|--|------------------|-------------|------------------------|---------------------|--------------------------|---------------|---------------------|----------------|------------------------------|----------------|--------------|-----------------------------------|--|
| SUSPECT / ARRESTEE DATA | SUSPECT SEQ. # | | NAME: THOMPSON, JACOB R. | | | | | | | | | | ARRESTED? | | ARREST DATE | | |
| | 1 of 1 | | ALIAS: | | | | | | | | | | <input type="checkbox"/> YES | | | | |
| | LICENSE/ID STATE: KY | | LICENSE/ID NUMBER: T04110840 | | | | | | | | | | | | | | |
| | ADDRESS 4111 S 3RD ST, #2 | | | | | | | | | | DATE OF BIRTH: | | PHONE: | | KY RESIDENT: | | |
| | CITY: LOUISVILLE | | | | STATE: KY | | ZIP CODE: 40214 | | 5/12/1991 | | 502-302-2840 | | RESIDENT | | | | |
| | SSN | | SEX | | RACE | | | ETHNIC ORIGIN | | HEIGHT | | WEIGHT | | EYE COLOR | | HAIR COLOR | |
| | 406-41-4667 | | MALE | | WHITE | | | NOT HISPANIC | | 5' 10" | | 190 lbs | | UNKNOWN | | UNKNOWN OR COMPLETELY BALD | |
| | ARRESTEE SEQ. # | | MULTIPLE ARREST IND. | | | ARREST TYPE | | | RELATED CITATION NUMBERS | | | | | | | | |
| | of | | | | | | | | 1 | | 4 | | 8 | | | | |
| | ARRESTEE ARMED WITH | | | | | 2 | | 5 | | 7 | | | | | | | |
| | | | | | 3 | | 6 | | 9 | | | | | | | | |

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|-------------------------|---------------------|--|----------------------|--|--------|-------------|-----------|---------------|--------------------------|--------|----------------|--------|------------------------------|-----------|--------------|------------|--|
| SUSPECT / ARRESTEE DATA | SUSPECT SEQ. # | | NAME: | | | | | | | | | | ARRESTED? | | ARREST DATE | | |
| | of | | ALIAS: | | | | | | | | | | <input type="checkbox"/> YES | | | | |
| | LICENSE/ID STATE: | | LICENSE/ID NUMBER: | | | | | | | | | | | | | | |
| | ADDRESS | | | | | | | | | | DATE OF BIRTH: | | PHONE: | | KY RESIDENT: | | |
| | CITY: | | | | STATE: | | ZIP CODE: | | | | | | | | | | |
| | SSN | | SEX | | RACE | | | ETHNIC ORIGIN | | HEIGHT | | WEIGHT | | EYE COLOR | | HAIR COLOR | |
| | | | | | | | | | | | | | | | | | |
| | ARRESTEE SEQ. # | | MULTIPLE ARREST IND. | | | ARREST TYPE | | | RELATED CITATION NUMBERS | | | | | | | | |
| | of | | | | | | | | 1 | | 4 | | 7 | | | | |
| | ARRESTEE ARMED WITH | | | | | 2 | | 5 | | 8 | | | | | | | |
| | | | | | 3 | | 6 | | 9 | | | | | | | | |

| | | | | | | | | | | | | | | |
|---------------|-------------------|--|--------------------|--|--------|--|-----------|--|------|--|---------------|--|-------|--|
| WITNESS/OTHER | WITNESS/OTHER SEQ | | WITNESS NAME | | | | | | | | | | PHONE | |
| | 1 of 1 | | | | | | | | | | | | | |
| | LICENSE/ID STATE: | | LICENSE/ID NUMBER: | | | | | | | | | | | |
| | ADDRESS: | | | | | | | | | | DATE OF BIRTH | | | |
| | CITY: | | | | STATE: | | ZIP CODE: | | SSN: | | | | | |

KYIBRS REPORT: NARRATIVE

COMMONWEALTH OF KENTUCKY

SYNOPSIS:

I was dispatched to meet with an employee in the Miller Information Technology Center regarding concerning emails they are receiving.

INVESTIGATION:

Reported By/Victim: [REDACTED]

Miller Information Technology Center
2315 S. 1st Street Walk
LL44
Louisville, KY 40208

Witness/Employee: [REDACTED]

Suspect: Jacob R. Thompson (SOC: [REDACTED])

telephone: [REDACTED]

Investigated By: Officer Robinson ULPD 126 (#5717)

Investigation

I was dispatched to meet with the above listed victim [REDACTED] regarding concerning emails she was receiving over several months from the above listed suspect (Jacob R. Thompson). She advised me that for the past several months the suspect has been sending multiple aggressive emails throughout her department with a tone that makes her feel uncomfortable. She stated it has been brought to her attention that the suspect has been on campus attempting to locate the offices associated with the program. She said she elects to work out of the office and is usually alone in her section of the department, making her feel unsafe at this time.

I was able to find the above listed suspect with information provided by the victim that matched a KY OL #T04110840. The victim also provided 17 pages of correspondence between the department and the listed

KYIBRS REPORT: NARRATIVE

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suspect. This program is all online and open to the general public for anyone to complete the certificate program. The above listed suspect has no official UofL affiliation.

suspect interview

I was able to locate an address for the above listed suspect and he agreed to come down to post one to give a statement. He was issued a wavier of rights and signed the form.

He stated he needed help with the website and Lakisha Jones "responded to me." I asked him what he meant by that and he said "I sent her an email." He went on to explain his situation with trying to get help with a website that was needed to complete an online course he enrolled in as a community member. He stated he could not turn in his work as directed and it was time sensitive in order to complete the class. I asked him if he had ever been on campus and he stated "came on campus to talk to HR on Central." He stated he talk to a person in IT over the phone. I asked him who he talked too and he stated "Tim Dill."

He began to talk about being on campus to speak with someone in HR, the basement of Ekstrom Library, and the Miller Information Technology Center. He could not remember or did not provide any names of anyone who spoke with when he was physically on campus. He stated he also emailed "Sherry Duffy and Robert Kubash" who were mentioned to me in the initial report regarding the emails. I ask him about what he said when he spoke with the parties involved and he stated "I might have used inappropriate language."

witness interview

I spoke with Timothy Dill over the phone about his interaction with the suspect. He stated he only talked to him over the phone that came to him as an IT Help Desk ticket. He said he seemed very frustrated and could not help him due to the program being set up differently for people not currently a UofL student. He gave him some other options to get help with the problem.

These other options is which gave the suspect the idea for the need to come onto campus to ask for help in Human Resources and the basement of the Ekstrom Library.

supplement

I did not find any direct threats in the emails provided or no statement of a direct threat from the involved parties. This incident has happened over the course of a few months and I have found no record of a reported incident regarding the above listed suspect. I did not move forward with formally charging the suspect at this time.

The victim did not want to move forward with taking out a warrant herself but will use that option if another incident occurs.



KYIBRS REPORT: NARRATIVE

COMMONWEALTH OF KENTUCKY

status: CLOSED
BWC ACTIVATED



END OF REPORT

ATTACHMENTS:

METHODS OF OPERATION: