

# SAVANNAH CHATHAM POLICE DEPARTMENT Preliminary Report



Incident <i>Missing Person</i>		Report Date <i>3-13-05</i>	GRN <i>050313175</i>	<i>820</i>	
Location <i>Road E. Hwy 80 Apt #301</i>			Princt <i>5</i>	Beat <i>3</i>	Neighborhood
From Date <i>3-13-05</i>	From Time <i>1500</i>	To Date (Occur.) <i>3-13-05</i>	To Time (Occur.) <i>1907</i>	Unit <i>5C-5</i>	PRN <i>4212</i>
Business		Business Address		City	State    Zip

PERSON INVOLVED					
#	Involvement	Name	Race	Sex	Offence Codes
1	<i>Complainant</i>	<i>Frazier, Luna Anestasia M</i>	<i>W</i>	<i>F</i>	
2	<i>Suspect</i>	<i>Frazier, Chris</i>	<i>W</i>	<i>M</i>	
3	Involvement	Name	Race	Sex	Offence Codes
4	Involvement	Name	Race	Sex	Offence Codes
5	Involvement	Name	Race	Sex	Offence Codes
6	Involvement	Name	Race	Sex	Offence Codes
7	Involvement	Name	Race	Sex	Offence Codes
8	Involvement	Name	Race	Sex	Offence Codes
9	Involvement	Name	Race	Sex	Offence Codes
10	Involvement	Name	Race	Sex	Offence Codes
11	Involvement	Name	Race	Sex	Offence Codes

**SUMMARY NARRATIVE**

*Sir, I responded to the above location in reference to a missing person.*

Cleared by	CHG <input type="checkbox"/> SER <input type="checkbox"/> ADMI <input type="checkbox"/> EX CLR <input type="checkbox"/> UNF <input type="checkbox"/>	Total No. Arrested	Will Victim Prosecute	Elderly
	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	Adult    Juvenile <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Forensics Requested	Domestic Violence	Evidence	Gang	Detective Called
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SUBMITTED BY <i>Garrett, M</i>	PRN <i>4212</i>	SUPERVISOR <i>Steph J. To...</i>	PRN <i>60165</i>	Pages OF

# SAVANNAH-CHATHAM METROPOLITAN POLICE DEPARTMENT

Location <b>8001 E. Hwy 80 Apt #301</b>		<b>ATTACHMENT 1</b>			CRN <b>050313178</b>				
<b>PERSONAL INFORMATION</b>									
Involvement # <b>1</b>	Involvement <b>Complainant</b>		Name <b>Frazier, Luna Anastasia m</b>			Sex <b>F</b>	Race <b>W</b>		
DOB	Age <b>57</b>	Height <b>503</b>	Weight <b>120</b>	Hair <b>Blk</b>	Eyes <b>Brn</b>	Skin <b>Light</b>	OLN	OLS <b>GA</b>	Soc. Sec. Number
Address <b>8001 E. Hwy 80 Apt #301</b>		City <b>Sav</b>		State <b>GA</b>	Zip <b>31410</b>	Phone # <b>877-7799</b>	Ph Type <b>H</b>		
Alias		Means of Attack		Injury	Domestic Violence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Phone #	Ph Type	
Mark Type		Description							
Clothing									
Facial Hair		Complexion		Appearance		Glasses	Mask Yes <input type="checkbox"/> No <input type="checkbox"/>	Gloves/Socks Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment / School				Position / Grade		Contact Person			
Address		City		State	Zip	Phone #	Ph Type		
<b>PERSONAL INFORMATION</b>									
Involvement <b>Suspect</b>	Name <b>Frazier, Chris</b>			Sex <b>m</b>		Race <b>W</b>			
DOB	Age <b>57</b>	Height <b>511</b>	Weight <b>200</b>	Hair <b>Gray</b>	Eyes <b>Brn</b>	Skin <b>Light</b>	OLN	OLS	Soc. Sec. Number
Address <b>8001 E. Hwy 80 Apt #301</b>		City <b>Sav</b>		State <b>GA</b>	Zip <b>31410</b>	Phone # <b>899-7799</b>	Ph Type <b>tl</b>		
Alias		Means of Attack		Injury	Domestic Violence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Phone #	Ph Type	
Mark Type		Description							
Clothing									
Facial Hair		Complexion		Appearance		Glasses	Mask Yes <input type="checkbox"/> No <input type="checkbox"/>	Gloves/Socks Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment / School				Position / Grade		Contact Person			
Address		City		State	Zip	Phone #	Ph Type		
<b>PERSONAL INFORMATION</b>									
Involvement	Name			Sex		Race			
DOB	Age	Height	Weight	Hair	Eyes	Skin	OLN	OLS	Soc. Sec. Number
Address		City		State	Zip	Phone #	Ph Type		
Alias		Means of Attack		Injury	Domestic Violence Yes <input type="checkbox"/> No <input type="checkbox"/>		Phone #	Ph Type	
Mark Type		Description							
Clothing									
Facial Hair		Complexion		Appearance		Glasses	Mask Yes <input type="checkbox"/> No <input type="checkbox"/>	Gloves/Socks Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employment / School				Position / Grade		Contact Person			
Address		City		State	Zip	Phone #	Ph Type		
SUBMITTED BY <b>GARNETT, m</b>		PRN <b>4212</b>	SUPERVISOR <i>[Signature]</i>			PRN <b>60165</b>			

**SAVANNAH-CHATHAM METROPOLITAN POLICE DEPARTMENT  
INVESTIGATION NARRATIVE**

Incident <b>Missing Person</b>	Report Date <b>3-13-05</b>	CRN <b>050313175</b>
Location <b>8001 E. Hwy 80 Apt #301</b>	Beat <b>3</b>	Precinct <b>5</b>
Neighborhood		

Sir, I responded to the above location in reference to a Missing Person. Upon arrival I spoke with the complainant Mrs. Menique Frazier. Mrs. Frazier said her husband Mr. Chris Frazier has a history of mental problems & is on medication for Depression. She said they got into an argument this date around 1100 hrs because she got her hair cut. Mrs. Frazier said he then took an unknown type of knife and lacerated his arms (possibly waist area). She said he then left their residence in their 1994 red Mazda 626 in an unknown direction. Mrs. Frazier described him as being 5'11, 200lbs balding grey hair, full beard, glasses, wearing a Navy blue jump suit, Royal blue wind breaker and white tennis shoes.

There was no indication inside of their residence that Mr. Frazier cut his arms in the area where Mrs. Frazier indicated.

A look was placed on Alpha 12 for Mr. Chris Frazier.

Date and Time Completed <b>3-13-05 2315</b>	Supporting Officer	PRN	Supporting Officer	PRN
SUBMITTED BY <b>Barrett, D</b>	PRN <b>4212</b>	SUPERVISOR <i>[Signature]</i>	PRN <b>60165</b>	

## SAVANNAH-CHATHAM METROPOLITAN POLICE DEPARTMENT

Location <i>Road E. Hwy 80 Apt #301</i>				VEHICLE/ PROPERTY				CRN <i>050313198</i>		
VEHICLE #										
Involvement <i>Miss</i>		Veh. Type <i>Van</i>	License No. <i>698 FFY</i>		Lic. State <i>GA</i>	Lic. Year <i>unk</i>	Lic. Type <i>GA</i>	VIN # <i>1YVGE22C8R5187596</i>		
Veh. Year <i>1994</i>	Veh. Make <i>Mazda</i>		Veh. Model <i>626</i>		Veh. Style <i>Van</i>	Veh. Color <i>Red</i>	Veh. Value <i>unk</i>	Vin. or Tag # not available at time of incident. <input type="checkbox"/> YES <input type="checkbox"/> NO		
RECOVERY INFORMATION										
Recv Date	St/ Loc / Recv Loc		Recv Value	# Veh. Recv	Recovered Damage				Condition	
Recovered Location								Recv City <i>Savannah</i>	Recv State <i>GA</i>	
Towing Company				Towed From			Towed To			
Person Notified				Date Notified		Time Notified	Notified By			
Released To				Date Released		Time Released	Released By			
Address				City		State	Zip	Phone Number	Ph Type	
PROPERTY										
Involvement	Category	Article				Brand		# Pieces	Value	
Make (Gun Only)		Model		Serial Number		Owner #	Drug Type	Quantity	Measure	Officer
Finish	Caliber	Barrel Length	RECV Date	RECV Value	Damage				Involve. #	
Involvement	Category	Article				Brand		# Pieces	Value	
Make (Gun Only)		Model		Serial Number		Owner #	Drug Type	Quantity	Measure	Officer
Finish	Caliber	Barrel Length	RECV Date	RECV Value	Damage				Involve. #	
Involvement	Category	Article				Brand		# Pieces	Value	
Make (Gun Only)		Model		Serial Number		Owner #	Drug Type	Quantity	Measure	Officer
Finish	Caliber	Barrel Length	RECV Date	RECV Value	Damage				Involve. #	
Involvement	Category	Article				Brand		# Pieces	Value	
Make (Gun Only)		Model		Serial Number		Owner #	Drug Type	Quantity	Measure	Officer
Finish	Caliber	Barrel Length	RECV Date	RECV Value	Damage				Involve. #	
Involvement	Category	Article				Brand		# Pieces	Value	
Make (Gun Only)		Model		Serial Number		Owner #	Drug Type	Quantity	Measure	Officer
Finish	Caliber	Barrel Length	RECV Date	RECV Value	Damage				Involve. #	
Date and Time Completed <i>3-13-05 2315</i>		Supporting Officer				PRN	Supporting Officer			PRN
SUBMITTED BY <i>Garrett T. M</i>				PRN <i>4212</i>		SUPERVISOR <i>S/Capt. J. [Signature]</i>			PRN <i>61165</i>	