



**POTTAWATTAMIE CNTY SHERIFF OFF**  
**1400 BIG LAKE ROAD**  
**COUNCIL BLUFFS, IA 51501**  
**(712) 890-2200**

**S17-002312**  
 Date/Time of Report  
**7/15/2017 02:16 Hrs**  
 Status  
**03 - CLEARED BY ARREST**

<b>SUMMARY</b>	County <b>POTTAWATTAMIE - 78</b>		ORI Number <b>IA0780000</b>					
	Is Date and Time of Incident Known? <b>Yes</b>	Incident Date or Lower Date Range <b>07/15/2017</b>	Upper Date Range	Incident Time or Lower Time Range <b>01:40 Hrs.</b>	Upper Time Range <b>Hrs.</b>			
	Day of Week Incident Occurred <b>SATURDAY</b>		Exceptionally Cleared <b>N - NOT APPLICABLE</b>		Date Cleared Exceptionally			
	<b>INCIDENT REPORTED BY</b>							
Was Incident Reported by a Victim? <b>NO</b>		Reporting Victim's Sequence No.	Name - Last <b>HANSEN</b>		First <b>MICHAEL</b>	Middle	Suffix	
Business Name (if Incident was Reported by a Business) <b>POTTAWATTAMIE CNTY SHERIFF OFF</b>			Address <b>1400 BIG LAKE ROAD</b>					
City <b>COUNCIL BLUFFS</b>		State <b>IA</b>	Zip Code <b>51501</b>	Home/Cell Phone	Work Phone			
<b>OFFENSE</b>	Seq. No. <b>001</b>	Code Section <b>124.401(5)</b>	Charges/Offense <b>DRUG POSSESSION OF CONTROLLED SUBST</b>		UCR Offense Code <b>DRUG/NARCOTIC VIOLATION - 35A</b>			
	Attempted/Completed <b>C - COMPLETED</b>	Type of Criminal Activity (up to 3) <b>P - POSSESSING/CONCEALING</b>						
	Type of Weapon/Force Involved (up to 3)							
	No. of Premises Entered	Method of Entry	Offender Suspected of Using (up to 3) <b>D - DRUGS/NARCOTICS</b>			Gang Information (up to 2)		
<b>LOCATION OF OFFENSE</b>								
Location Type <b>13 - HIGHWAY/ROAD/ALLEY</b>			X Coordinate <b>257788.23</b>	Y Coordinate <b>4579401.43</b>				
Literal Description <b>HAMLET LN</b>								
<b>OFFENDER</b>	Type of Offender <b>01 - Offender</b>	Sequence No. <b>01</b>	NIBRS Offense Sequence Numbers <b>001</b>		Lesser Offense Sequence Numbers			
	Name - Last <b>HOLLAND</b>		First <b>JUSTIN</b>	Middle <b>DELEE</b>	Suffix			
	Alias(es)							
	Address <b>2717 AVENUE H</b>							
	City <b>COUNCIL BLUFFS</b>		State <b>IA</b>	Zip Code <b>51501-0000</b>	Home Phone			
	DOB Known? <b>YES</b>	DOB	Age or Lower Age Range <b>18</b>	Upper Age Range	SSN	Resident Status <b>R - RESIDENT</b>		
	Driver's License - Number		State <b>IA</b>	Gender <b>M - MALE</b>	Height <b>6' 00"</b>	Weight	Eye Color <b>BLUE - BLU</b>	Hair Color <b>BROWN - BRO</b>
	Skin Tone <b>FAIR - FAR</b>		Race <b>W - WHITE</b>		Ethnicity <b>N - NOT OF HISPANIC ORIGIN</b>			
	Scars/Marks/Tattoos					Offender Present When Officer Arrived? <b>YES</b>		
	Type of Injury (up to 5) <b>N - NONE</b>							
	<b>EMPLOYMENT OR SCHOOL INFO</b>							
	Employer or School			Occupation				
	Address							
	City		State	Zip Code	Work Phone			
<b>ARREST INFO</b>								
Offender Arrested? <b>YES</b>	Arrest Trans. Booking No. <b>S17-002312</b>	Type of Arrest <b>S - SUMMONED/CITED</b>		Arrest Date <b>07/15/2017</b>	Arrest Time <b>02:00 Hrs.</b>			
Associated Offense Sequence No. <b>001</b>		Miranda By		Miranda Date	Miranda Time <b>Hrs.</b>			
Arrestee Condition <b>S - SOBER</b>			Arrestee Armed With (up to 2) <b>01 - UNARMED</b>					
Place of Birth		Multiple Arrestee Indicator <b>N - NOT APPLICABLE</b>	Additional Incidents Cleared					
<b>JUVENILE INFO</b>								
Parent/Guardian Contacted?	Name - Last		First	Middle	Suffix			
Address								
City		State	Zip Code					
Home Phone		Work Phone		Juvenile Arrestee Disposition				

OFFENDER  
002

Type of Offender <b>01 - Offender</b>	Sequence No. <b>02</b>	NIBRS Offense Sequence Numbers <b>001</b>	Lesser Offense Sequence Numbers		
Name - Last <b>RODRIGUEZ ESTUDILLO</b>		First <b>ALAN</b>	Middle <b>ARTURO</b>	Suffix	
Alias(es)					
Address <b>710 S 9TH ST</b>		City <b>COUNCIL BLUFFS</b>		State <b>IA</b>	Zip Code <b>51501-0000</b>
Home Phone [REDACTED]		Resident Status <b>R - RESIDENT</b>		SSN [REDACTED]	
DOB Known? <b>YES</b>	DOB [REDACTED]	Age or Lower Age Range <b>21</b>	Upper Age Range		SSN [REDACTED]
Driver's License - Number [REDACTED]		State <b>IA</b>	Gender <b>M - MALE</b>	Height <b>5' 09"</b>	Weight
Eye Color <b>BROWN - BRO</b>		Hair Color <b>BLACK - BLK</b>		Ethnicity <b>H - HISPANIC ORIGIN</b>	
Skin Tone <b>LIGHT BROWN - LBR</b>		Race <b>U - UNKNOWN</b>		Offender Present When Officer Arrived? <b>YES</b>	
Scars/Marks/Tattoos					
Type of Injury (up to 5) <b>N - NONE</b>					
<b>EMPLOYMENT OR SCHOOL INFO</b>					
Employer or School			Occupation		
Address		City	State	Zip Code	Work Phone
<b>ARREST INFO</b>					
Offender Arrested? <b>YES</b>	Arrest Trans. Booking No. <b>S17-002312</b>	Type of Arrest <b>S - SUMMONED/CITED</b>		Arrest Date <b>07/15/2017</b>	Arrest Time <b>02:00 Hrs.</b>
Associated Offense Sequence No. <b>001</b>		Miranda By		Miranda Date	Miranda Time Hrs.
Arrestee Condition <b>S - SOBER</b>			Arrestee Armed With (up to 2) <b>01 - UNARMED</b>		
Place of Birth		Multiple Arrestee Indicator <b>N - NOT APPLICABLE</b>	Additional Incidents Cleared		
<b>JUVENILE INFO</b>					
Parent/Guardian Contacted?	Name - Last	First	Middle	Suffix	
Address		City	State	Zip Code	
Home Phone		Work Phone		Juvenile Arrestee Disposition	

V I C T I M	S - SOCIETY/PUBLIC 001		Business/Organization/State/County/Municipality Name		Address		City		State		Zip Code	
	Phone			Alias(es)								
	DOB Known? DOB		Age or Lower Age Range			Upper Age Range			SSN ###-##-####		Resident Status	
	001 Driver's License - Number			State	Gender	Height	Weight	Eye Color		Hair Color		
	Skin Tone		Race			Ethnicity		Scars/Marks/Tattoos				

<b>EMPLOYMENT OR SCHOOL INFO</b>											
Employer or School						Occupation					
Address				City		State		Zip Code		Work Phone	

<b>VICTIM CONNECTED TO UCR OFFENSE CODES</b>											
UCR Offense Code 1 <b>DRUG/NARCOTIC VIOLATION - 35A</b>						UCR Offense Code 2					
UCR Offense Code 3						UCR Offense Code 4					
UCR Offense Code 5						UCR Offense Code 6					
UCR Offense Code 7						UCR Offense Code 8					
UCR Offense Code 9						UCR Offense Code 10					

<b>ADDITIONAL OFFENSE CIRCUMSTANCE INFO</b>											
Aggravated Assault/Homicide Circumstances (up to 2)											
Additional Justifiable Homicide Circumstances											

<b>VICTIM'S RELATIONSHIP TO OFFENDER(S)</b>														
First Offender Seq. No.			Victim's Relationship to First Offender						Second Offender Seq. No.			Victim's Relationship to Second Offender		
Third Offender Seq. No.			Victim's Relationship to Third Offender						Fourth Offender Seq. No.			Victim's Relationship to Fourth Offender		
Fifth Offender Seq. No.			Victim's Relationship to Fifth Offender						Sixth Offender Seq. No.			Victim's Relationship to Sixth Offender		
Seventh Offender Seq. No.			Victim's Relationship to Seventh Offender						Eighth Offender Seq. No.			Victim's Relationship to Eighth Offender		
Ninth Offender Seq. No.			Victim's Relationship to Ninth Offender						Tenth Offender Seq. No.			Victim's Relationship to Tenth Offender		

<b>SPECIAL CIRCUMSTANCES</b>											
Not Applicable <input type="checkbox"/>			Bias Crime <input type="checkbox"/>			Domestic Abuse <input type="checkbox"/>			LEOKA <input type="checkbox"/>		

<b>BIAS CRIME</b>											
Bias Motivation						Target Code					
Bias Group Affiliations											

<b>DOMESTIC ABUSE</b>											
Children Present?			Seq. No. of Domestic Abuse Offender			Domestic Abuse Referrals (up to 6)					

<b>LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED</b>											
Officer Killed or Assaulted						Type of Assignment					
Body Armor						Call Type					

V E H I C L E	Vehicle Year		Make			Model			Style		
	1997		MITSUBISHI - MITS			GT			2D		
	License Plate #		State		Year		Type				
	VIN JA3AM84J0VY005037						Color(s) RED				
001 Associated Offense Sequence No.			Vehicle Impounded?			Impound Location			Impound Tag Number		
001			NO								

PROPERTY 001	Type of Loss/Etc. <b>6 - SEIZED</b>		Property Sequence Number <b>001</b>	Associated Offense Seq. No <b>001</b>
-----------------	--	--	--	--

#	Property Description	Value of Property	Date Recovered	Property Details
1	10 - DRUGS/NARCOTICS			2 ROLLED JOINTS, BAG OF MARIJUANA
2				
3				
4				
5				
6				
7				
8				
9				
10				

**STOLEN MOTOR VEHICLES**

Number of Stolen Vehicles	Number of Recovered Vehicles
---------------------------	------------------------------

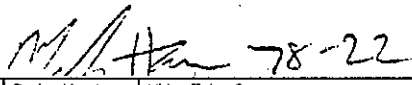
**SUSPECTED DRUG INFO**

Suspected Drug Type 1 <b>E - MARIJUANA</b>	Estimated Drug Quantity <b>0.002</b>	Type of Drug Measurement <b>GM</b>
Suspected Drug Type 2	Estimated Drug Quantity	Type of Drug Measurement
Suspected Drug Type 3	Estimated Drug Quantity	Type of Drug Measurement

**OFFICER'S INVESTIGATIVE NOTES**

On Saturday July 14, 2017 I conducted a traffic stop on a red car with no plates on River Rd/ Hamlet Ln. The 2 occupants of the vehicle were identified and a strong odor of marijuana was emitting from the vehicle. Both occupants were cited into court on Poss Marijuana 1st Offense and released. The marijuana was logged into property as evidence.

I have no further  
Hansen 7822

OFFICER	Complainant/Reporting Party Signature			
				
	Reporting Officer <b>HANSEN MICHAEL</b>	Badge Number <b>78-22</b>	Video Taken? <b>01 - IN CAR</b>	Evidence Seized? <b>YES</b>
Supervisor <b>WINCHELL, STEVE</b>	Badge Number <b>78-53</b>	Incident Assigned To		