

Exhibit E

To: 3127456995

From: Canon Fax

12/21/17 09:00 AM

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CHICAGO POLICE ARREST REPORT CPD-11.420 (REV. 3/02)		1. NAME (LAST - FIRST - MIDDLE) CARTER, WILLIAM F.		2. SEX M	3. RACE 1	4. AGE 18	5. DATE OF BIRTH DAY MONTH YEAR 26 JAN 86		
6. C.B. NO. 1585 61 33	7. ALIAS OR NICKNAME NONE	8. DIST./RES. 002	9. HEIGHT 508	10. WEIGHT 160	11. HAIR BLK	12. HAIR STYLE SHORT	13. EYES BRN	14. COMPLEXION DRK	
15. I.R. NO. 1480711	16. RESIDENCE ADDRESS 575 E. BROWNING 308	17. DISTING. MARKS, SCARS, DISABILITIES, ETC. WILLIAM RT. ARM		18. SOCIAL SECURITY NO. UNK					
19. Y.D. NO.	16A. CITY - STATE CHGO., IL.	ZIP CODE 60653	HOME TELEPHONE 773, 548-5397		20. STATE/PLACE OF BIRTH IL., CHGO.		21. DRIVERS LICENSE NO. UNK		
22. RD. NO. HK-438843	23. OCCUPATION UNEMPLOYED	24. BUSINESS NAME - ADDRESS D		CITY - STATE N		ZIP CODE A		BUSINESS TELEPHONE	
25. ADDRESS OF ARREST 540 E. 36th ST.		26. NO. ARRESTED 3	27. LOCATION CODE FOR NATURE OF PREMISES 123	28. BEAT OF ARREST 212	29. DATE OF ARREST DAY MONTH YEAR 18 JUN 04	30. TIME 1015	31. ARRESTEE TRANSPORTED TO UNIT 002	32. BY BEAT 4512B	33. TIME 1030
31. RESISTED ARREST YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	32. WEAPON <input type="checkbox"/> PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOT-GUN <input type="checkbox"/> KNIFE <input type="checkbox"/> OTHER (SPECIFY) DNA	33. PROPERTY INVENTORY NO(S) 10359882		34. FOR NARCOTIC ARREST <input type="checkbox"/> SUSPECT CANNABIS <input checked="" type="checkbox"/> SUSPECT CONTROLLED SUBSTANCE		APPRX. WGT. EST. STREET VALUE 8GRAMS \$1,440.00			
35. VEHICLE OF ARRESTEE YEAR MAKE MODEL BODY STYLE COLOR D	36. PERSON IN INVESTIGATIVE UNIT NOTIFIED UNIT NOTIFIED TIME		37. DOES ARRESTEE HAVE UNATTENDED DEPENDENT CHILDREN AT HOME <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38. NAME OF A.S./FEL. REV. CHARGES APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TIME		
39. VICTIM - COMPLAINANT NAME P.O. JONES, A.#19462	SEX ---	RACE ---	AGE ---	HOME ADDRESS 774 E. 38th ST. CHGO., IL. 60653		CITY - STATE IL.		ZIP CODE 60653	TELEPHONE NO. 312 674-3987
VICTIM INJURED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VICTIM HOSPITALIZED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HOSPITAL NAME					
40. REFERENCES (CH. - PAR.) 720ILCS570/402		41. OFFENSES PCS (HEROIN)		42. DISPOSITIONS 5		43. REFERENCES (CH. - PAR.) 5		44. OFFENSES 6	
45. DISPOSITIONS 2		46. REFERENCES (CH. - PAR.) 3		47. OFFENSES 7		48. DISPOSITIONS 8		49. REFERENCES (CH. - PAR.) 8	
49. DISPOSITIONS 4		50. REFERENCES (CH. - PAR.) 8		51. OFFENSES 8		52. DISPOSITIONS 8		53. REFERENCES (CH. - PAR.) 8	
43. NARRATIVE (The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following): THIS IS AN ARREST BY P.H.S. TACT UNITS BTS. 4512B,C,D. THE ABOVE SUBJECT WAS OBSERVED BY A/Os DURING A NARCOTICS INVESTIGATION HOLDING A CLEAR PLASTIC BAG OF SUSPECT NARCOTICS. A/Os DETAINED THE SUBJECT AND RECOVERED FROM HIS HAND THE CLEAR PLASTIC BAG. FURTHER INVESTIGATION REVEAL THAT THERE WAS (22) SMALLER ZIPLOCK BAGGIES INSIDE THE CLEAR PLASTIC BAG AND THEY CONTAINED A WHITE POWDER SUSPECT HEROIN. THE SUBJECT WAS PLACED IN CUSTODY AND A CUSTODIAL SEARCH PERFORMED WHICH REVEALED \$200.00 U.S.C. SUSPECT NARCOTICS MONEY. ALL THESE EVENTS OCCURRED WITHIN THE CHA IDA B. WELLS COMPLEX AND WITHIN 1000 ft. OF DOOLITTLE ELEMENTARY SCHOOL.									
44. EVENT NO. 06198									
HAS NO VEHICLE									
I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.									
FIRST ARRESTING/APPPEARING OFFICER'S ORIGINAL SIGNATURE P.O. JONES, A.#19462		STAR NO. 19462		UNIT 715B		DEPUTY CLERK'S ORIGINAL SIGNATURE D. BROWN / Sgt R. WATSON		STAR/EMPL. NO. #2640	
46. FIRST ARRESTING/APPPEARING OFFICER - PRINT NAME P.O. JONES, A.#19462		BEAT NO. 4512B		FURLO. 12A		D.O. GRP. 3		MISO/ORD. CRT. KEY H	
47. SECOND ARRESTING OFFICER / PRINT NAME - STAR NO. P.O. EDWARDS, D.#16280		STAR NO. 715B		UNIT 715B		48. VEHICLE ASSIGNED 1 ONE 2 TWO 3 <input type="checkbox"/> P.O. <input type="checkbox"/> P.O. <input checked="" type="checkbox"/> OTHER			
49. APPROVAL OF PROBABLE CAUSE - SIG. - STAR [Signature]		48. RESULTS OF FINGERPR. CHECK WAIVED BY - SIG. - STAR [Signature]		DATE 12/21/17		49. APPROVAL OF CHARGES - SIG. - STAR [Signature]		DATE 12/21/17	
WATCH COMMANDER'S NOTATIONS		WAS THE OFFENDER RELEASED WITHOUT CHARGING? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES IF "YES," COMPLETE REVERSE							
50. ARRESTEE SEARCHED BY DUMAS		STAR/EMPL. NO. 9182		UNIT 0		51. DATE RECEIVED - LOCKUP 18 JUN 04		TIME 1410	
54. BOOKING OFFICER OSIKR		STAR/EMPL. NO. 5255		UNIT 2		55. TIME FINGERPRINTED 1415		56. TIME PHOTOGRAPHED 1420	
						57. TIME FED 1830		58. PLACED IN CELL NO. 311	
COURT INFORMATION									
59. ARR. OFF. DESIRED COURT DATE 15 JUL 04		BRANCH-CALL 38-4		60. COURT SGT. TO HANDLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		61. INITIAL COURT DATE 19 JUN 04		BRANCH-CALL 1	
63. BONDED - DATE TIME		64. BOND RECEIPT NO.		65. COURT DOCKET NO.		66. FINAL JUDGE'S NAME			

PERMANENT RECORD - RECORDS DIV.

CITY-BG-031023

To: 3127456995

From: Canon Fax
MOVING OF ARRESTEE OUT OF & INTO ARREST/DETENTION FACILITY

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	DATE	TIME	TURNED OVER TO/ RECEIVED FROM	STAR/ EMPL. NO.	REASON	LOCKUP KEEPER/ OTHER DEPT. MEMBER	STAR/ EMPL. NO.
OUT							
IN							
OUT							
IN							

RECORD OF INTERVIEWS IN LOCKUP

DATE	TIME	INTERVIEWER	STAR NO.	REASON	LOCKUP KEEPER/ OTHER DEPT. MEMBER	STAR/ EMPL. NO.

RECORD OF VISITORS TO ARRESTEE

DATE	TIME IN	TIME OUT	VISITOR'S NAME - ADDRESS - TELEPHONE	RELATIONSHIP	W. C.'S APPROVAL (SIGNATURE)

RECEIVING SCREENING RECORD FOR
ARRESTEE TO BE HELD IN LOCKUPREFER TO GUIDELINES FOR ARRESTEE SCREENING, CPD-11.523.
NOTE: ALL "YES" ANSWERS REQUIRE ACTION

DATE 18 Jun 04 TIME 1410

ARRESTEE'S NAME

C.B. NO.

LOCKUP KEEPER'S NAME (PRINT)

STAR NO.

CARTER, William 15856133 PAUL DUMAS 9182

LOCKUP KEEPER'S VISUAL CHECK

- | | | |
|---|-------------------------------------|-------------------------------------|
| | YES | NO |
| 1. DOES ARRESTEE HAVE OBVIOUS PAIN OR INJURY? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. IS THERE OBVIOUS SIGN OF INFECTION? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. APPEARS TO BE UNDER THE INFLUENCE OF ALCOHOL/DRUGS | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. ARE THERE VISIBLE SIGNS OF ALCOHOL AND/OR DRUG WITHDRAWAL? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. DOES ARRESTEE APPEAR TO BE DESPONDENT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. DOES ARRESTEE APPEAR TO BE IRRATIONAL? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. IS ARRESTEE CARRYING MEDICATION? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

LOCKUP KEEPER'S-ARRESTEE QUESTIONNAIRE

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| | YES | NO | REFUSED |
| 8. ARE YOU PRESENTLY TAKING ANY MEDICATION? (For what.....) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. (IF FEMALE) ARE YOU PREGNANT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. IS THIS THE FIRST TIME YOU HAVE EVER BEEN ARRESTED? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. HAVE YOU EVER TRIED TO KILL YOURSELF OR DONE SERIOUS HARM TO YOURSELF? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12.A. DO YOU HAVE ANY SERIOUS MEDICAL OR MENTAL PROBLEMS? (If YES, specify problem under REMARKS) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12.B. ARE YOU RECEIVING ANY TREATMENT? (If YES, specify under REMARKS) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY - NAME

ADDRESS

TELEPHONE

RELATIONSHIP

REMARKS

OLD KNUCKLE injury ON RT. HAND

SPECIAL DISPOSITION

COMPLETE ONLY FOR ARRESTEES REFERRED OUT OR TO BE MONITORED

REFERRED TO (Specify)

PLACED IN ONE-PERSON CELL NO.
(for communicable disease cases)PLACED IN TWO OR MORE PERSON CELL NO.
UNDER SPECIAL/CLOSE
OBSERVATION (potential suicides)

NOTE: LOCKUP KEEPER MUST SIGN IN ALL INSTANCES

LOCKUP KEEPER'S SIGNATURE

RELEASE OF ARRESTEE FROM CUSTODY

FOR THE FOLLOWING REASON(S), I HAVE DETERMINED THERE IS NOT SUFFICIENT CAUSE TO FURTHER DETAIN/CHARGE THE ARRESTEE:

SIGNATURE - ARR. OFF./DETECTIVE

STAR NO. UNIT

APPROVED - W/ C - DETENTION FAC. - STAR NO.

DATE-TIME RELEASED FROM CUSTODY

CITY-BG-031024