

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: REED	First Name: KEITH	Maiden/Middle Name: THOMAS	Generation (Sr., Jr., etc): N/A
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: KEITH.REED@LA.GOV			
Employing Agency: Office of Louisiana State Fire Marshal			Hire Date: 7/29/2002
POST Academy Attended: ALETA-LAFAYETTE		Graduation Date: 11/2/1995	P.O.S.T. Certificate #: B7492

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
10 years 11 months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
15
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
8 years 0 months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 4

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

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As the Agency Head, I am requesting a Waiver of the Homicide Investigator Training Requirement under LARS 40:2405.8. This request is based on the officer's prior investigation training and experience. I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Agency Head: 

Printed Name of Agency Head: H. "Butch" Browning, Jr. - Louisiana State Fire Marshal

Date of Signature: 12/13/10

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: de la Bretonne	First Name: Kristen	Maiden/Middle Name: Renee	Generation (Sr., Jr., etc):
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Email Address: kristen.delabretonne@la.gov			
Employing Agency: Louisiana Office of State Fire Marshal			Hire Date: 03/25/2013
POST Academy Attended: LSU Basic Training Academy		Graduation Date: November, 2001	P.O.S.T. Certificate #: B17110

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
14 years months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
100
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
14 years months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 35

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

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As the Agency Head, I am requesting a Waiver of the Homicide Investigator Training Requirement under LARS 40:2405.8. This request is based on the officer's prior investigation training and experience. I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Agency Head: 

Printed Name of Agency Head: H. "Butch" Browning, Jr. - Louisiana State Fire Marshal

Date of Signature: 12/13/14

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: <b>Anderson</b>	First Name: <b>Chris</b>	Maiden/Middle Name: <b>Michael</b>	Generation (Sr., Jr., etc):
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: <b>8181 Independence Blvd., Baton Rouge, LA 70806</b>			
Employing Agency: <b>Louisiana Office of State Fire Marshal</b>			Hire Date: <b>10-31-2008</b>
POST Academy Attended: <b>LSU Basic Training Academy</b>		Graduation Date: <b>May 18<sup>th</sup>, 1997</b>	P.O.S.T. Certificate #: <b>B 09578</b>

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
\_9\_ years \_ months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
\_5\_
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
\_8\_ years \_ months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? \_4\_

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

As the Agency Head, I am requesting a Waiver of the Homicide Investigator Training Requirement under LARS 40:2405.8. This request is based on the officer's prior investigation training and experience. I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Agency Head: \_\_\_\_\_

Printed Name of Agency Head: H. "Butch" Browning / State Fire Marshal

Date of Signature: \_\_\_\_\_ 11-23-16

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: JOHNSTON	First Name: JASON	Maiden/Middle Name: ESTUS	Generation (Sr., Jr., etc): N/A
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: jason.johnston@la.gov			
Employing Agency: Office of Louisiana State Fire Marshal			Hire Date: 1/1/2006
POST Academy Attended: LSU		Graduation Date:	P.O.S.T. Certificate #:

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
10 years 11 months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
15
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
8 years 0 months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 10

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

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As the Agency Head, I am requesting a Waiver of the Homicide Investigator Training Requirement under LARS 40:2405.8. This request is based on the officer's prior investigation training and experience. I certify that all statements made on this form and any attachments are true and complete to the best of my knowledge. I understand that information on this form may be subject to investigation and verification and that any misrepresentation may cause this request to be rejected.

Signature of Agency Head: [Signature]

Printed Name of Agency Head: H. "Butch" Browning, Jr. - Louisiana State Fire Marshal

Date of Signature: 12/13/11

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: Heinen	First Name: Nicholas	Maiden/Middle Name: William	Generation (Sr., Jr., etc):
Social Security # [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: Nicholas.heinen@la.gov			
Employing Agency: Louisiana State Fire Marshal			Hire Date: 12/9/2002
POST Academy Attended: Calcasieu Regional Police Academy		Graduation Date: 3/22/2016	P.O.S.T. Certificate #: B 025659

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
    10 years    0 months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
    40
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
    10 years         months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 8

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

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Signature of Agency Head: \_\_\_\_\_

Printed Name of Agency Head: Chief H. Butch Browning

Date of Signature: 12/13/14

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: Robichaux	First Name: Chad	Maiden/Middle Name: Bryant	Generation (Sr., Jr., etc):
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: chad.robichaux@la.gov			
Employing Agency: Louisiana Office of State Fire Marshal			Hire Date: 07/30/2009
POST Academy Attended: St. Charles Regional Training Academy		Graduation Date: 3/24/2011	P.O.S.T. Certificate #: B031900

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
4 years 2 months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
11
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
4 years 2 months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 2

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

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Signature of Agency Head: 

Printed Name of Agency Head: H. "Butch" Browning, Jr. - Louisiana State Fire Marshal

Date of Signature: 12/13/16

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: Mashon	First Name: Brian	Maiden/Middle Name: Joseph	Generation (Sr., Jr., etc): N/A
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: brian.mashon@la.gov			
Employing Agency: Office of Louisiana State Fire Marshal			Hire Date: 12/28/1999
POST Academy Attended: St.Charles Regional POST		Graduation Date: 10/13/2011	P.O.S.T. Certificate #:

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
5 years 2 months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
6
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
4 years 0 months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 2

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

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Signature of Agency Head: [Signature]

Printed Name of Agency Head: H. "Butch" Browning, Jr. - Louisiana State Fire Marshal

Date of Signature: 12/13/16

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: Sellers	First Name: Ronnie	Maiden/Middle Name: Gene	Generation (Sr., Jr., etc): Jr.
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: ronnie.sellers@la.gov			
Employing Agency: Office of State Fire Marshal			Hire Date: 09/23/2003
POST Academy Attended: Bossier Parish Criminal Justice Institute		Graduation Date: 04/22/1994	P.O.S.T. Certificate #: B4909

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
4 years 0 months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
8
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
4 years 0 months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 8

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

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Signature of Agency Head: \_\_\_\_\_

Printed Name of Agency Head: H. "Butch" Browning, Jr. - Louisiana State Fire Marshal

Date of Signature: 12/13/16

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**

# POST Homicide Investigator Training Waiver Request Form

Fax to POST (225) 342-1672 or Email to POST@lcle.la.gov

## Officer Information: (ALL information MUST be completed)

Last Name: Goudeau	First Name: Travis	Maiden/Middle Name: Lavergene	Generation (Sr., Jr., etc):
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	Sex (check one): <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Email Address: travis.goudeau@la.gov			
Employing Agency: Louisiana State Fire Marshal's Office			Hire Date: 7/7/14
POST Academy Attended: Alexandria Regional Police Academy		Graduation Date: 8/15/2011	P.O.S.T. Certificate #: B 031360

## Questions concerning Homicide Investigation Experience:

1. Has the above officer worked on a homicide investigation? ☒ YES ☐ NO
2. If yes, how long has the officer worked as a homicide investigator?  
2 years 7 months
3. If yes, approximately how many homicide investigations has the officer worked as an investigator?  
4
4. Has the above officer worked as the LEAD investigator in a homicide case? ☒ YES ☐ NO
5. If yes, how long has the officer worked as a LEAD homicide investigator?  
2 years 7 months
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 3

Attach a typed list of ALL training, dates, and locations relevant to Homicide Investigation Training. Also, attach copies of the training certificates or documentation of attendance at these courses.

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Signature of Agency Head: 

Printed Name of Agency Head: H. "Butch" Browning, Jr. - Louisiana State Fire Marshal

Date of Signature: 12/13/16

**MUST be signed by AGENCY HEAD (i.e. Sheriff, Chief, Superintendent, etc.)**