Officer Information: (ALL info	rmation MUST	be completed)				
Last Name: REED	First Name: KEITH	Maiden/Middle N THOMAS	ame:	Generation (Sr., Jr., etc): N/A		
Social Security #:	Date of Birth:	Driver's License #	ł:	Sex (check one): Male Female		
Email Address: KEITH.REED@LA.GOV						
Employing Agency: Office of Louisiana State Fire Mar	shal			ire Date: 29/2002		
POST Academy Attended: ALETA-LAFAYETTE		Graduation Date: 11/2/1995		.O.S.T. Certificate #:		
Questions concerning Homicide	Investigation E	xperience:				
1. Has the above officer wor	ked on a homicio	le investigation?	ON [
2. If yes, how long has the or	fficer worked as					
3. If yes, approximately ho	w many homic	ide investigations has the o	officer v	worked as an investigator?		
4. Has the above officer, wor	4. Has the above officer worked as the LEAD investigator in a homicide case? YES NO					
5. If yes, how long has the or see years 0 months		a LEAD homicide investigato	or?			
6. If yes, approximately h investigator? 4	6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 4					
Attach a typed list of ALL trainattach copies of the training cer						
As the Agency Head, I am request LARS 40:2405.8. This request that all statements made on the knowledge. I understand that it that any misrepresentation may Signature of Agency Head:	is based on the chis form and and formation on t	officer's prior investigation any attachments are true his form may be subject to	trainin and co	g and experience. I certify implete to the best of my		
Printed Name of Agency Head:		Jr Louisiana State Fire Marshal				
Date of Signature: 12/13/	[()					

Officer In	nformation: (ALL info	rmation MUST	be comp	leted)	
Last Nam	e:	First Name:		Maiden/Middle Name:	Generation (Sr., Jr.,
de la Breto		Kristen		Renee	etc):
Social Sec	The state of the s	Date of Birth:		Driver's License #:	Sex (check one):
Email Ad	00	137 10 10		THE PARTIES.	Male Female
The second control of	abretonne@la.gov				
Employin Louisiana	g Agency: Office of State Fire Mar	shal		,	Hire Date: 03/25/2013
	ademy Attended: Training Academy		Graduat Novemb	ion Date: er, 2001	P.O.S.T. Certificate #:
Questions	s concerning Homicide	Investigation E	Experienc	e:	
1. Ha	s the above officer work	ked on a homicid	de investig	gation? 🔳 YES 🗌 NO)
2. If	yes, how long has the of		a homicid	e investigator?	
3. If	yes, approximately ho	w many homic	ide inves	tigations has the office	r worked as an investigator?
4. Ha	as the above officer work	ked as the LEAD) investiga	tor in a homicide case?	YES NO
5. If	yes, how long has the of		a LEAD h	omicide investigator?	
	yes, approximately hovestigator?	ow many homic	cide inve	stigations has the offic	cer been assigned as LEAD
				relevant to Homicide l n of attendance at these	Investigation Training. Also ecourses.
that all sknowledg that any n	2405.8. This request is statements made on the second that is misrepresentation may be of Agency Head:	s based on the chis form and an antion on the cause this requ	officer's pany attachis form est to be	orior investigation train hments are true and may be subject to invest rejected.	Fraining Requirement under ing and experience. I certify complete to the best of my stigation and verification and
	ame of Agency Head:		Jr Louisiana	a State Fire Marshal	
Date of Si	ignature: 12/13/1	16			

Officer Information: (ALL info	rmation MUST	be completed)			
Last Name:	First Name:	Maiden/Middle Nam	e: Generation (Sr., Jr.,		
Anderson	Chris	Michael	etc):		
Social Security #:	Date of Birth:	Driver's License #:	Sex (check one):		
	CENTER OF STREET	(0152 11598 (1A3)			
Email Address:					
8181 Independence Blvd., Baton	Rouge, LA 708	306			
Employing Agency:			Hire Date:		
Louisiana Office of State Fire M	larshal	Contaction Date	10-31-2008		
POST Academy Attended:		Graduation Date:	P.O.S.T. Certificate #:		
LSU Basic Training Academy		May 18th, 1997	B 09578		
Questions concerning Homicide	· ·				
1. Has the above officer wor.	ked on a homicid	le investigation? X YES	NO		
2. If yes, how long has the or _9 mont		a homicide investigator?			
3. If yes, approximately ho	w many homici	ide investigations has the offi	cer worked as an investigator?		
4. Has the above officer work	4. Has the above officer worked as the LEAD investigator in a homicide case? XES NO				
5. If yes, how long has the or _8 mont		a LEAD homicide investigator?			
6. If yes, approximately he investigator?4		cide investigations has the o	fficer been assigned as LEAD		
Attach a typed list of ALL train attach copies of the training cer					
***************************************	***********		********		
As the Agency Head, I am requests that all statements made on the knowledge. I understand that it that any misrepresentation may signature of Agency Head:	is based on the ohis form and a nformation on to cause this requ	officer's prior investigation training attachments are true and his form may be subject to invest to be rejected.	nining and experience. I certify d complete to the best of my		
Printed Name of Agency Head:					
Date of Signature:	11-2	13-16			

Last Name: JOHNSTON Social Security #:	First Name: JASON	Maiden/Middle Na ESTUS	me: Generation (Sr., Jr.,
Social Security #:		E0100	etc): N/A
(30 30 30 40 40	Date of Birth:	Driver's License #:	Sex (check one): Male Female
Email Address:	12		
jason.johnston@la.gov			LII' - Data
Employing Agency: Office of Louisiana State Fire M	arshal		Hire Date: 1/1/2006
POST Academy Attended: LSU		Graduation Date:	P.O.S.T. Certificate #:
Questions concerning Homici	de Investigation Ex	perience:	
1. Has the above officer w	orked on a homicide	investigation? 🔳 YES 🗌] NO
2. If yes, how long has the	officer worked as a lonths	nomicide investigator?	
3. If yes, approximately	how many homicid	e investigations has the o	fficer worked as an investigator
4. Has the above officer w	orked as the LEAD i	nvestigator in a homicide ca	se? TYES NO
5. If yes, how long has the years 0 m		LEAD homicide investigato	r?
6. If yes, approximately investigator? 10	•	de investigations has the	officer been assigned as LEAI
Attach a typed list of ALL tr	aining, dates, and lo	ocations relevant to Homic	eide Investigation Training. Also
attach copies of the training of			
LARS 40:2405.8. This reque that all statements made or	st is based on the of n this form and an at information on the nay cause this reque	ficer's prior investigation by attachments are true is form may be subject to	ator Training Requirement unde training and experience. I certif and complete to the best of m investigation and verification and
Printed Name of Agency Hea	У	Louisiana State Fire Marshal	*
Date of Signature: 12/13			

Officer Information: (ALL info	rmation MUST	be comp	leted)		
Last Name:	First Name:		Maiden/Middle Name:	Generation (Sr., Jr.,	
Heinen	Nicholas		William	etc):	
Social Security #	Date of Birth:	17018	Driver's License #:	Sex (check one): Male Female	
Email Address:			Ä		
Nicholas.heinen@la.gov				·	
Employing Agency:				Hire Date:	
Louisiana State Fire Marshal			x	12/9/2002	
POST Academy Attended:		Graduat	ion Date:	P.O.S.T. Certificate #:	
Calcasieu Regional Police Acader	ny	3/22/20	16	B 025659	
Questions concerning Homicide 1. Has the above officer work	· ·)	
2. If yes, how long has the of0mont		a homicid	e investigator?		
3. If yes, approximately ho	w many homici	ide inves	tigations has the office	r worked as an investigator?	
4. Has the above officer work	ked as the LEAD	investiga	ator in a homicide case?	✓ YES ☐ NO	
5. If yes, how long has the of		a LEAD l	nomicide investigator?	,	
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator?8					
Attach a typed list of ALL train attach copies of the training cer					
*********	********		**********	**********	
As the Agency Head, I am request that all statements made on the knowledge. I understand that it that any misrepresentation may Signature of Agency Head:	is based on the othis form and a information on to cause this requestion. Chief H. Bute	officer's pany attachis form test to be	prior investigation train chments are true and may be subject to inves rejected.	ing and experience. I certify complete to the best of my	
Date of Signature: [2] 13[(Ø				

Officer Information: (ALL Info	rmation MUS1	be comp	letea)	
Last Name: Robichaux	First Name: Chad		Maiden/Middle Name:	Generation (Sr., Jr.,
Social Security #:	Date of Birth:		Bryant Driver's License #:	etc): Sex (check one):
		•.*	615265301)	Male Female
Email Address: chad.robichaux@la.gov				
Employing Agency: Louisiana Office of State Fire Mar	shal			Hire Date: 07/30/2009
POST Academy Attended: St. Charles Regional Training Aca	ademy	Graduat 3/24/201	ion Date:	P.O.S.T. Certificate #: B031900
Questions concerning Homicide	e Investigation Ex	xperienc	e:	
1. Has the above officer wor	ked on a homicide	e investig	gation? 🔳 YES 🗌 NO)
2. If yes, how long has the o		homicid	le investigator?	
3. If yes, approximately he	ow many homicio	de inves	tigations has the office	r worked as an investigator
4. Has the above officer wor	ked as the LEAD	investiga	ator in a homicide case?	YES NO
5. If yes, how long has the o		LEAD I	nomicide investigator?	
6. If yes, approximately hinvestigator? 2	ow many homic	ide inve	estigations has the office	cer been assigned as LEAI
Attach a typed list of ALL trai				
As the Agency Head, I am req LARS 40:2405.8. This request that all statements made on knowledge. I understand that that any misrepresentation may Signature of Agency Head:	is based on the or this form and a information on th	fficer's p ny attac nis form	prior investigation train chments are true and may be subject to inves	ning and experience. I certif complete to the best of m
Printed Name of Agency Head:	•	r Louisian	a State Fire Marshal	
Date of Signature: 12/13/	16			

Officer Information: (ALL info	rmation MUST	be completed)		
Last Name:	First Name:	Maiden/Middle Name:	Generation (Sr., Jr.,	
Mashon	Brian	Joseph	etc): N/A	
Social Security #:	Date of Birth:	Driver's License #:	Sex (check one): Male Female	
Email Address: brian.mashon@la.gov				
Employing Agency: Office of Louisiana State Fire Mar	shal		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			0	
2. If yes, how long has the of years 2 mont	fficer worked as a			
3. If yes, approximately ho	w many homici	de investigations has the office	er worked as an investigator?	
4. Has the above officer work	ked as the LEAD	investigator in a homicide case?	YES NO	
5. If yes, how long has the of 4 years 0 mont		a LEAD homicide investigator?		
6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 2				
Attach a typed list of ALL train attach copies of the training cer	ning, dates, and tificates or docu	locations relevant to Homicide mentation of attendance at thes	Investigation Training. Also e courses.	
As the Agency Head, I am request it that all statements made on the knowledge. I understand that it that any misrepresentation may Signature of Agency Head:	is based on the o his form and a nformation on t gcause this requ	officer's prior investigation train my attachments are true and his form may be subject to inve	ning and experience. I certify complete to the best of my	
Printed Name of Agency Head:		Ir Louisiana State Fire Marshal		
Date of Signature: 12/13/	16			

Officer Information: (ALL info	rmation MUST	be comple	eted)	
Last Name:	First Name:		Maiden/Middle Name:	Generation (Sr., Jr.,
Sellers	Ronnie		Gene	etc): Jr.
Social Security #:	Date of Birth:		Driver's License #:	Sex (check one): Male Female
Email Address: ronnie.sellers@la.gov				
Employing Agency: Office of State Fire Marshal				Hire Date:
		C - 1 - 4		09/23/2003
POST Academy Attended: Bossier Parish Criminal Justice In	stitute	Graduation 04/22/199	A CALL TO SEE A	P.O.S.T. Certificate #: B4909
Questions concerning Homicide 1. Has the above officer work	G			
2. If yes, how long has the or 4 years 0 month	fficer worked as			
3. If yes, approximately ho	w many homic	ide investi	igations has the office	r worked as an investigator?
4. Has the above officer wor	ked as the LEAD	investigat	or 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 LEAL investigator? 8				
Attach a typed list of ALL train attach copies of the training cer				
As the Agency Head, I am requests that all statements made on the knowledge. I understand that it that any misrepresentation may Signature of Agency Head:	is based on the chis form and a nformation on to cause this requ	officer's pany attach his form rest to be r	rior investigation train ments are true and may be subject to investigated.	ing and experience. I certify complete to the best of my
Date of Signature: 12/13//	10			

Officer Information: (ALL info	rmation MUST	be completed)			
Last Name:	First Name:	Maiden/Middle Name:	Generation (Sr., Jr.,		
Goudeau	Travis	Lavergene	etc):		
Social Security #:	Date of Birth:	Driver's License #:	Sex (check one):		
Email Address;		0101/1011/5004	Male Female		
travis.goudeau@la.gov		•			
Employing Agency: Louisiana State Fire Marshal's Off			Hire Date: 7/7/14		
POST Academy Attended: Alexandria Regional Police Acade		Graduation Date: 8/15/2011	P.O.S.T. Certificate #: B 031360		
Questions concerning Homicide		Experience:			
_	· ·	de investigation? Tyes No	0		
2. If yes, how long has the or years 7 mon		a homicide investigator?	,		
3. If yes, approximately ho	ow many homic	ide investigations has the office	r worked as an investigator?		
4. Has the above officer wor	ked as the LEAD	investigator in a homicide case?	YES NO		
5. If yes, how long has the o		a LEAD homicide investigator?			
6. If yes, approximately h investigator? 3	6. If yes, approximately how many homicide investigations has the officer been assigned as LEAD investigator? 3				
		locations relevant to Homicide umentation of attendance at thes			
LARS 40:2405.8. This request that all statements made on	is based on the of this form and a information on to y cause this requ	er of the Homicide Investigator officer's prior investigation train any attachments are true and this form may be subject to invenest to be rejected.	ning and experience. I certify complete to the best of my		
Printed Name of Agency Head:		Jr Louisiana State Fire Marshal			
Date of Signature: 12/13	16				