

Incident No. 95000870

Van Zandt County Sheriff's Office Incident Report

Date & Time Reported 2-8-95 2:20 p.m.

No of Incident VZ 2916 at FM 1256				Related Incident Number		Incident Status		Exceptional Status	
City Canton TX		Grid 29	Beat	Shift		Number of Officers Killed By Accident/Negligence		<input type="checkbox"/> Active	<input type="checkbox"/> Death Of Offender
Earliest Date & Time Occurred 2-8-95 2pm		Latest Date & Time Occurred 2-8-95 2pm		Incident Status Date		<input type="checkbox"/> Inactive	<input type="checkbox"/> Prosecution Declined	<input type="checkbox"/> Adult Arrest	<input type="checkbox"/> Extradition Declined
						<input type="checkbox"/> Adult Exception	<input type="checkbox"/> Refused To Cooperate	<input type="checkbox"/> Juvenile Custody	<input type="checkbox"/> Juvenile, No Custody
						<input type="checkbox"/> Juvenile Exception	<input type="checkbox"/> Warrant	<input type="checkbox"/> Unfounded	

REPORTING PARTY		
Name (Last, First Middle) Same as below		Home Phone
Address		Work Phone
		City, State Zip

VICTIM									
Victim (Last, First Middle) Bienbaum, Udo Herman					Victim Type:		Religious		Other
Address RT 1 Box 295					Date Of Birth (Month/Day/Year) or Age Range 11-28-36		<input type="checkbox"/> Financial		<input type="checkbox"/> Unknown
City, State Zip Eustace		Resident Yes	Race W	Sex M	Height	Weight	Hair	Eye	Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone 903 479 3929		Social Security Number		OLN		OLS		OLY	
Employer					Relative (Last, First Middle)				
Employer's Address					Address				
City, State Zip					City, State Zip				
Phone					Relation To Victim				
Injury/Markings/Tattoos					Type Of Injury				
					<input checked="" type="checkbox"/> Broken Bones		<input type="checkbox"/> Loss of Teeth		<input type="checkbox"/> Other Major Injury
					<input type="checkbox"/> Internal Injury		<input type="checkbox"/> Scalds/Burns		<input type="checkbox"/> Minor Injury
					<input type="checkbox"/> Severe Laceration		<input type="checkbox"/> Unconsciousness		<input type="checkbox"/> None

LEOKA Victims	Type of Activity	Body Armor	Type of Assignment
Only Killed by Felonious Acc? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 Disturbance Call <input type="checkbox"/> 2 Burglary <input type="checkbox"/> 3 Robbery <input type="checkbox"/> 4 Other Arrest	<input type="checkbox"/> 1 Wearing-Protected <input type="checkbox"/> 2 Wearing-Not Protected <input type="checkbox"/> 3 Not Wearing	<input type="checkbox"/> 1 1-Man Car-Uniformed-Alone <input type="checkbox"/> 2 1-Man Car-Uniformed-Assisted <input type="checkbox"/> 3 1-Man Car-Plain-Alone <input type="checkbox"/> 4 1-Man Car-Plain-Assisted
	<input type="checkbox"/> 5 Civil Disorder <input type="checkbox"/> 6 Handling Prisoners <input type="checkbox"/> 7 Investigating Suspicious Persons/Circumstances	<input type="checkbox"/> 4 Ambush <input type="checkbox"/> 5 Mentally Deranged <input type="checkbox"/> 6 Traffic Pursuit/Stop <input type="checkbox"/> 7 All Other	<input type="checkbox"/> 5 2-Man Car-Uniformed <input type="checkbox"/> 6 2-Man Car-Plain <input type="checkbox"/> 7 Other Alone <input type="checkbox"/> 8 Other Assisted

Aggravated Assault/Homicide Circumstances			Additional Justifiable Homicide Circumstances
Aggravated Assault/Murder/Non-Neg Manslaughter (max 2)		Negligent Manslaughter (max 1)	Justifiable Homicide (max 1)
<input type="checkbox"/> 1 Argument <input type="checkbox"/> 2 Assault On LE Officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang	<input type="checkbox"/> 6 Lovers' Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved <input type="checkbox"/> 9 Other Circumstances <input type="checkbox"/> 10 Unknown Circumstances	<input type="checkbox"/> 11 Child Playing with Weapon <input type="checkbox"/> 12 Gun-Cleaning Accident <input type="checkbox"/> 13 Hunting Accident <input type="checkbox"/> 14 Other Negligent Weapon Handling <input type="checkbox"/> 15 Other Negligent Killing	<input type="checkbox"/> 16 Criminal Killed by Private Citizen <input type="checkbox"/> 17 Criminal Killed by Police Officer
			<input type="checkbox"/> 18 Criminal Attacked Police Officer <input type="checkbox"/> 19 Criminal Attacked Fellow Police Officer <input type="checkbox"/> 20 Criminal Attacked Civilian <input type="checkbox"/> 21 Criminal Attempted Flight from a Crime <input type="checkbox"/> 22 Criminal Killed in Commission of a Crime <input type="checkbox"/> 23 Criminal Resisted Arrest <input type="checkbox"/> 24 Unable to Determine/Not Enough Info

Hate-Bias Crimes Only:	Type Of Bias	Target
<input type="checkbox"/> 1 Black <input type="checkbox"/> 2 Asian/Pacific Islander <input type="checkbox"/> 3 American Indian	<input type="checkbox"/> 4 White <input type="checkbox"/> 5 Other Race/Color <input type="checkbox"/> 6 Hispanic	<input type="checkbox"/> 7 Place of Worship <input type="checkbox"/> 8 Other Group Property <input type="checkbox"/> 9 Public Property <input type="checkbox"/> 10 Business
<input type="checkbox"/> 7 Anti-Semitic <input type="checkbox"/> 8 Other Religion <input type="checkbox"/> 9 Ethnic/National Origin		<input type="checkbox"/> 11 Residence <input type="checkbox"/> 12 Other Property <input type="checkbox"/> 13 Clergy <input type="checkbox"/> 14 Other Person
<input type="checkbox"/> 10 Sexual Orientation <input type="checkbox"/> 11 Age <input type="checkbox"/> 12 Gender		
<input type="checkbox"/> 13 Disability <input type="checkbox"/> 14 Political		

Domestic Abuse Cases Only	Children	Retirees	Reporter
<input type="checkbox"/> Harmed <input type="checkbox"/> Unharmed <input type="checkbox"/> None Present	<input type="checkbox"/> Counseling <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Shelter <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Victim <input type="checkbox"/> Other	

OTHER NAMES

Name (Last, First Middle) Jones, William B	Involvement	Home Phone	Work Phone
Address		City, State Zip	
Name (Last, First Middle)	Involvement	Home Phone	Work Phone
Address		City, State Zip	
Name (Last, First Middle)	Involvement	Home Phone	Work Phone
Address		City, State Zip	

NARRATIVE

On today's dates and times the comp ildo Bienbaum came to the Van Zandt Sheriff's Dept. while at the Sheriff's dept. Mr. Bienbaum informed me that he had received civil papers on today's date from deputy Munn.

Mr. Bienbaum stated that he has been having civil problems with a William B Jones who's land backs up to his land. Mr. Bienbaum stated that Mr. Jones had torn down his fence and had done alot of damage to his property. Mr. Bienbaum asked if I would go with him to his property and observe the conditions. I did go with Mr. Bienbaum to his property and did observe approx. 300-400 yards of fence that was missing. Also I observed alot of brush and trees along with sand that had washed onto Mr. Bienbaums property. I also observed what I believed to be large tractor tracks in the ground around the fence area and alonged the creek. Mr. Bienbaum stated that Mr. Jones had destroyed the creek which caused the creek to over follow causing the land and brush to wash onto Mr. Bienbaums land. This caused ~~the~~ ~~Stevens~~ Creek to back up onto Mr. Jones land. Mr. Jones land appeared to be natural wet lands at one time. I told Mr. Bienbaum that this was a civil action and not a criminal action. Mr. Bienbaum wanted a report for his records.

Reporting Officer (ID & Name) Scott Johnson	Assisting Officer (ID & Name)	Supervisor (ID & Name)
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FILING A FALSE REPORT WITH A LAW ENFORCEMENT AGENCY IS A CRIMINAL OFFENSE

I hereby certify that the information contained in this report is accurate to the best of my knowledge and I will prosecute the offender if found.

2895

Date

Signature

SEARCHED
SERIALIZED
INDEXED
FILED
JUN 15 1968
SHERIFF'S DEPT.