

22350

STATE OF TENNESSEE, MONROE COUNTY
Criminal Court for Said County, October Term, 2022

COUNT 1

The Grand Jurors upon their oath do present that

CLIENT COPY

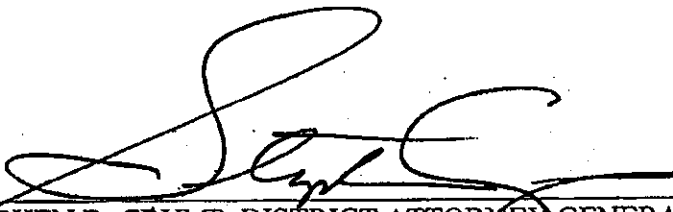
EDWARD SOLOE

on or about the 17th day of April, 2022, in MONROE County, Tennessee, and before the finding of this indictment, did unlawfully drive a motor vehicle within the entire width between the boundary lines of every way publicly maintained that is open to the use of the public for purposes of vehicular travel, or the premises of any shopping center, manufactured housing complex, or apartment house complex, or any other premises frequented by the public at large at a time when the persons privilege to do so was cancelled, suspended or revoked, contrary to T.C.A. 55-50-504, and against the peace and dignity of the State of Tennessee.

FILED
TIME _____ AM/PM

OCT 05 2022

DEWAYNA MARTIN
CIRCUIT COURT CLERK



STEPHEN D. CRUMP, DISTRICT ATTORNEY GENERAL
TENTH JUDICIAL DISTRICT

No. 22350
STATE OF TENNESSEE vs.
Edward Soloc

A TRUE BILL:

Charles E. Hester
Foreman of the Grand Jury

Indictment for:
Drive with License Susp./Canc./Revoked

SUMMONS FOR THE STATE:
James Fischer

WITNESSES:
James Fischer

Were sworn before the Grand Jury to give
evidence on the within indictment, this the

5th day of

October 2022

Charles E. Hester
Foreman of the Grand Jury

James Fischer, Prosecutor

By the order of Stephen D. Crump
STEPHEN D. CRUMP, DISTRICT ATTORNEY GENERAL



I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE RECORD ON FILE WITH THIS DEPARTMENT.

Susan K. Lowe

SUSAN K. LOWE
FINANCIAL RESPONSIBILITY

**STATE OF TENNESSEE
DEPARTMENT OF SAFETY**

SOLOE, EDWARD
2801 E MAGNOLIA AVE
KNOXVILLE, TN 379144514

Current Date: 07/17/2022
ID Name:
Control No.: L13 1365856

For Government Use Only

Dr Lic No: 074677797 Birth Date: 01/18/1968 Lic Class: ID** Endrse: None
 Issue Date: 12/11/2018 Expiration Date: 12/11/2026
 Eyes: Blue Hair: Grey Sex: Male Race: White Height: 6' 0" Weight: 260
 Non-CDL Status: Suspended CDL Status: None
 Non-CDL Eligibility Date: N/A CDL Eligibility Date: N/A
 Requested Information: N/A
 Restrictions: None

... record.
... Lic Mac / Unknown

Event	Action Date	Action Code	Location	Date Received	Speed MPH/Zone	Case Number	Document Contr Number
DRIVING WHILE LIC SUSPEND	05/09/1997	B26	McMinn	06/20/1997	0/0		71542060467
DRIVING WHILE LICENSE SUSPENDED NCL SUSPENSION FROM 05/09/1997 TO 05/09/1997 REINSTATED: 00/00/0000	05/09/1997	SUS	McMinn	06/20/1997	0/0		71542060467
FAIL TO FILE LIABILITY INS AFTER MOVING VIOLATION NCL SUSPENSION FROM 07/04/1997 TO 07/04/2002 VIOLATION DATE: 03/31/1997 REINSTATED: 00/00/0000	07/04/1997	SUS	McMinn	07/29/1997	0/0		71542060467
FAIL TO ANSWER/PAY ORIG VIOL	06/18/1997	D56	GA - Georgia	06/18/1997	0/0		71352120002
FAILURE TO ANSWER/PAY ORIGINAL VIOLATION NCL SUSPENSION FROM 07/16/1997 TO INDEFINITE REINSTATED: 00/00/0000	07/16/1997	SUS	GA - Georgia	06/18/1997	0/0		71352120002
NON-ACD WITHDRAWAL NCL SUSPENSION FROM 06/12/1996 TO 02/17/1998 REINSTATED: 02/17/1998	06/12/1996	SUS	Knox	07/09/1996	0/0		61292160278
NON-ACD WITHDRAWAL NCL SUSPENSION FROM 06/12/1996 TO 02/17/1998 REINSTATED: 02/17/1998	06/12/1996	SUS	Knox	07/09/1996	0/0		61292160279
CHILD RESTRAINT NOT USED	04/15/1996	F02	Loudon County Clerk	04/15/1996	0/0		61002080404
SPEEDING 63 IN 40 ZONE	05/16/1996	S92	Knox	05/16/1996	63/40		61292160279



**STATE OF TENNESSEE
DEPARTMENT OF SAFETY**

SOLOE, EDWARD
2801 E MAGNOLIA AVE
KNOXVILLE, TN 379144514

I HEREBY CERTIFY THIS TO BE A TRUE
AND CORRECT COPY OF THE RECORD
ON FILE WITH THIS DEPARTMENT.

Susan K. Lowe
SUSAN K. LOWE
FINANCIAL RESPONSIBILITY

Current Date: 04/17/2022
ID Name:
Control No.: L1321365856

For Government Use Only

Dr Lic No: 074677797 Birth Date: 01/18/1968 Lic Class: ID** Endrse: None

Issue Date: 12/11/2018 Expiration Date: 12/11/2026

Eyes: Blue Hair: Grey Sex: Male Race: White Height: 6' 0" Weight: 260

Non-CDL Status: Suspended CDL Status: None

Non-CDL Eligibility Date: N/A CDL Eligibility Date: N/A

Requested Information: N/A

Restrictions: None

Contains entire record.

Former State/Lic No: / Unknown

Event Date	Action Date	Action Code	Location	Date Received	Speed MPH/Zone	Case Number	Document Control Number
11/02/1991	11/02/1991	ACC	Anderson County	09/16/1992	0/0		13111140020
PERSONAL INJURY ACCIDENT CRASH REPORT #: 1632676							

Tennessee State Law Requires the Department of Safety to Record all Reportable Motor Vehicle Accidents. Accident Involvement Indicated on this Report Does Not Necessarily Mean the Individual was at Fault or Given a Citation.

**VONORE POLICE DEPARTMENT
INCIDENT REPORT FORM**

ADMINISTRATIVE DATA

1. ORI TN0620500	Address of Incident: HIGHWAY 411		Apt#:
2. Incident Number 220417181444	City: VONORE	County: MONROE	Zone:
	Longitude: -84.25725144	Latitude: 35.58329854	
3. Incident Date 04/17/2022	4. Incident Time: 1814	Arrival Date: 04/17/2022	Arrival Time: 1814
Report Type <input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Supplement / Update	Incident Status <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared Exceptionally	5. Exceptional Clearance Date : //	6. Exceptional Clearance Information : <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Victim Refused Cooperate <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Not applicable

OFFENSE NUMBER ONE

7. TIBRS Offense Code	TIBRS Offense Description	T.C.A. Offense Code & Description	
		55-50-504.2	
8. Bias Motivation 88	9. Offense Location 13	10. Status <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	11. Offender suspected of using (check all applied) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equip. <input checked="" type="checkbox"/> N/A
<small>Note: See codes below for Bias Motivation and Location codes</small>			
12. Type of Criminal Activity (Check up to three)(required for offenses 250, 280, 35A,35B,39C,370,520)			
<input type="checkbox"/> Buying / Receiving <input type="checkbox"/> Cultivating/Manufacturing/Publishing/Producing <input type="checkbox"/> Distributing/Selling		<input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing	
<input type="checkbox"/> Transporting/Transmitting/Importing <input type="checkbox"/> Using/Consuming			
13. Type of Weapon/Force Involved (Check up to three & enter "A" on line if firearm is automatic)(required for offenses 09A,09B,09C,100,11A,11B,11C,120,13A,13b,20,520)			
<input type="checkbox"/> Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Other Firearm <input type="checkbox"/> Knife/Cutting Instrument		<input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> None	
For Burglary Only: 14. Method of Entry: <input type="checkbox"/> Force <input type="checkbox"/> No Force 15. Number of Premises (required for locations 14 & 19) 0			
16. Did the incident involve a home invasion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Burglary and Robbery only)			
16A. Was the offense Drug related or motivated? If yes, complete the Supplemental Drug Report			
17. Gang Activity <input type="checkbox"/> Juvenile Gang <input type="checkbox"/> Other Gang <input type="checkbox"/> Juvenile & Other <input checked="" type="checkbox"/> No Gang Activity	18. Type	19. Name	Gang Types: T= Prison Gangs/Security Threat Group C= Organized Crime S= Street Gang R= Terrorist/Subversive Group O= Outlaw Motorcycle Gang M= Miscellaneous

OFFENSE NUMBER TWO

7. TIBRS Offense Code	TIBRS Offense Description	T.C.A. Offense Code & Description	
8. Bias Motivation	9. Offense Location	10. Status <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	11. Offender suspected of using (check all applied) <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equip. <input checked="" type="checkbox"/> N/A
<small>Note: See codes below for Bias Motivation and Location codes</small>			
12. Type of Criminal Activity (Check up to three)(required for offenses 250, 280, 35A,35B,39C,370,520)			
<input type="checkbox"/> Buying / Receiving <input type="checkbox"/> Cultivating/Manufacturing/Publishing/Producing <input type="checkbox"/> Distributing/Selling		<input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing	
<input type="checkbox"/> Transporting/Transmitting/Importing <input type="checkbox"/> Using/Consuming			
13. Type of Weapon/Force Involved (Check up to three & enter "A" on line if firearm is automatic)(required for offenses 09A,09B,09C,100,11A,11B,11C,120,13A,13b,20,520)			
<input type="checkbox"/> Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Other Firearm <input type="checkbox"/> Knife/Cutting Instrument		<input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary <input type="checkbox"/> Drugs/Narcotics <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> None	
For Burglary Only: 14. Method of Entry: <input type="checkbox"/> Force <input type="checkbox"/> No Force 15. Number of Premises (required for locations 14 & 19) 0			
16. Did the incident involve a home invasion? <input type="checkbox"/> Yes <input type="checkbox"/> No (Burglary and Robbery only)			
16A. Was the offense Drug related or motivated? If yes, complete the Supplemental Drug Report			
17. Gang Activity <input type="checkbox"/> Juvenile Gang <input type="checkbox"/> Other Gang <input type="checkbox"/> Juvenile & Other <input checked="" type="checkbox"/> No Gang Activity	18. Type	19. Name	Gang Types: T= Prison Gangs/Security Threat Group C= Organized Crime S= Street Gang R= Terrorist/Subversive Group O= Outlaw Motorcycle Gang M= Miscellaneous

CODES

Bias Motivation Codes			
Anti-Racial	Anti-Religious	Anti-Sexual	Anti-Disabilities
11 White	21 Jewish	41 Male Homosexual (Gay)	51 Physical Disabilities
12 Black	22 Catholic	42 Female Homosexual (Lesbian)	52 Mental Disabilities
13 American Indian/Alaskan Native	23 Protestant	43 Homosexual (Gay & Lesbian)	Non-Specific
14 Asian/Pacific Islander	24 Islamic (Muslim)	44 Heterosexual	88 None
15 Multi-Racial Group	25 Other Religion	45 Bisexual	99 Unknown
26 Multi-Religious Group	33 Hispanic		
	30 Other Ethnicity/National Origin		
Location Codes			
01 Air/Bus/Train Terminal	06 Construction Site	11 Government/Public Bldg.	16 Lake/Waterway
02 Bank/Savings and Loan	07 Convenience Store	12 Grocery/Supermarket	17 Liquor Store
03 Bar/Nightclub	08 Department/Discount Store	13 Highway/Road/Alley	18 Parking Lot/Garage
04 Church/Synagogue/Temple	09 Drug Store	14 Hotel/Motel/Etc.	19 Rental Storage Facility
05 Commercial/Office Bldg.	10 Field/Woods	15 Jail/Prison	20 Residence/Home
			21 Restaurant
			22 School/College
			23 Service/Gas Station
			24 Specialty Store (TV/Fur, etc)
			25 Other/Unknown

VONORE POLICE DEPARTMENT

OFFENDER / ARRESTEE NUMBER

Offender # 1		Arrested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Total Number of Offenders 1			
32. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	33. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Indian	Eyes BLU	Hair GRY	Weight 260	Height 600	Age/Age Range 54	34. DOB (if arrested) 01/18/1968
Scars/ Marks / Tattoos			Clothing				
35. State Control Number SOED011868			36. First Name EDWARD		MI	Last Name SOLOE	
SSN 407-98-7785			Address 944 NORTH WRIGHT ROAD				
DL# 07467797		State TN		ALCOA		TN	37701-
37. Ethnicity <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	38. Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	39. Type of Arrest <input type="checkbox"/> On-View <input checked="" type="checkbox"/> Summoned / Cited <input type="checkbox"/> Taken Into Custody		40. Multiple Arrest Indicator <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> Count Arrestee <input type="checkbox"/> Not Applicable		41. Arrest Transaction Num.	
42. Arresting Offense						43. Arrest Date 04/17/2022	
44. Weapons Arrestee was armed with at time of Arrest (check up to two weapons & enter "A" on line if firearm is automatic) <input type="checkbox"/> Unarmed <input type="checkbox"/> Rifle <input type="checkbox"/> Lethal Cutting Instrument <input type="checkbox"/> Firearm- Type Unknown <input type="checkbox"/> Shotgun (e.g., switchblade knife) <input type="checkbox"/> Handgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Clubs / Blackjack / Brass Knuckles						46. Disposition of Arrestee Under 18 <input type="checkbox"/> Handle within the Department <input type="checkbox"/> Referred to other Authorities	
45. For Domestic Violence Only:		Warrant Signed By:		<input type="checkbox"/> Officer	<input type="checkbox"/> Victim	<input type="checkbox"/> Both	

OFFENDER / ARRESTEE NUMBER

Offender #		Arrested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Total Number of Offenders 1			
32. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	33. Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Indian	Eyes	Hair	Weight 0	Height	Age/Age Range	34. DOB (if arrested) //
Scars/ Marks / Tattoos			Clothing				
35. State Control Number			36. First Name		MI	Last Name	
SSN			Address				
DL#		State					
37. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	38. Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	39. Type of Arrest <input type="checkbox"/> On-View <input type="checkbox"/> Summoned / Cited <input type="checkbox"/> Taken Into Custody		40. Multiple Arrest Indicator <input type="checkbox"/> Multiple <input type="checkbox"/> Count Arrestee <input type="checkbox"/> Not Applicable		41. Arrest Transaction Num.	
42. Arresting Offense						43. Arrest Date	
44. Weapons Arrestee was armed with at time of Arrest (check up to two weapons & enter "A" on line if firearm is automatic) <input type="checkbox"/> Unarmed <input type="checkbox"/> Rifle <input type="checkbox"/> Lethal Cutting Instrument <input type="checkbox"/> Firearm- Type Unknown <input type="checkbox"/> Shotgun (e.g., switchblade knife) <input type="checkbox"/> Handgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Clubs / Blackjack / Brass Knuckles						46. Disposition of Arrestee Under 18 <input type="checkbox"/> Handle within the Department <input type="checkbox"/> Referred to other Authorities	
45. For Domestic Violence Only:		Warrant Signed By:		<input type="checkbox"/> Officer	<input type="checkbox"/> Victim	<input type="checkbox"/> Both	

VONORE POLICE DEPARTMENT

VICTIM

47. Offense(s) Against Victim, TIBRS Code(s)					Victim Sequence # 1							
Offense #1 55-50-504.	Offense #2	Offense #3	Offense #4	Offense #5	Offense #6	Offense #7	Offense #8	Offense #9	Offense #10			
48. Type of Victim (check only one)					49. Sex		50. Race		51. Ethnicity			
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Society / Public <input type="checkbox"/> Financial <input type="checkbox"/> Government <input type="checkbox"/> Business <input type="checkbox"/> Unknown <input type="checkbox"/> Law Enforcement Official <input type="checkbox"/> Religious Organization <input type="checkbox"/> Other					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown			
Date of Birth //		52. Age 0	53. Resident Status		54. Injury Type (check up to 5)							
			<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> None <input type="checkbox"/> Broken Bones <input type="checkbox"/> Possible Internal Injuries <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Minor Injury <input type="checkbox"/> Other Major Injury <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Unconsciousness							
55A. Aggravated Assault / Homicide Circumstances (check up to 2)			55B. Negligent Manslaughter (check one)		55C. Justifiable Homicide (check one)		Additional Justifiable Homicide Circumstances					
<input type="checkbox"/> Argument <input type="checkbox"/> Assault on Officer <input type="checkbox"/> Drug Dealing <input type="checkbox"/> Gangland <input type="checkbox"/> Juvenile Gang <input type="checkbox"/> Lover's Quarrel <input type="checkbox"/> Mercy Killing <input type="checkbox"/> Other Felony Involved <input type="checkbox"/> Other Circumstances <input type="checkbox"/> Unknown Circumstances			<input type="checkbox"/> Child playing with a gun <input type="checkbox"/> Gun cleaning accident <input type="checkbox"/> Hunting accident <input type="checkbox"/> Other negligent weapon handling <input type="checkbox"/> Other negligent Killing		<input type="checkbox"/> Criminal killed by private citizen <input type="checkbox"/> Criminal killed by police officer / law enforcement official		<input type="checkbox"/> Attacked police officer & that officer killed criminal <input type="checkbox"/> Attacked officer & fellow officer killed criminal <input type="checkbox"/> Criminal attacked a civilian <input type="checkbox"/> Attempted flight from a crime <input type="checkbox"/> Killed in commission of a crime <input type="checkbox"/> Resisted arrest <input type="checkbox"/> Unable to determine / not enough information					
56. Victim to Offender Relationship (the numbers in the boxes refer to the offender sequence numbers) (required for offenses 13A, 13B, 13C, 13D, 100, 09A, 09B, 09C, 120, 11A, 11B, 11C, 11D, 36A, 36B)												
Off. #1 RU	Off. #2	Off. #3	Off. #4	Off. #5	Off. #6	Off. #7	Off. #8	Off. #9	Off. #10			
Victim to Offender Relationship Codes			Within the Family			Outside Family Known to Victim			Not Known by Victim			
			SE - Spouse CS - Common-Law Spouse PA - Parent SB - Sibling (brother/sister) CH - Child GP - Grandparent GC - Grandchild			IL - In-Law SP - Step-Parent SC - Step-Child SS - Step-Sibling OF - Other Family Member AQ - Acquaintance FR - Friend			NE - Neighbor BE - Babysitter (the baby) BG - Boyfriend / Girlfriend CF - Child of Boyfriend or Girlfriend XS - Ex-Spouse EE - Employee ER - Employer HR - Homosexual Relationship OK - Victim was Otherwise Known			RU - Relationship Unknown ST - Victim was Stranger VO - Victim was Offender
57. Is this incident Domestic Violence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					College Student Information							
58. Was the victim transported to safety? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					60. Is the victim a college student? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
59. Did the incident involve a Violation of an Order of Protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					61. If yes, name of college / university:							
Victim Name (L,F,MI) SOCIETY					62. Did the crime occur on campus? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Street Address												
Home Phone					City		State		Zip			
Work Phone					SSN							
Occupation					DL / OLN							
Employment					Height		Weight					
					0							
COMPLAINANT / WITNESS												
Complainant Name (L,F,MI) OFFICER JAMES FISCHER					Home Phone		Work Phone					
Street Address 613 CHURCH STREET					City VONORE		State TN		Zip 37885			
Witness Name (L,F,MI)					Home Phone		Work Phone					
Street Address					City		State		Zip			

RPTID: 1943007228

AGENCY: TN0620500

INCIDENT REPORT - NARRATIVE

VONORE POLICE DEPARTMENT

Print Date: 07/13/2022 01:05:06 PM

CASENO: 220417181444

On 04/17/2022, at approximately 6:14 pm, I observed a blue Dodge Grand Caravan on Highway 411 South near Carey Street. I observed the above vehicle traveling faster than the posted speed limit. I observed the said vehicle traveling 61 mph in a 45 mph zone confirmed the speed by radar. I then performed a traffic stop on the above vehicle on Highway 411 between Carey Street and Evans Street. I then came in contact with the driver later identified as Mr. Edward Soloe. I advised Mr. Soloe the reason for the stop and asked him for his driver's license, registration, and proof of insurance. Mr. Soloe advised that he did not need a driver's license or insurance due to the fact he was traveling by ways of commerce. Mr. Soloe did advise that he had a Tennessee Identification card, and presented the identification card to me. I then checked Mr. Soloe's license status through Monroe County Central Dispatch. They advised that Mr. Soloe's license was suspended for failure to file insurance certification, action date of 02/06/2020. I then wrote Mr. Soloe four citations. Three citations (citation number 18636) was written into Town of Vonore Court for speeding 61/45, failure to carry registration, and no proof of insurance, with a court date of June 13, 2022 at 6:00 pm. The other citation was written into Monroe County General Sessions Court (citation number: 18645) for driving on a suspended license, with the court date of June 13, 2022 at 9:00 am. Mr. Soloe advised that he was going to beat the charges in court, because he has spent three years studying the laws on insurance and driving. Mr. Soloe's vehicle was towed by Martin's Body Shop, due to Mr. Soloe driver's license being suspended and admitting not having insurance to the vehicle. This did occur in the Town of Vonore, in Monroe County, Tennessee

Officer Name: FISCHER, JAMES

Badge: 244

Date Added: 04/17/2022



**VEHICLE TOW-IN REPORT / NO-TOW REQUEST
LIABILITY RELEASE REPORT**

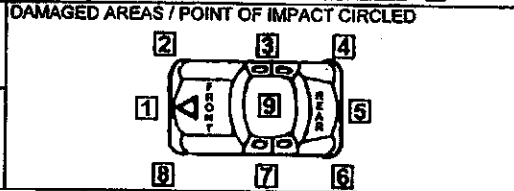
DATE 4/17/2022	TIME 6:34 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COUNTY Monroe	CODE 62	OCCURRED ON: STREET, HWY., ROUTE NUMBER HWY 411		SR. NO.		
DISTRICT	ZONE	CLASS OF WRECKER rollback	TIME REQUESTED 18:35	TIME ARRIVED 18:50	DOS INSPECTION NUMBER	CASE NUMBER 22041718144		
YEAR 2009	MAKE Dodge	MODEL Grand Caravan	COLOR Blue	BODY TYPE Van	VIN 1D8HN44E39B507916	LIC NUMBER 34A P06 02462347	STATE TN	YEAR 2022

10-28 CONDUCTED? <input checked="" type="checkbox"/>	10-29 CONDUCTED? <input checked="" type="checkbox"/>	VEHICLE STOLEN/WANTED? <input checked="" type="checkbox"/>	REGISTERED OWNER NOTIFIED? <input checked="" type="checkbox"/>	LIEN HOLDER(S) NOTIFIED? <input checked="" type="checkbox"/>	HOLD PLACED ON VEHICLE? <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	10-15 <input type="checkbox"/>	10-44 <input type="checkbox"/>	10-45 <input type="checkbox"/>	10-46 <input type="checkbox"/>	10-83 <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>	CHARGE(S): Suspended	REASON FOR TOWING	SEIZED <input type="checkbox"/>	T.C.A. 55-10-403 (D.U.I.) <input type="checkbox"/>	T.C.A. 55-50-504 (REVOKED) <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/>	OWNER REQUEST <input type="checkbox"/>	OFFICER REQUEST <input checked="" type="checkbox"/>
---	---	---	---	---	--	---	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--	-----------------------------	-------------------	---------------------------------	--	---	--	--	---

WAS VEHICLE ABANDONED? YES NO IF YES, LENGTH OF TIME ABANDONED? _____ DAYS
MILEAGE ON VEHICLE AT TIME OF TOW? _____ MILES

REGISTERED OWNER'S NAME
Edward Soioe

ADDRESS
944 N Wright Rd



TYPE OF ACTION:

REQUESTED OFFICER TO CALL

VEHICLE SECURED AT LOCATION / OWNER-OPERATOR RESPONSIBLE FOR SAFEKEEPING.

VEHICLE REMANDED TO THE CUSTODY OF _____ WHEREIN HE/SHE WILL BE RESPONSIBLE FOR ITS SAFEKEEPING.

REQUESTED OFFICER TO CALL THE D.O.S. SCHEDULED WRECKER

I hereby acknowledge that I have read and understand the contents of this report and in consideration for compliance with the above request release the Investigating Officer and his or her Department from any liability for possible loss of or damage to the vehicle and property therein.

ABANDONED, NO SIGNATURE
 REFUSED TO SIGN
 UNABLE TO SIGN

Edward Soioe
(Signature of Vehicle Owner/Operator)

VEHICLE DISPOSITION

WRECKER COMPANY Martin's Towing	ADDRESS 209 County Farm Rd Madisonville TN	PHONE NO. 423-442-2802
LOCATION OF VEHICLE	ADDRESS	PHONE NO.

INVENTORY PERFORMED (IF NOT - EXPLAIN) **Did not want search**

ITEMS INVENTORIED: _____

INVESTIGATING OFFICER J. Fischer	BADGE NO. 207	<input type="checkbox"/> SUPPLEMENT <input checked="" type="checkbox"/> RELATED REPORTS	REVIEWED AND APPROVED BY:
--	-------------------------	--	---------------------------

I HEREBY ACCEPT RESPONSIBILITY OF THE ABOVE DESCRIBED VEHICLE AND INVENTORY.

[Signature]
WRECKER SERVICE SIGNATURE