

INCIDENT/OFFENSE REPORT										Report Number		CLPD-19-007955			
IL0560300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number					
										Occurred From Date		04/18/2019		Time: 07:00 PM	
										Occurred To Date		04/18/2019		Time: 07:00 PM	
										Reported Date		04/18/2019		Time: 07:00 PM	
ADMIN	Nature of Complaint IN STATE WARRANT					CAD CODE		Related Incidents		School Incident <input type="checkbox"/>					
	Location of Incident 100 W Woodstock St CRYSTAL LAKE IL 60014					Location Name		Offense Tract AREA 1							
OFFENSE	ILCS Description IN STATE BOND FORFEITURE WARRANT										UCR Code 5081	F/M	Counts 1		
	Offense Status	Offense Location 11		Structure	Premise Type G		Forcible	Point of Entry		Method of Entry					
	Weapon Used NONE			School Incident Firearms <input type="checkbox"/>	Situation		Bias Motivation		Charge Statute 5081-BOND						
	Victim Name STATE OF ILLINOIS					Victim is Complainant <input type="checkbox"/>	Victim of Intimidation <input type="checkbox"/>	Home Phone		Cell Phone					
VICTIM	Address										Email				
	Sex U	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion				
	Ethnicity U		SSN		DLN License		DLN State	Employer				Employer Phone			
	SMT					Nickname			Additional						
	Relative					Relative Address			Relative Phone						
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code		Nature of Injuries										
	Victim Type G		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2				
	Offense 1 5081	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle			
	Offender/Suspect Name CUNNINGHAM, JOANN DORIS										Phone		Cell Phone		
	Address 94 DOLE AVENUE CRYSTAL LAKE IL 60014										Work Phone		Email		
Sex F	Race	Date Born	Age 36	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style					
SSN		DLN		DLN State		Employer		Employer Phone		Occupation					
Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance					
Miscellaneous			Speech		Teeth		Build	Demeanor		Nickname/Streetname					
Relative					Relative Address			Relative Phone							
Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries							
Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs							
Offense 1 5081	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
Related To				Type		VIN		Hull Number							
Owner Name				Owner Address				Owner Phone							
Make		Model		Color		Year	Style	Status							
License Plate		Plate State	Plate Year	Plate Expires	Comments										
Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At								
Where Recovered			Who Recovered				Towed By								
Vehicle Condition				Vehicle Damage				Insured By							
ADMIN	Child / DV / School UCR <input type="checkbox"/>	Contributing Factors	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Crimes Against Children	<input type="checkbox"/> Gang	<input type="checkbox"/> Satanic	<input type="checkbox"/> Drug	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hate	<input type="checkbox"/> Traffic					
	Exceptional Clearance Code				Date		Internal Clearance Code				Date				
	Reporting Officer Name KROL KRZYSZTOF				Date CL4433		Investigating Officer Name 4/19/2019 1:38:20 AM								
	Reviewing Officer Name				Date		Approving Officer Name DOHERTY KEVIN				Date CL4425				
										4/19/2019 3:36:00 AM					

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-19-007955
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User Defined Fields

SQUAD #: 1038, 1035
 COURT DATE AND TIME: 04/23/19 AT 0830
 BOND AMOUNT: \$3000 / 10%
 RELEASED OR TOT: SELF
 WARRANT AGENCY: MCSO
 WARRANT CHARGE(S): FTADWLS

Exceptional Clearance Code	Date	Informal Clearance Code	Date
Reporting Officer Name KROL KRZYSZTOF	Date 4/19/2019 1:38:20 AM	Investigating Officer Name	
Reviewing Officer Name	Date	Approving Officer Name DOHERTY KEVIN	Date 4/19/2019 3:36:00 AM
CL4433		CL4425	

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 201900024523
 Case Numbers: CLPD-19-002756
 Incident Date: 2/7/2019 10:35:46
 Report Generated: 4/22/2019 10:46:13

Incident Information

Incident Type: CHECK FOR WELL-BEING
 Priority: P2 RECENT
 Determinant:
 Base Response#: 02072019-0005046
 Confirmation#: 02072019-0021630
 Taken By: GLOWACKI, MARK
 Response Area: 1 CL5/CL14
 Disposition: 2 - NO POLICE SERVICES NEEDED
 Cancel Reason:
 Incident Status: Closed
 Certification:
 Longitude: 86334817

Alarm Level:
 Problem: CHECK FOR WELL-BEING
 Agency: ETSB LAW
 Jurisdiction: CRYSTAL LAKE PD
 Division: CRYSTAL LAKE PD
 Battalion: CRYSTAL LAKE PD
 Response Plan: CL 1 CAR AREA 5 CAP
 Command Ch:
 Primary TAC:
 Secondary TAC:
 Delay Reason (If any):
 Latitude: 42238353

Incident Location

Location Name:
 Address:
 Apartment:
 Building:
 City, State, Zip: CRYSTAL LAKE IL 60014

County: MCHENRY
 Location Type: RESIDENCE
 Cross Street: HASTINGS A/W GROVE ST
 Map Reference: 1 CL5/CL14

Call Receipt

Caller Name:
 Method Received:
 Caller Type:
 Caller Address:
 Caller Building:
 Caller City, State, Zip:

Call Back Phone:
 Caller Location:
 Caller Location Phone:
 Caller Apartment:
 Caller County:

Time Stamps

Description	Date	Time	User
Phone Pickup	2/7/2019	10:35:29	
1st Key Stroke	2/7/2019	10:35:30	
In Waiting Queue	2/7/2019	10:37:35	
Call Taking Complete	2/7/2019	10:48:19	GLOWACKI, MARK
1st Unit Assigned	2/7/2019	10:38:26	
1st Unit Enroute	2/7/2019	10:38:32	
1st Unit Arrived	2/7/2019	10:39:18	
Closed	2/7/2019	10:53:03	Mobile1

Elapsed Times

Description	Time
Received to In Queue	00:01:49
Call Taking	00:12:33
In Queue to 1st Assign	00:00:51.4
Call Received to 1st Assign	00:02:57.4
Assigned to 1st Enroute	00:00:05.6
Enroute to 1st Arrived	00:00:45.8
incident Duration	00:17:34

Resources Assigned

Unit	Primary Flag	Assigned	Disposition	Enroute	Staged	Arrived	At Patient	Delay Avail	Complete	Odm. Enroute	Odm. Arrived	Cancel Reason
X323	Y	10:38:26		10:38:32					10:50:35			
X321	N	10:39:00	2 - NO POLICE SERVICES NEEDED	10:39:04		10:39:18			10:53:03			

Personnel Assigned

Unit	Name
X323	SHIPBAUGH, KIMBERLEY (CL4434)
X321	STOPKA, ERIC (CL4104)

Caution Notes

No Caution Notes found

Pre-Scheduled Information

No Pre-Scheduled Information

Transports

No Transports Information

Transport Legs

No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
2/7/2019	10:37:35	SEGLOWACKI	Response		[1] CHECKING ON [REDACTED]
2/7/2019	10:38:27	WebRMS	Response		PHONE HAS BEEN OFF FOR 2 DAYS COMPL TO BE CALLED WITH RESULTS
2/7/2019	10:41:06	SEKROWS	Response		[2] Automatic Case Number(s) Issued for Incident #[201900024523], Jurisdiction: CRYSTAL LAKE PD. Case Number(s): CLPD-19-002756, requested by X323.
2/7/2019	10:44:54	SEKROWS	Response		[3] [REDACTED]
2/7/2019	10:52:31	STOPKA, ERIC	Response		[4] X321 J [REDACTED] [5] STOPKA, ERIC - X321 - left a message on [REDACTED] cellular number given, the [REDACTED] was fine and did not need any police assistance. she will call [REDACTED]

* Address *

INCIDENT/OFFENSE REPORT

IL0560300
CRYSTAL LAKE POLICE DEPARTMENT
 100 W WOODSTOCK STREET
 CRYSTAL LAKE IL 60014
 815-459-2020

Report Number CLPD-18-025586
CAD Number
Occurred From Date 12/18/2018 **Time:** 07:49 AM
Occurred To Date 12/18/2018 **Time:** 07:49 AM
Reported Date 12/18/2018 **Time:** 01:16 PM

ADMIN
 Nature of Complaint: DRIVING WHILE LICENSE SUSPENDED
 Location of Incident: 94 DOLE AV CRYSTAL LAKE IL 60014
 CAD CODE: [] Related Incidents: [] School Incident: []
 Location Name: [] Offense Tract: AREA 5
 Photos: Evidence [] Victim [] Scene [] Notification/Referrals: ET [] INV [] YO [] SW [] Name: [] Miscellaneous: [] Floor: [] Room: []

OFFENSE
 ILCs Description: DRIVING ON SUSPENDED DL/DRIVERS LICENSE
 UCR Code: 2480 F/M: M Counts: 1
 Offense Status: [] Offense Location: 13 Structure: [] Premise Type: A Forcible: [] Point of Entry: [] Method of Entry: []
 Weapon Used: NONE School Incident Firearms: [] Situation: [] Bias Motivation: UNKNOWN Charge Statute: 625-5.0/6-303-A

VICTIM
 Victim Name: STATE OF ILLINOIS Victim Is Complainant: [] Victim of Intimidation: [] Home Phone: [] Cell Phone: []
 Address: [] Email: []
 Sex: U Race: U Date Born: [] Age: [] To Age: [] Height: [] Weight: 0 Eye Color: [] Hair Color: [] Hair Length: [] Complexion: []
 Ethnicity: U SSN: [] DLN License: [] DLN State: [] Employer: [] Employer Phone: []
 SMT: [] Nickname: [] Additional: []
 Relative: [] Relative Address: [] Relative Phone: []
 Used: Drug [] Alcohol [] Computer [] Injured? [] Injury Code: [] Nature of Injuries: []
 Victim Type: G Victim to Offender: [] Victim Challenged / Act: [] Victim Location: [] Agg Assault Circum 1: [] Agg Assault Circum 2: []
 Offense 1: 2480 Offense 2: [] Offense 3: [] Offense 4: [] Offense 5: [] Offense 6: [] Offense 7: [] Offense 8: [] Offense 9: [] Offense 10: [] LEO Activity: [] LEO Vehicle: []

SUSPECT
 Offender/Suspect Name: CUNNINGHAM, JOANN D Phone: [] Cell Phone: []
 Address: 94 DOLE AVENUE CRYSTAL LAKE IL 60014- Work Phone: [] Email: []
 Sex: F Race: [] Date Born: [] Age: 35 Height: [] Weight: [] Eye Color: [] Hair Color: [] Hair Length: [] Hair Style: []
 SSN: [] DLN: [] DLN State: [] Employer: [] Employer Phone: [] Occupation: []
 Complexion: [] Ethnicity: [] Facial Hair: [] General Appearance: [] Glasses Type: [] Hand Dominance: []
 Miscellaneous: [] Speech: [] Teeth: [] Build: SMALL Demeanor: [] Nickname/Streetname: []
 Relative: [] Relative Address: [] Relative Phone: []
 Additional: [] Injured: [] Injury Code: [] Nature of Injuries: []
 Suspect Forced Victim: [] Suspect Action: [] Suspect Solicited Victim: [] Suspect Force Used: [] SMTs: []
 Offense 1: 2480 Offense 2: [] Offense 3: [] Offense 4: [] Offense 5: [] Offense 6: [] Offense 7: [] Offense 8: [] Offense 9: [] Offense 10: [] Used: Drug [] Alcohol [] Computer []

VEHICLE
 Related To: SUSPECT CUNNINGHAM, JOANN D Type: 1 VIN: 2MEFM74W15X664871 Hull Number: []
 Owner Name: [] Owner Address: 94 DOLE AVENUE CRYSTAL LAKE IL 60014- Owner Phone: []
 Make: MERCURY Model: [] Color: RED Year: 2005 Style: [] Status: []
 License Plate: [] Plate State: IL Plate Year: [] Plate Expires: 11/30/2019 Comments: []
 Date Recovered: [] Veh Recovered: [] Initial Value: [] Rec Value: [] Stored At: []
 Where Recovered: [] Who Recovered: [] Towed By: []
 Vehicle Condition: [] Vehicle Damage: [] Insured By: []

ADMIN
 Child / DV / School UCR: [] Contributing Factors: Alcohol [] Crimes Against Children: [] Gang: [] Satanic: [] Drug: [] Domestic Violence: [] Hate: [] Traffic: []
 Exceptional Clearance Code: [] Date: [] Internal Clearance Code: 07 - REPORT WITH ARREST 07 Date: 12/18/2018
 Reporting Officer Name: SHIPBAUGH KIMBERLEY CL4434 Date: 12/20/2018 11:15:00 AM Investigating Officer Name: []
 Reviewing Officer Name: [] Date: [] Approving Officer Name: RENJE STEVE CL4420 Date: 1/1/2019 12:07:33 PM

ORI # IL0560300		CRYSTAL LAKE POLICE DEPARTMENT						REPORT # CLPD-18-025586				
VICTIMS												
VICTIM	Victim Name					Victim is Complainant <input type="checkbox"/>		Victim of Intimidation <input type="checkbox"/>		Home Phone		Cell Phone
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
VICTIM	Victim Name					Victim is Complainant <input type="checkbox"/>		Victim of Intimidation <input type="checkbox"/>		Home Phone		Cell Phone
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
VICTIM	Victim Name					Victim is Complainant <input type="checkbox"/>		Victim of Intimidation <input type="checkbox"/>		Home Phone		Cell Phone
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
	[REDACTED]											
Reporting Officer Name			Date			Approving Officer Name			Date			
SHIPBAUGH KIMBERLEY			CL4434			12/20/2018 11:15:00 AM			RENJE STEVE			
						CL4420			1/1/2019 12:07:33 PM			

ORI #
IL0560300

CRYSTAL LAKE POLICE DEPARTMENT
SUSPECTS

REPORT #
CLPD-18-025586

SUSPECT

Offender/Suspect Name										Home Phone		Cell Phone	
Address										Work Phone		Email	
Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
M			36										
SSN		DLN			DLN State	Employer			Employer Phone		Occupation		
Complexion		Ethnicity			Facial Hair		General Appearance			Glasses Type		Hand Dominance	
Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name		
Relative					Relative Address					Relative Phone			
Additional					Injured	Injury Code		Nature of Injuries					
Suspect Forced Victim					Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs		
Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug Alcohol Computer			
0825										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUSPECT

Offender/Suspect Name										Home Phone		Cell Phone	
Address										Work Phone		Email	
Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
SSN		DLN			DLN State	Employer			Employer Phone		Occupation		
Complexion		Ethnicity			Facial Hair		General Appearance			Glasses Type		Hand Dominance	
Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name		
Relative					Relative Address					Relative Phone			
Additional					Injured	Injury Code		Nature of Injuries					
Suspect Forced Victim					Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs		
Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug Alcohol Computer			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUSPECT

Offender/Suspect Name										Home Phone		Cell Phone	
Address										Work Phone		Email	
Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
SSN		DLN			DLN State	Employer			Employer Phone		Occupation		
Complexion		Ethnicity			Facial Hair		General Appearance			Glasses Type		Hand Dominance	
Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name		
Relative					Relative Address					Relative Phone			
Additional					Injured	Injury Code		Nature of Injuries					
Suspect Forced Victim					Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs		
Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug Alcohol Computer			
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reporting Officer Name	Date	Approving Officer Name	Date
SHIPBAUGH KIMBERLEY CL4434	12/20/2018 11:15:00 AM	RENJE STEVE CL4420	1/1/2019 12:07:33 PM

ORI # IL0560300		CRYSTAL LAKE POLICE DEPARTMENT				REPORT # CLPD-18-025586				
OTHER PERSONS										
OTHER PERSONS	Involvement Type OTHER		Name [REDACTED]					Home Phone		Cell Phone
	Address [REDACTED]						Email			
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Complexion
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname		Additional		
	Relative			Relative Address				Relative Phone		
	Used:		Injured?		Injury Code		Nature of Injuries			
<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>							
OTHER PERSONS	Involvement Type OTHER		Name [REDACTED]					Home Phone		Cell Phone
	Address [REDACTED]						Email			
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Complexion
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname		Additional		
	Relative			Relative Address				Relative Phone		
	Used:		Injured?		Injury Code		Nature of Injuries			
<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>							
OTHER PERSONS	Involvement Type OTHER		Name CUNNINGHAM, JOANN D					Home Phone		Cell Phone
	Address 94 DOLE AVENUE CRYSTAL LAKE IL 60014-						Email			
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Complexion
	F	[REDACTED]	[REDACTED]	35		5	[REDACTED]	[REDACTED]	[REDACTED]	FAR
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname		Additional		
	Relative			Relative Address				Relative Phone		
	Used:		Injured?		Injury Code		Nature of Injuries			
<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>							
OTHER PERSONS	Involvement Type OTHER		Name [REDACTED]					Home Phone		Cell Phone
	Address DCFS						Email			
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Complexion
	M	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0	[REDACTED]	[REDACTED]	[REDACTED]
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname		Additional		
	Relative			Relative Address				Relative Phone		
	Used:		Injured?		Injury Code		Nature of Injuries			
<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>							
Reporting Officer Name SHIPBAUGH KIMBERLEY		CL4434	Date 12/20/2018 11:15:00 AM		Approving Officer Name RENJE STEVE		CL4420	Date 1/1/2019 12:07:33 PM		

ORI # IL0560300		CRYSTAL LAKE POLICE DEPARTMENT				REPORT # CLPD-18-025586		
OFFENSES								
OFFENSE	ILCS Description THEFT \$500 AND UNDER					UCR Code 0825	F/M	Counts 1
	Offense Status 01	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation UNKNOWN		Charge Statute 0825	
OFFENSE	ILCS Description DOMESTIC BATTERY/PHYSICAL CONTACT					UCR Code 0486	F/M M	Counts 1
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used UNKNOWN		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation UNKNOWN		Charge Statute 720-5.0/12-3.2-A-2	
OFFENSE	ILCS Description					UCR Code	F/M	Counts
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation		Charge Statute	
OFFENSE	ILCS Description					UCR Code	F/M	Counts
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation		Charge Statute	
OFFENSE	ILCS Description					UCR Code	F/M	Counts
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation		Charge Statute	
OFFENSE	ILCS Description					UCR Code	F/M	Counts
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation		Charge Statute	
OFFENSE	ILCS Description					UCR Code	F/M	Counts
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation		Charge Statute	
OFFENSE	ILCS Description					UCR Code	F/M	Counts
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation		Charge Statute	
OFFENSE	ILCS Description					UCR Code	F/M	Counts
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry	Method of Entry	
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation	Bias Motivation		Charge Statute	
Reporting Officer Name SHIPBAUGH KIMBERLEY		CL4434	Date 12/20/2018 11:15:00 AM	Approving Officer Name RENJE STEVE		CL4420	Date 1/1/2019 12:07:33 PM	

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-025586
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SUPPLEMENT

Reporting Officer: CL4507 - GREEN RICHARD
 Report Date: 12/18/2018 08:45
 Reviewing Officer: -
 Review Date:
 Investigating Officer: -
 Approving Officer: CL4065 - HULATA DANIEL
 Approve Date: 12/19/2018 09:57:35
 Exceptional Clearance: -
 Exceptional Clearance Date:
 Internal Incident Status: -
 Internal Incident Date:

On 12/18/2018 at approximately 0830hrs, X901 positively identified subject [REDACTED] who was the suspect for a theft that transpired at [REDACTED] in Crystal Lake.

While patrolling East Bound on US RT 14, at the intersection of Kelth Avenue, I witnessed a male wearing black pants, and a black hooded sweatshirt crossing over, and walking through the parking lot of Associated Bank. I proceeded to pull up and make contact with the male, who identified himself as [REDACTED]. [REDACTED] stated that he had an argument with [REDACTED] earlier this morning, and subsequently left the premises. [REDACTED] then stated the argument was over [REDACTED] attempting to steal his medications.

[REDACTED] further stated that [REDACTED] started shouting at him, calling him, "A piece of shit" At this time, [REDACTED] advised he left [REDACTED] residence, and was heading towards the grocery store, to cash in some winning scratch off lottery tickets.

I requested permission to pat down [REDACTED], due to [REDACTED] allegation of [REDACTED] stealing her cellphone and medications. [REDACTED] voluntarily emptied his pockets, and consented to a pat down. [REDACTED] then proceeded to show me some medications, all of which were prescribed to him, and explicitly denied he stole any of [REDACTED] possessions. The pat-down of [REDACTED] confirmed he was not in possession of [REDACTED] a cell phone.

In closing, [REDACTED] advised he was intent on staying out of trouble, and was heading to [REDACTED]

On 12/19/2018, an Illinois Pedestrian Stop Data Sheet was filled out, and Stop Receipt was mailed to [REDACTED] address on his Driver's License.

Exceptional Clearance Code	Date	Internal Clearance Code	Date
		07 - REPORT WITH ARREST 07	12/18/2018
Reporting Officer Name	Date	Investigating Officer Name	
SHIPBAUGH KIMBERLEY CL4434	12/20/2018 11:15:00 AM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		RENJE STEVE CL4420	1/1/2019 12:07:33 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-025586	
SUPPLEMENT			
<p>Reporting Officer: CL4504 - TRIMPE NICKOLAUS Report Date: 12/29/2018 20:28 Reviewing Officer: - Review Date: Investigating Officer: - Approving Officer: CL4450 - COUTRE RYAN Approve Date: 12/29/2018 21:09:44 Exceptional Clearance: - Exceptional Clearance Date: Internal Incident Status: - Internal Incident Date:</p> <p>SUMMARY: On 12-18-2018 JoAnn D Cunningham of 94 Dole Ave Crystal Lake, IL was arrested for Driving While License Suspended, (DWLS).</p> <p>On 12-18-2018 X325 responded to 94 Dole Ave Crystal Lake, IL reference a Burglary. Upon arrival with Officer Shipbaugh, I observed the living conditions of the residence to not be up to an acceptable standard of living with two young children living at the residence. I observed [REDACTED] and [REDACTED] in the residence where dog feces and urine were scattered about the residence. I observed several windows of the residence to be open or broken with outside air entering the residence. I observed the fireplace that is utilized for heating the residence to be in disrepair. I contacted SEECOM at 0847 hours and requested that Crystal Lake Building and Zoning, (B&Z) to inspect the residence. Upon arrival B&Z was denied entry into the residence. I proceeded to photograph the interior of the residence and emailed the photos to Officer Mietus to be submitted into evidence.</p> <p>At 0920 hours JoAnn D Cunningham of 94 Dole Ave Crystal Lake, IL was placed under arrest by Officer Shipbaugh for DWLS (See Ofc Shipbaugh's Original Report). I subsequently transported JoAnn to CLPD TDF to be processed. The transport area of my squad car was checked prior to and after transporting. Nothing located. Officer Shipbaugh is the arresting Officer for this report.</p> <p>See Officer Shipbaugh's Original report for further information.</p> <p>Officer Trimpe/Mietus X1033</p> <p>Officer Shipbaugh X1035</p>			
Exceptional Clearance Code	Date	Internal Clearance Code	Date
		07 - REPORT WITH ARREST 07	12/18/2018
Reporting Officer Name	Date	Investigating Officer Name	
SHIPBAUGH KIMBERLEY CL4434	12/20/2018 11:15:00 AM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		RENJE STEVE CL4420	1/1/2019 12:07:33 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-025586
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ORIGINAL

Summary: On 12/18/18 at approximately 0749hrs [REDACTED] contacted the Crystal Lake Police Department reference [REDACTED] stealing her prescriptions and phone from the residence at [REDACTED]. It was determined that [REDACTED] was not in possession of said items. Joann was subsequently arrested for driving with a suspended license. During the investigation it was noticed that [REDACTED] had a bruise that appeared suspicious in nature. DCFS Investigator, [REDACTED] was called to the police department for further investigation. He was unable to make a determination of abuse and released the children to [REDACTED] but advised the investigation would continue. I request this case be considered cleared exceptionally.

Narrative: [REDACTED] contacted the Crystal Lake Police Department on 12/18/18 at approximately 0749hrs reference a theft from her residence by [REDACTED]. SEECOM advised [REDACTED] was currently in the parking lot at Taco Bell.

Upon arrival I met with Joann in the Taco Bell parking lot. Joann was standing outside a burgundy vehicle bearing IL registration number, [REDACTED]. Within the vehicle were [REDACTED] and [REDACTED]. I asked [REDACTED] what happened and she stated the following in summary: she had been at home, [REDACTED] with [REDACTED] when [REDACTED] came in the door asking for money. I asked if [REDACTED] lived at the residence and [REDACTED] advised he did but he had left a week ago. When she refused to give [REDACTED] any money he stormed out of the residence. At his point [REDACTED] realized her prescriptions and phone were missing. Having no way to contact the police she placed the boys in the car and drove to Taco Bell requesting they contact 9-1-1 for her.

I asked [REDACTED] what [REDACTED] had taken and she stated her cellphone which had no cell service and her [REDACTED] for [REDACTED]. [REDACTED] provided me with [REDACTED] description which I then disseminated to area [REDACTED].

[REDACTED] was crying and visibly upset. I advised her I would meet her back at the residence to ensure [REDACTED] had not come back. [REDACTED] then drove to the residence where I met with her and Sgt Renje, Ofc Trimpe and Ofc Mietus arrived at the residence as well with Joann's permission we checked the residence to ensure [REDACTED] was not there, which he was not.

While in the residence I observed it to be cluttered, dirty and in disrepair. The floor in the kitchen had portions that were only subflooring and were jagged and broken off. The ceiling in the kitchen appeared to have water damage and was peeling and open to the piping in one portion. The door appeared to be covered in a brown substances. The living room had a couch that was complete covered in piles of clothing. The dining room was covered in clothes and boxes and bags. Upstairs in the room where the boys slept the window was open and the smell of feces was overwhelming. Ofc Trimpe took photographs of the residence which were downloaded onto the evidence drive at the Crystal Lake Police Department.

While I was in the residence I noticed it to be quite cool and noticed the kitchen window to be open as well as the window in the boys room. [REDACTED] subsequently closed both windows when they were brought to her attention.

The boys were running around the residence playing and I noticed [REDACTED] who was only wearing a pullup to have a large bruise on his right hip. I asked [REDACTED] about the bruise and she advised she had not noticed it before. After looking at it she stated that it must have been from the dog, Lucy. Lucy was a boxer type dog who appeared to weigh approximately 60lbs. When she asked [REDACTED] if Lucy had scratched him he stated she had.

[REDACTED]

I advised Sgt Renje of Joann's drivers status and that I would be placing her under arrest. I further advised him of my concern for the children's well being and would need to transport them to the police department as well.

I departed the residence leaving Ofc Trimpe and Ofc Mietus on scene, and went to the police department to install child safety seats in the back of squad 1021. I returned to the residence at which time I advised Joann she was under arrest for driving with a suspended driver's license. Ofc Trimpe and Ofc Mietus escorted Joann out of the residence and once they had cleared the area I brought [REDACTED] and [REDACTED] out to Sgt Renje's car and secured them in car seats in the rear of his vehicle. Sgt Renje transported the children to the police department and I followed.

Exceptional Clearance Code	Date	Internal Clearance Code	Date
		07 - REPORT WITH ARREST 07	12/18/2018
Reporting Officer Name	Date	Investigating Officer Name	
SHIPBAUGH KIMBERLEY CL4434	12/20/2018 11:15:00 AM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		RENJE STEVE CL4420	1/1/2019 12:07:33 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-025586
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ORIGINAL

The vehicle was left in the driveway of the residence.

Once at the police department the boys were situated in the roll call room and I contacted DCFS regarding the bruise on [REDACTED]. I was provided with intake number 13667802 and was advised someone would be in touch shortly.

Ofc Green advised he had located [REDACTED] and determined the items [REDACTED] had alleged [REDACTED] had taken were not on his person nor did he have any knowledge of where those items might be (see Ofc Green's supplemental report).

DCFS case worker [REDACTED] arrived at the police department and subsequently interviewed both boys and [REDACTED]. He advised he was unable to determine the cause of the bruise. He further advise he would be releasing the boys to [REDACTED] but she was to immediately take [REDACTED] to a doctor in an attempt to determine the cause of the bruise.

During Joann's incarceration I asked if she was hungry to which she advised she was. I asked if she would like a meal from McDonald's and she advised she would like a cheeseburger meal with a coffee. I then asked the boys if they were hungry and they both advised they were. [REDACTED] advised he wanted a cheeseburger meal and [REDACTED] advised he wanted chicken nuggets. All three (3) of these meals were obtained and disseminated accordingly.

I spoke with [REDACTED] regarding his bruise and he advised Lucy must have jumped on him. I asked if I could take pictures of the bruise which he advised I could. I took the photographs and downloaded them onto the evidence drive at the Crystal Lake Police Department.

I met with [REDACTED] in an interview room within the temporary detention facility. I advised her of her Miranda rights and asked if she was willing to speak with me, she advised she would. I then had her complete the Miranda wavier form. I asked [REDACTED] about the bruise on [REDACTED] and she repeatedly advised she had no idea where it came from. I asked if she had put the pullup on [REDACTED] the previous night and she advised she couldn't remember. I asked her if she had struck [REDACTED] and she advised she had not and never has. I asked if it was possible that someone else had struck him and she advised no. I then concluded my interview with her.

Joann was processed and after posting the required bond was released and reunited with [REDACTED] and [REDACTED]. A friend had come to pick them up but they did not have car seats. With [REDACTED] permission I returned to the residence and removed the two (2) booster seats out of her unsecured vehicle and provided them to her friend.

On 12/20/18 I spoke with [REDACTED] and asked if there had been any type of medical determination on [REDACTED] bruise. [REDACTED] advised he had spoken with the doctor who stated to him she was not a forensic doctor and was unable determine the cause of the bruise. She advised him it could have been from a dog, a football, a belt she had no idea. [REDACTED] had no additional information to provide.

I request this case be considered cleared exceptionally.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Exceptional Clearance Code	Date	Internal Clearance Code	Date
		07 - REPORT WITH ARREST 07	12/18/2018
Reporting Officer Name	Date	Investigating Officer Name	
SHIPBAUGH KIMBERLEY CL4434	12/20/2018 11:15:00 AM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		RENJE STEVE CL4420	1/1/2019 12:07:33 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT <p style="text-align: center;">NARRATIVE</p>	REPORT # CLPD-18-025586
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ORIGINAL

FOR OBS WINDSHLD AND/OR REAR WIN,DRIVING ON SUSP/REVOKD LIC

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name SHIPBAUGH KIMBERLEY	CL4434 Date 12/20/2018 11:15:00 AM	07 - REPORT WITH ARREST 07 Investigating Officer Name	12/18/2018
Reviewing Officer Name	Date	Approving Officer Name RENJE STEVE	CL4420 Date 1/1/2019 12:07:33 PM

ORI #
IL0560300

CRYSTAL LAKE POLICE DEPARTMENT
NARRATIVE

REPORT #
CLPD-18-025586

USER DEFINED FIELDS

COURT DATE/TIME: 01/29/19 0830
 BOND: \$150
 TOT/RELEASED: RELEASED
 WARRANT: N/A

Exceptional Clearance Code	Date	Internal Clearance Code	Date
		07 - REPORT WITH ARREST 07	12/18/2018
Reporting Officer Name	Date	Investigating Officer Name	
SHIPBAUGH KIMBERLEY CL4434	12/20/2018 11:15:00 AM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		RENJE STEVE CL4420	1/1/2019 12:07:33 PM

ORI #
IL0560300

CRYSTAL LAKE POLICE DEPARTMENT
NARRATIVE

REPORT #
CLPD-18-025586

ARREST REPORT TO CAO/COPY BLOTTER

Exceptional Clearance Code	Date	Internal Clearance Code	Date
		07 - REPORT WITH ARREST 07	12/18/2018
Reporting Officer Name	Date	Investigating Officer Name	
SHIPBAUGH KIMBERLEY CL4434	12/20/2018 11:15:00 AM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		RENJE STEVE CL4420	1/1/2019 12:07:33 PM

INCIDENT/OFFENSE REPORT										Report Number		CLPD-18-019036			
IL0560300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number					
										Occurred From Date		09/20/2018		Time: 08:15 AM	
										Occurred To Date		09/20/2018		Time: 08:15 AM	
										Reported Date		09/20/2018		Time: 08:15 AM	
ADMIN	Nature of Complaint CHECK ON WELL BEING					CAD CODE		Related Incidents		School Incident <input type="checkbox"/>					
	Location of Incident [REDACTED]					Location Name		Offense Tract AREA 1							
OFFENSE	ILCS Description CHECK FOR WELL BEING					UCR Code 7252		F/M		Counts 1					
	Offense Status		Offense Location 20		Structure 01	Premise Type E	Forcible		Point of Entry		Method of Entry				
VICTIM	Weapon Used			School Incident Firearms <input type="checkbox"/>		Situation		Bias Motivation		Charge Statute 7252					
	Victim Name					Victim is Complainant <input type="checkbox"/>		Victim of Intimidation <input type="checkbox"/>		Home Phone		Cell Phone			
	Address								Email						
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion				
	Ethnicity		SSN		DLN License		DLN State	Employer			Employer Phone				
	SMT					Nickname			Additional						
	Relative				Relative Address				Relative Phone						
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries							
	Victim Type		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2				
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle			
SUSPECT	Offender/Suspect Name								Phone		Cell Phone				
	Address						Work Phone		Email						
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer		Employer Phone		Occupation					
	Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance				
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Streetname			
	Relative				Relative Address				Relative Phone						
	Additional					Injured <input type="checkbox"/>		Injury Code		Nature of Injuries					
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer				
VEHICLE	Related To				Type		VIN		Hull Number						
	Owner Name				Owner Address				Owner Phone						
	Make		Model		Color		Year	Style		Status					
	License Plate		Plate State	Plate Year	Plate Expires	Comments									
	Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At							
	Where Recovered			Who Recovered				Towed By							
	Vehicle Condition				Vehicle Damage				Insured By						
ADMIN	Child / DV / School UCR <input type="checkbox"/>	Contributing Factors	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Crimes Against Children	<input type="checkbox"/> Gang	<input type="checkbox"/> Satanic	<input type="checkbox"/> Drug	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hate	<input type="checkbox"/> Traffic					
	Exceptional Clearance Code				Date		Internal Clearance Code				Date				
	Reporting Officer Name MEYER DENNIS			CL4046		Date 9/20/2018 8:39:08 AM		Investigating Officer Name							
	Reviewing Officer Name				Date		Approving Officer Name HULATA DANIEL		CL4065		Date 9/20/2018 12:50:24 PM				

ORI # IL0560300		CRYSTAL LAKE POLICE DEPARTMENT				REPORT # CLPD-18-019036						
OTHER PERSONS												
OTHER PERSONS	Involvement Type PARENT		Name [REDACTED]				Home Phone [REDACTED]		Cell Phone [REDACTED]			
	Address [REDACTED]						Email [REDACTED]					
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Complexion		
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	Scars/Marks/Tattoos					Nickname			Additional			
	Relative			Relative Address				Relative Phone				
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>								
	Involvement Type PARENT		Name [REDACTED]				Home Phone [REDACTED]		Cell Phone [REDACTED]			
	Address [REDACTED]						Email [REDACTED]					
Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Complexion			
Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone				
Scars/Marks/Tattoos					Nickname			Additional				
Relative			Relative Address				Relative Phone					
Used:		Injured?		Injury Code		Nature of Injuries						
<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>									
OTHER PERSONS	Involvement Type OTHER		Name [REDACTED]				Home Phone		Cell Phone			
	Address [REDACTED]						Email					
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Complexion		
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	Scars/Marks/Tattoos					Nickname			Additional			
	Relative			Relative Address				Relative Phone				
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>								
	OTHER PERSONS	Involvement Type OTHER		Name [REDACTED]				Home Phone		Cell Phone		
		Address [REDACTED]						Email				
Sex		Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Complexion		
Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone				
Scars/Marks/Tattoos					Nickname			Additional				
Relative			Relative Address				Relative Phone					
Used:		Injured?		Injury Code		Nature of Injuries						
<input type="checkbox"/> Drug		<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>								
Reporting Officer Name MEYER DENNIS		CL4046		Date 9/20/2018 8:39:08 AM		Approving Officer Name HULATA DANIEL		CL4065		Date 9/20/2018 12:50:24 PM		

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-019036	
ORIGINAL			
<p>SUMMARY: R/O checked on the well being of the children, [REDACTED], at [REDACTED], after it was reported the family was residing there without power and bad living conditions. After making contact [REDACTED], it was learned that the power has been shut off for an undetermined period of time. [REDACTED] would not allow officers to have access to the interior of the residence. DCFS was notified.</p> <p>NARRATIVE: R/O was assigned to check on the well being of the children residing at [REDACTED] Ave. A concerned citizen had reported they believed the house has had no power for weeks and the house appears to be in a dilapidated state.</p> <p>Upon our arrival I could see the grass at the residence was about two feet long and the paint was peeling off the house. The windows also seemed to be falling apart. I went to the front door which had the electric meter near it. I could see the meter did not appear to be running. I knocked on the front door and met with [REDACTED] of the [REDACTED]. I voiced my concern to her and she admitted the power has been off for awhile but could not tell me exactly how long. She stated she is currently looking for a new residence and has tried staying elsewhere when she can. I asked [REDACTED] where she was staying and she stated last Sunday she stayed at the Best Western in Woodstock.</p> <p>I asked [REDACTED] if I could step inside to check the living conditions and she denied my request. One of the children, [REDACTED], was with her and appeared to be healthy and happy. I asked [REDACTED] if I could see her other child to see if he was ok. She stated he was in bed. I informed her if I could see the child to confirm he was good I could relay that to DCFS if they are called. She then went and got her second child, [REDACTED]. He also appeared to be healthy and happy. I asked [REDACTED] if she knew when the power would be turned back on and she stated she did not know. I asked if [REDACTED] was home and she told me he was at work. I informed [REDACTED] of my concern and that I would be contacting DCFS. She stated she understood and that they were at her house a few months ago.</p> <p>R/O returned to H.Q. and Ofc. Ellinger, who was assisting me, contacted DCFS. He was informed by DCFS that they would not do a check for utility issues as a residence without power alone does not warrant a DCFS investigation.</p> <p>I was supposed be contacted by [REDACTED] from DCFS to get clarification but as of 0945 hours on this date (09/20/18) I have not heard back from her.</p> <p>Ofc. Meyer squad 1037, Ofc. Ellinger squad 1034</p>			
Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name MEYER DENNIS	Date CL4046 9/20/2018 8:39:08 AM	Investigating Officer Name	
Reviewing Officer Name	Date	Approving Officer Name HULATA DANIEL	Date CL4065 9/20/2018 12:50:24 PM

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 201800147518
 Case Numbers: CLPD-18-018008
 Incident Date: 9/5/2018 12:35:35
 Report Generated: 4/22/2019 10:45:58

Incident Information

Incident Type: STRAY ANIMAL
 Priority: P3 COLD
 Determinant:
 Base Response#: 09052018-0026471
 Confirmation#: 09052018-0126236
 Taken By: WEIR, JACQUELINE
 Response Area: 1 CL5/CL14
 Disposition: 3 - NO REPORT
 Cancel Reason:
 Incident Status: Closed
 Certification:
 Longitude: 85334817

Alarm Level:
 Problem: STRAY ANIMAL
 Agency: ETSB LAW
 Jurisdiction: CRYSTAL LAKE PD
 Division: CRYSTAL LAKE PD
 Battalion: CRYSTAL LAKE PD
 Response Plan: CL CSO AREA 5
 Command Ch:
 Primary TAC:
 Secondary TAC:
 Delay Reason (if any):
 Latitude: 42238353

Incident Location

Location Name:
 Address: 94 Dole Av
 Apartment:
 Building:
 City, State, Zip: CRYSTAL LAKE IL 60014

County: MCHENRY
 Location Type: RESIDENCE
 Cross Street: HASTINGS AV/GROVE ST
 Map Reference: 1 CL5/CL14

Call Receipt

Caller Name:
 Method Received:
 Caller Type:
 Caller Address:
 Caller Building:
 Caller City, State, Zip:

Call Back Phone:
 Caller Location:
 Caller Location Phone:
 Caller Apartment:
 Caller County:

Time Stamps

Description	Date	Time	User
Phone Pickup	9/5/2018	12:35:00	
1st Key Stroke	9/5/2018	12:35:09	
In Waiting Queue	9/5/2018	12:35:48	
Call Taking Complete	9/5/2018	13:01:57	WEIR, JACQUELINE
1st Unit Assigned	9/5/2018	12:36:03	
1st Unit Enroute	9/5/2018	12:39:59	
1st Unit Arrived	9/5/2018	12:43:02	
Closed	9/5/2018	13:22:27	Mobile1

Elapsed Times

Description	Time
Received to In Queue	00:00:13
Call Taking	00:26:22
In Queue to 1st Assign	00:00:15.3
Call Received to 1st Assign	00:01:03.3
Assigned to 1st Enroute	00:03:25.6
Enroute to 1st Arrived	00:03:02.8
Incident Duration	00:47:27

Resources Assigned

Unit	Primary Flag	Assigned	Disposition	Enroute	Staged	Arrived	At Patient	Delay Avail	Complete	Odm. Enroute	Odm. Arrived	Cancel Reason
X41	Y	12:36:03		12:43:17		12:45:57			13:18:57			
X42	N	12:36:34	6F - REPORT: FIELD REPORTING	12:39:59		12:43:02			13:22:27			

Personnel Assigned

Unit	Name
X41	ORTIZ, FERNANDO (CL4506)
X42	MADURA, KELLY (CL4477)

Caution Notes

No Caution Notes found

Pre-Scheduled Information

No Pre-Scheduled Information

Transports

No Transports Information

Transport Legs

No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
9/5/2018	12:35:48	SEWEIR	Response		[1] BRO FEMALE BOXER RUNNING LOOSE AGAIN . NAME OF LUCY
9/5/2018	12:36:04	WebRMS	Response		[2] Automatic Case Number(s) Issued for Incident #[201800147518], Jurisdiction: CRYSTAL LAKE PD. Case Number(s): CLPD-18-018008. requested by X41.

Address Changes

No Address Changes

INCIDENT/OFFENSE REPORT										Report Number		CLPD-18-017910			
IL0660300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number					
										Occurred From Date		09/04/2018		Time: 10:02 AM	
										Occurred To Date		09/05/2018		Time: 10:02 AM	
										Reported Date		09/05/2018		Time: 10:02 AM	
ADMIN	Nature of Complaint DOG AT LARGE					CAD CODE		Related Incidents		School Incident					
	Location of Incident 94 DOLE AVE CRYSTAL LAKE IL 60014-					Location Name		Offense Tract AREA 4							
Photos: <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Scene <input type="checkbox"/> Notification/Referrals: <input type="checkbox"/> ET <input type="checkbox"/> INV <input type="checkbox"/> YO <input type="checkbox"/> SW										Name		Miscellaneous		Floor	Room
OFFENSE	ILCS Description DOGS AT LARGE					UCR Code 7381	F/M	Counts 1							
	Offense Status	Offense Location 20	Structure	Premise Type	Forcible	Point of Entry		Method of Entry							
	Weapon Used		School Incident Firearms	Situation		Bias Motivation		Charge Statute LW 14.08							
VICTIM	Victim Name					Victim Is Complainant <input type="checkbox"/>	Victim of Intimidation <input type="checkbox"/>	Home Phone		Cell Phone					
	Address							Email							
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion				
	Ethnicity	SSN	DLN License		DLN State	Employer			Employer Phone						
	SMT				Nickname		Additional								
	Relative			Relative Address			Relative Phone								
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Injured? <input type="checkbox"/> Injury Code <input type="checkbox"/> Nature of Injuries														
	Victim Type	Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1	Agg Assault Circum 2						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle			
	SUSPECT	Offender/Suspect Name							Phone		Cell Phone				
Address						Work Phone		Email							
Sex		Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
SSN		DLN		DLN State	Employer		Employer Phone		Occupation						
Complexion		Ethnicity		Facial Hair	General Appearance		Glasses Type	Hand Dominance							
Miscellaneous		Speech		Teeth	Build		Demeanor	Nickname/Streetname							
Relative			Relative Address			Relative Phone									
Additional <input type="checkbox"/> Injured <input type="checkbox"/> Injury Code <input type="checkbox"/> Nature of Injuries															
Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMT's							
Offense 1		Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug Alcohol Computer				
VEHICLE	Related To				Type	VIN		Hull Number							
	Owner Name				Owner Address				Owner Phone						
	Make		Model		Color		Year	Style	Status						
	License Plate		Plate State	Plate Year	Plate Expires	Comments									
	Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At							
	Where Recovered			Who Recovered			Towed By								
	Vehicle Condition			Vehicle Damage			Insured By								
	ADMIN	Child / DV / School UCR <input type="checkbox"/>	Contributing Factors <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Crimes Against Children <input type="checkbox"/>	Gang <input type="checkbox"/>	Satanic <input type="checkbox"/>	Drug <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Hate <input type="checkbox"/>	Traffic <input type="checkbox"/>				
Exceptional Clearance Code				Date		Internal Clearance Code		Date							
Reporting Officer Name MADURA KELLY				Date 9/7/2018 10:48:51 AM		Investigating Officer Name									
Reviewing Officer Name				Date		Approving Officer Name		Date							

ORI # IL0560300		CRYSTAL LAKE POLICE DEPARTMENT OTHER PERSONS						REPORT # CLPD-18-017910				
OTHER PERSONS	Involvement Type OTHER		Name CUNNINGHAM, JOANN D					Home Phone	Cell Phone			
	Address 94 DOLE AVENUE CRYSTAL LAKE IL 60014-							Email				
	Sex F	Race	Date Born	Age 35	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion FAR	
	Ethnicity		SSN		DLN License		DLN State		Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional			
	Relative				Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type		Name					Home Phone	Cell Phone			
	Address							Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN		DLN License		DLN State		Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional			
	Relative				Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type		Name					Home Phone	Cell Phone			
	Address							Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN		DLN License		DLN State		Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional			
	Relative				Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type		Name					Home Phone	Cell Phone			
	Address							Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN		DLN License		DLN State		Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional			
	Relative				Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
OTHER PERSONS	Involvement Type		Name					Home Phone	Cell Phone			
	Address							Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN		DLN License		DLN State		Employer		Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional			
	Relative				Relative Address				Relative Phone			
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries				
Reporting Officer Name MADURA KELLY		CL4477		Date 9/7/2018 10:48:51 AM		Approving Officer Name		Date				

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT PROPERTY/VEHICLE/DRUG	REPORT # CLPD-18-017910				
PROPERTY	Related To OTHER CUNNINGHAM, JOANN D	LEADS Number	Date Entered			
	Description FEMALE BOXER/LUCY	Quantity 1	Value \$350.00			
	Make FEMALE	Model BOXER	Color BROWN	Serial Number		
	Class OTHER	Type MISC	Status	UCR Code 7381		
PROPERTY	Related To	LEADS Number	Date Entered			
	Description	Quantity	Value			
	Make	Model	Color	Serial Number		
	Class	Type	Status	UCR Code		
PROPERTY	Related To	LEADS Number	Date Entered			
	Description	Quantity	Value			
	Make	Model	Color	Serial Number		
	Class	Type	Status	UCR Code		
VEHICLE	Related To	Type	VIN	Hull Number		
	Owner Name	Owner Address		Owner Phone		
	Make	Model	Color	Year	Style	Status
	License Plate	Plate State	Plate Year	Plate Expires	Comments	
	Date Recovered	Veh Recovered	Initial Value	Rec Value	Stored At	
	Where Recovered		Who Recovered		Towed By	
	Vehicle Condition		Vehicle Damage		Insured By	
	Related To	Type	VIN	Hull Number		
	Owner Name	Owner Address		Owner Phone		
	Make	Model	Color	Year	Style	Status
License Plate	Plate State	Plate Year	Plate Expires	Comments		
Date Recovered	Veh Recovered	Initial Value	Rec Value	Stored At		
Where Recovered		Who Recovered		Towed By		
Vehicle Condition		Vehicle Damage		Insured By		
DRUG	Code	Description	QTY	Measure	Est Value	Status
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using					
DRUG	Code	Description	QTY	Measure	Est Value	Status
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using					
DRUG	Code	Description	QTY	Measure	Est Value	Status
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using					
Reporting Officer Name MADURA KELLY		Date CL4477	Date 9/7/2018 10:48:51 AM	Approving Officer Name		Date

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-017910
ORIGINAL		
<p>SUMMARY: I was dispatched to the area of 94 Dole for a dog at large.</p> <p>NARRATIVE: I, CSO Madura in squad #1042 was dispatched to Dole and Hastings for a dog running around in the yards. When I arrived, I walked around the area in the front and backyards with negative results. As I was in the backyard of 90 Dole I then heard a lady talking from the backyard of 94 Dole and there was JoAnn with a brown Boxer. JoAnn stated that Lucy, the boxer, is her dog and she must of broke the leash, for it was still attached to the collar of Lucy. Since she had control of Lucy I then left the scene.</p> <p>Then on 9/5 I heard another call come over the radio that the same dog was running loose. I then headed to Dole and saw Lucy in the front yard of 94 Dole and I also saw JoAnn Cunningham doing some yard work on the side of the house. When I started walking up to the house Lucy was barking at me but more scared then aggressive and Lucy walked right up to JoAnn. I explained to JoAnn why I was there again. JoAnn stated that she knew Lucy was in the yard and that she believes that her two neighbors don't like her and that they are calling every chance they get.</p> <p>I explained that we don't have a leash law but at the same time she needs to be in control of Lucy, which I believe she was. I also explained to make sure she gets the leash that Lucy broke the day before fixed so that we don't have the neighbors calling on her because then there is a chance that Animal Control would need to get involved. She was very understanding and apologetic.</p> <p>This report has been faxed to Animal Control.</p>		
Exceptional Clearance Code	Date	Internal Clearance Code
Reporting Officer Name MADURA KELLY	Date 9/7/2018 10:48:51 AM	Investigating Officer Name
Reviewing Officer Name	Date	Approving Officer Name

INCIDENT/OFFENSE REPORT										Report Number		CLPD-18-015598			
IL0560300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number					
										Occurred From Date		08/04/2018		Time: 08:00 PM	
										Occurred To Date		08/05/2018		Time: 12:00 PM	
										Reported Date		08/05/2018		Time: 12:18 PM	
ADMIN	Nature of Complaint Theft					CAD CODE		Related Incidents			School Incident <input type="checkbox"/>				
	Location of Incident					Location Name			Offense Tract AREA 1						
OFFENSE	Photos: <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Scene <input type="checkbox"/>					Notification/Referrals: <input type="checkbox"/> ET <input type="checkbox"/> INV <input type="checkbox"/> YO <input type="checkbox"/> SW		Name		Miscellaneous		Floor	Room		
	ILCS Description THEFT / UNAUTHD CONTROL / > \$500 < 10K							UCR Code 0815	F/M	Counts 1					
OFFENSE	Offense Status		Offense Location 13	Structure	Premise Type A	Forcible		Point of Entry		Method of Entry					
	Weapon Used NONE			School Incident Firearms <input type="checkbox"/>		Situation		Bias Motivation		Charge Statute 720-5.0/16-1-A-1					
VICTIM	Victim Name					Victim is Complainant <input type="checkbox"/>	Victim of Intimidation <input type="checkbox"/>	Home Phone		Cell Phone					
	Address										Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion				
	Ethnicity N		SSN		DLN License		DLN State		Employer				Employer Phone		
	SMT					Nickname			Additional						
	Relative				Relative Address				Relative Phone						
	Used:	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries								
	Victim Type		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2				
	Offense 1 0815	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity		LEO Vehicle		
	Offender/Suspect Name unknown, unknown							Phone		Cell Phone					
Address										Work Phone		Email			
Sex U	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style					
SSN		DLN		DLN State		Employer		Employer Phone		Occupation					
Complexion		Ethnicity UNKNOWN		Facial Hair		General Appearance		Glasses Type		Hand Dominance					
Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Streetname				
Relative				Relative Address				Relative Phone							
Additional					Injured <input type="checkbox"/>	Injury Code	Nature of Injuries								
Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs							
Offense 1 0815	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
Related To				Type		VIN		Hull Number							
Owner Name				Owner Address				Owner Phone							
Make		Model		Color		Year	Style	Status							
License Plate		Plate State	Plate Year	Plate Expires	Comments										
Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At								
Where Recovered			Who Recovered				Towed By								
Vehicle Condition				Vehicle Damage				Insured By							
ADMIN	Child / DV / School UCR <input type="checkbox"/>	Contributing Factors	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Crimes Against Children	<input type="checkbox"/> Gang	<input type="checkbox"/> Satanic	<input type="checkbox"/> Drug	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hate	<input type="checkbox"/> Traffic					
	Exceptional Clearance Code				Date		Internal Clearance Code				Date				
	Reporting Officer Name FORD RUSSELL			Date CL4409	8/5/2018 1:04:56 PM			Investigating Officer Name							
	Reviewing Officer Name				Date		Approving Officer Name PORZEZINSKI DAN		Date CL4423	8/5/2018 2:35:46 PM					

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT OTHER PERSONS	REPORT # CLPD-18-015598						
OTHER PERSONS	Involvement Type: OTHER	Name: [REDACTED]	Home Phone: [REDACTED]	Cell Phone: [REDACTED]				
	Address: [REDACTED]		Email: [REDACTED]					
	Sex: [REDACTED]	Race: [REDACTED]	Date Born: [REDACTED]	Age: [REDACTED]	To Age: [REDACTED]			
	Height: [REDACTED]	Weight: [REDACTED]	Eye Color: [REDACTED]	Hair Color: [REDACTED]	Hair Length: [REDACTED]			
	Complexion: [REDACTED]	Ethnicity: [REDACTED]	SSN: [REDACTED]	DLN License: [REDACTED]	DLN State: [REDACTED]			
	Employer: [REDACTED]	Employer Phone: [REDACTED]	Scars/Marks/Tattoos: [REDACTED]	Nickname: [REDACTED]	Additional: [REDACTED]			
	Relative: [REDACTED]	Relative Address: [REDACTED]	Relative Phone: [REDACTED]					
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code: [REDACTED]	Nature of Injuries: [REDACTED]				
OTHER PERSONS	Involvement Type:	Name:	Home Phone:	Cell Phone:				
	Address:		Email:					
	Sex:	Race:	Date Born:	Age:	To Age:			
	Height:	Weight:	Eye Color:	Hair Color:	Hair Length:			
	Complexion:	Ethnicity:	SSN:	DLN License:	DLN State:			
	Employer:	Employer Phone:	Scars/Marks/Tattoos:	Nickname:	Additional:			
	Relative:	Relative Address:	Relative Phone:					
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code:	Nature of Injuries:				
OTHER PERSONS	Involvement Type:	Name:	Home Phone:	Cell Phone:				
	Address:		Email:					
	Sex:	Race:	Date Born:	Age:	To Age:			
	Height:	Weight:	Eye Color:	Hair Color:	Hair Length:			
	Complexion:	Ethnicity:	SSN:	DLN License:	DLN State:			
	Employer:	Employer Phone:	Scars/Marks/Tattoos:	Nickname:	Additional:			
	Relative:	Relative Address:	Relative Phone:					
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code:	Nature of Injuries:				
OTHER PERSONS	Involvement Type:	Name:	Home Phone:	Cell Phone:				
	Address:		Email:					
	Sex:	Race:	Date Born:	Age:	To Age:			
	Height:	Weight:	Eye Color:	Hair Color:	Hair Length:			
	Complexion:	Ethnicity:	SSN:	DLN License:	DLN State:			
	Employer:	Employer Phone:	Scars/Marks/Tattoos:	Nickname:	Additional:			
	Relative:	Relative Address:	Relative Phone:					
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code:	Nature of Injuries:				
Reporting Officer Name	CL4409	Date	8/5/2018 1:04:56 PM	Approving Officer Name	PORZEZINSKI DAN	CL4423	Date	8/5/2018 2:35:46 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT PROPERTY/VEHICLE/DRUG	REPORT # CLPD-18-015598				
PROPERTY	Related To	LEADS Number	Date Entered			
	Description		Quantity Value			
	Make	Model	Color	Serial Number		
	Class	Type	Status	UCR Code		
PROPERTY	Related To	LEADS Number	Date Entered			
	Description		Quantity Value			
	Make	Model	Color	Serial Number		
	Class	Type	Status	UCR Code		
PROPERTY	Related To	LEADS Number	Date Entered			
	Description		Quantity Value			
	Make	Model	Color	Serial Number		
	Class	Type	Status	UCR Code		
VEHICLE	Related To	Type	VIN	Hull Number		
	Owner Name	Owner Address		Owner Phone		
	Make	Model	Color	Year	Style	Status
	License Plate	Plate State	Plate Year	Plate Expires	Comments	
	Date Recovered	Veh Recovered	Initial Value	Rec Value	Stored At	
	Where Recovered		Who Recovered		Towed By	
	Vehicle Condition		Vehicle Damage		Insured By	
	Related To	Type	VIN	Hull Number		
Owner Name	Owner Address		Owner Phone			
Make	Model	Color	Year	Style	Status	
License Plate	Plate State	Plate Year	Plate Expires	Comments		
Date Recovered	Veh Recovered	Initial Value	Rec Value	Stored At		
Where Recovered		Who Recovered		Towed By		
Vehicle Condition		Vehicle Damage		Insured By		
DRUG	Code	Description	QTY	Measure	Est Value	Status
	H	OTHER NARCOTICS	90		\$900.00	STOLEN
DRUG	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using					
	Code	Description	QTY	Measure	Est Value	Status
DRUG	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using					
	Code	Description	QTY	Measure	Est Value	Status
Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using						
Reporting Officer Name FORD RUSSELL			Date 8/5/2018 1:04:56 PM	Applying Officer Name PORZEZINSKI DAN		Date 8/5/2018 2:35:46 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-015598
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ORIGINAL

Summary: [REDACTED] reported the theft of [REDACTED] from a backpack while in the area of [REDACTED]. Case inactivated.

Narrative: On 08/05/2018, @1218 hours, while assigned as X321 driving squad 1028 I was dispatched to [REDACTED] reference a theft of prescription drugs. Upon arrival, assisted by Officer Spino driving squad 1037, we met with [REDACTED] and [REDACTED] who were standing in the bike lane by the street. Both subjects appeared to be on some sort of narcotic medication. [REDACTED] advised an unknown subject took [REDACTED] from a backpack that [REDACTED] was carrying the night before. [REDACTED] advised he last remembered the prescription medication being in the backpack the night before while [REDACTED] and he were walking around the neighborhood.

I met with [REDACTED] and inquired about the medication. [REDACTED] advised she also had [REDACTED] but only half the amount. [REDACTED] advised she did not remember what she did the night before. She advised the last she remembered was walking around the neighborhood with [REDACTED]. The next thing [REDACTED] remembered was waking in bed. She advised she had no idea how she got there. [REDACTED] advised her backpack was located by a neighbor and with the assistance of Officer Meyer it was returned to her. [REDACTED] advised [REDACTED] were still in the backpack, but [REDACTED] were missing. [REDACTED] had no idea where they could be located. I inquired about cost for [REDACTED]. [REDACTED] advised they were free. I then inquired about the street value. She advised they go for approximately \$10.00 dollars per strip (approximately \$900 dollars if sold illegally). [REDACTED] had no idea what she did the night before and had no idea of the location of the missing medications. I concluded the interview with [REDACTED].

I met with [REDACTED] again and provided him with the report number. His demeanor changed when he received the number. From previous calls for service with prescription medication thefts I learned that the victims need the report number to have a prescription renewed. In essence, [REDACTED] could have sold the medication and is reporting it stolen. I questioned him about the false reporting but he denied it. I concluded the interview with [REDACTED].

Case inactivated.

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name FORD RUSSELL	Date 8/5/2018 1:04:56 PM	Investigating Officer Name PORZEZINSKI DAN	Date 8/5/2018 2:35:46 PM
Reviewing Officer Name	Date	Approving Officer Name PORZEZINSKI DAN	Date 8/5/2018 2:35:46 PM

INCIDENT/OFFENSE REPORT										Report Number		CLPD-18-003053	
IL0560300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number			
										Occurred From Date		02/14/2018 Time: 04:00 PM	
										Occurred To Date		02/16/2018 Time: 02:39 PM	
										Reported Date		02/16/2018 Time: 04:02 PM	
ADMIN	Nature of Complaint Missing					CAD CODE			Related Incidents		School Incident <input type="checkbox"/>		
	Location of Incident [REDACTED]					Location Name			Offense Tract AREA 5				
	Photos: <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Scene		Notification/Referrals: <input type="checkbox"/> ET <input type="checkbox"/> INV <input type="checkbox"/> YO <input type="checkbox"/> SW		Name		Miscellaneous			Floor	Room		
OFFENSE	ILCS Description LOST/FOUND/MISSING ADULT							UCR Code 7433	F/M	Counts 1			
	Offense Status	Offense Location 20	Structure	Premise Type	Forcible	Point of Entry		Method of Entry					
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation		Bias Motivation			Charge Statute 7433				
VICTIM	Victim Name [REDACTED]					Victim is Complainant <input type="checkbox"/>	Victim of Intimidation <input type="checkbox"/>	Home Phone		Cell Phone [REDACTED]			
	Address [REDACTED]								Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion		
	Ethnicity		SSN	DLN License [REDACTED]		DLN State	Employer			Employer Phone			
	SMT					Nickname			Additional				
	Relative			Relative Address					Relative Phone				
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries								
	Victim Type		Victim to Offender	Victim Challenged / Act	Victim Location		Agg Assault Circum 1		Agg Assault Circum 2				
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity		LEO Vehicle
	Offender/Suspect Name								Phone		Cell Phone		
Address								Work Phone		Email			
Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
SSN		DLN		DLN State	Employer			Employer Phone		Occupation			
Complexion		Ethnicity		Facial Hair	General Appearance			Glasses Type		Hand Dominance			
Miscellaneous			Speech		Teeth		Build	Demeanor		Nickname/Streetname			
Relative				Relative Address					Relative Phone				
Additional		Injured <input type="checkbox"/>	Injury Code	Nature of Injuries									
Suspect Forced Victim		Suspect Action	Suspect Solicited Victim		Suspect Force Used		SMT's						
Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>			
Related To					Type	VIN			Hull Number				
Owner Name					Owner Address					Owner Phone			
Make		Model		Color		Year	Style	Status					
License Plate		Plate State	Plate Year	Plate Expires	Comments								
Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At						
Where Recovered			Who Recovered				Towed By						
Vehicle Condition			Vehicle Damage					Insured By					
ADMIN	Child / DV / School UCR <input type="checkbox"/>	Contributing Factors <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Crimes Against Children <input type="checkbox"/>	Gang <input type="checkbox"/>	Satanic <input type="checkbox"/>	Drug <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Hate <input type="checkbox"/>	Traffic <input type="checkbox"/>			
	Exceptional Clearance Code				Date		Internal Clearance Code				Date		
	Reporting Officer Name TORKELSON SCOTT				Date 2/16/2018 4:31:05 PM	Investigating Officer Name							
	Reviewing Officer Name				Date		Approving Officer Name BENNETT MICHAEL				Date 2/16/2018 5:42:14 PM		

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT OTHER PERSONS	REPORT # CLPD-18-003053
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OTHER PERSONS	Involvement Type REPORTEE	Name [REDACTED]	Home Phone [REDACTED]	Cell Phone [REDACTED]	
	Address [REDACTED]			Email [REDACTED]	
	Sex	Race	Date Born	Age	To Age
	Height	Weight	Eye Color	Hair Color	Hair Length
	Complexion [REDACTED]				
	Ethnicity	SSN	DLN License	DLN State	Employer
	Employer Phone [REDACTED]				
	Scars/Marks/Tattoos			Nickname	Additional
Relative			Relative Address	Relative Phone	
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries

OTHER PERSONS	Involvement Type	Name	Home Phone	Cell Phone	
	Address			Email	
	Sex	Race	Date Born	Age	To Age
	Height	Weight	Eye Color	Hair Color	Hair Length
	Complexion				
	Ethnicity	SSN	DLN License	DLN State	Employer
	Employer Phone				
	Scars/Marks/Tattoos			Nickname	Additional
Relative			Relative Address	Relative Phone	
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries

OTHER PERSONS	Involvement Type	Name	Home Phone	Cell Phone	
	Address			Email	
	Sex	Race	Date Born	Age	To Age
	Height	Weight	Eye Color	Hair Color	Hair Length
	Complexion				
	Ethnicity	SSN	DLN License	DLN State	Employer
	Employer Phone				
	Scars/Marks/Tattoos			Nickname	Additional
Relative			Relative Address	Relative Phone	
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries

OTHER PERSONS	Involvement Type	Name	Home Phone	Cell Phone	
	Address			Email	
	Sex	Race	Date Born	Age	To Age
	Height	Weight	Eye Color	Hair Color	Hair Length
	Complexion				
	Ethnicity	SSN	DLN License	DLN State	Employer
	Employer Phone				
	Scars/Marks/Tattoos			Nickname	Additional
Relative			Relative Address	Relative Phone	
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer			Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries

Reporting Officer Name TORKELSON SCOTT	CL4451	Date 2/16/2018 4:31:05 PM	Approving Officer Name BENNETT MICHAEL	CL4071	Date 2/16/2018 5:42:14 PM
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ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-003053	
ORIGINAL			
<p>SUMMARY: On 02/16/18 at approximately 1439 hours, [REDACTED] reported [REDACTED] to be missing from [REDACTED]. [REDACTED] was last seen on 02/14/18 at approximately 1600 hours. He advised he was going to Chicago on the train. [REDACTED] cell phone is turned off. [REDACTED] was entered into LEADS as missing and APB NET flyer was disseminated. There are no further leads at this time. This case should be considered inactive pending further leads.</p> <p>NARRATIVE: On 02/16/18 at approximately 1439 hours, I responded to 94 Dole Avenue reference a missing adult. Upon arrival I met with the complainant, [REDACTED]. [REDACTED] stated her friend and roommate, [REDACTED] is currently missing. [REDACTED] explained [REDACTED]. [REDACTED] stated on 02/14/18, [REDACTED] learned that a friend of his [REDACTED] (friend or their name) recently passed away. [REDACTED] advised [REDACTED] became depressed and told her was going to Chicago on the train. [REDACTED] stated [REDACTED] does not have a drivers license and he usually takes the train if he goes to Chicago. [REDACTED] stated [REDACTED] frequents Chicago a lot, however does not have any addresses.</p> <p>[REDACTED] explained [REDACTED] always checks in with her and always has his cell phone on. [REDACTED] stated [REDACTED] cell phone [REDACTED] is currently turned off. I attempted to call [REDACTED] and I confirmed his cell phone was turned off. I was unable to PING [REDACTED] cell phone.</p> <p>[REDACTED] stated [REDACTED] was last seen leaving their house at approximately 1600 hours on foot towards the train station. [REDACTED] was last seen wearing a black hat, red bandana, black coat, black shirt, blue jeans, and black shoes. [REDACTED] has tattoos all over his body and face. [REDACTED] also has multiple piercings on his face.</p> <p>[REDACTED] stated she called every single hospital and detox center in Chicago prior to my arrival. [REDACTED] stated [REDACTED] was not at any of those locations. I called the Cook County Medical examiner and there were no males that match his description there. There was also negative results at all local McHenry County Hospitals and PADS shelters and [REDACTED] is not in police custody.</p> <p>I collected a photograph from [REDACTED] of [REDACTED]. I created a APB net Flyer with his photograph and disseminated it to local and surrounding agencies including Chicago. [REDACTED] I was entered into LEADS as a missing endangered adult by SEECOM, [REDACTED]. I attempted to make contact with [REDACTED] again via cell phone. I was unsuccessful and his cell phone was still turned off.</p> <p>I have been unable to develop any further leads relative to this investigation. This case should be considered inactive pending further leads.</p> <p>Torkelson 1026</p>			
Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name TORKELSON SCOTT	Date CL4451 2/16/2018 4:31:05 PM	Investigating Officer Name	
Reviewing Officer Name	Date	Approving Officer Name BENNETT MICHAEL	Date CL4071 2/16/2018 5:42:14 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-003053
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SUPPLEMENT

Reporting Officer: CL4425 - DOHERTY KEVIN
 Report Date: 02/20/2018 12:54
 Reviewing Officer: -
 Review Date:
 Investigating Officer: -
 Approving Officer: CL4423 - PORZEZINSKI DAN
 Approve Date: 02/20/2018 17:28:51
 Exceptional Clearance: -
 Exceptional Clearance Date:
 Internal Incident Status: -
 Internal Incident Date:

While assigned to the Patrol Division as X120, I made contact with [REDACTED] on 02/18/18, who is roommates with [REDACTED]. The purpose of my contact with [REDACTED] was to check to see if she had any contact with [REDACTED] since he was reported missing. [REDACTED] advised she received a phone call from [REDACTED] on 02/19/18 informing her that he was currently at [REDACTED] and [REDACTED]. [REDACTED] provided me with a security authorization number assigned to [REDACTED] at [REDACTED] which would allow me to speak to staff regarding [REDACTED] current status.

I then made contact with staff at [REDACTED] in Chicago. Confirmation was received that [REDACTED] was currently in the [REDACTED].

On 02/18/18, I sent Seecom Dispatch an email requesting [REDACTED] to be removed from Leads ([REDACTED]) to be no longer missing. Dispatcher Katie Menzel replied that [REDACTED] was removed from Leads a short time later.

I then sent out a cancellation APBnet flyer to surrounding law enforcement agencies regarding [REDACTED].

I request this case to be considered cleared exceptional.

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name TORKELSON SCOTT	CL4451	Date 2/16/2018 4:31:05 PM	Investigating Officer Name
Reviewing Officer Name	Date	Approving Officer Name BENNETT MICHAEL	CL4071 Date 2/16/2018 5:42:14 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-18-003053
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ATTACHMENT IN FILE

MISSING PERSON REPORT; FAX; LEADS ENTRY;

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name	Date	Investigating Officer Name	
TORKELSON SCOTT	CL4451 2/16/2018 4:31:05 PM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		BENNETT MICHAEL	CL4071 2/16/2018 5:42:14 PM

ORI #
IL0560300

CRYSTAL LAKE POLICE DEPARTMENT
NARRATIVE

REPORT #
CLPD-18-003053

COPY REPORT

COPY TO DCFS [REDACTED]

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name	Date	Investigating Officer Name	
TORKELSON SCOTT	2/16/2018 4:31:05 PM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		BENNETT MICHAEL	2/16/2018 5:42:14 PM
		CL4071	

Incident Detail Report

Data Source: Data Warehouse
 Incident Status: Closed
 Incident number: 03192018-0017425
 Case Numbers: CLPD-18-005174
 Incident Date: 3/19/2018 10:37:29
 Report Generated: 4/22/2019 10:45:39

Incident Information

Incident Type:	OUTSIDE ASSIST POLICE	Alarm Level:	OUTSIDE ASSIST POLICE
Priority:	P2 RECENT	Problem:	ETS&B LAW
Determinant:		Agency:	CRYSTAL LAKE PD
Base Response#:	03192018-0003142	Jurisdiction:	CRYSTAL LAKE PD
Confirmation#:	03192018-0013803	Division:	CRYSTAL LAKE PD
Taken By:	GLOWACKI, MARK	Battalion:	CRYSTAL LAKE PD
Response Area:	1 CL5/CL14	Response Plan:	
Disposition:	3 - NO REPORT	Command Ch:	
Cancel Reason:		Primary TAC:	
Incident Status:	Closed	Secondary TAC:	
Certification:		Delay Reason (if any):	
Longitude:	86334817	Latitude:	42288353

Incident Location

Location Name:	████████████████████	County:	MCHENRY
Address:	94 Dole Av	Location Type:	LIBRARY
Apartment:		Cross Street:	HASTINGS AV/GROVE ST
Building:		Map Reference:	
City, State, Zip:	CRYSTAL LAKE IL 60014		

Call Receipt

Caller Name:	Call Back Phone:
Method Received:	Caller Location:
Caller Type:	Caller Location Phone:
Caller Address:	Caller Apartment:
Caller Building:	Caller County:
Caller City, State, Zip:	

Time Stamps

Description	Date	Time	User	Elapsed Times Description	Time
Phone Pickup	3/19/2018	10:35:56			
1st Key Stroke	3/19/2018	10:36:02		Received to In Queue	00:00:05
In Waiting Queue	3/19/2018	10:37:34		Call Taking	00:00:11
Call Taking Complete	3/19/2018	10:37:40	GLOWACKI, MARK	In Queue to 1st Assign	00:01:12
1st Unit Assigned	3/19/2018	10:38:46		Call Received to 1st Assign	00:02:50
1st Unit Enroute	3/19/2018	10:40:08		Assigned to 1st Enroute	00:01:22.2
1st Unit Arrived	3/19/2018	10:48:16		Enroute to 1st Arrived	
Closed	3/19/2018	10:48:29	Mobile1	Incident Duration	00:12:33

Resources Assigned

Unit	Primary Flag	Assigned	Disposition	Enroute	Staged	Arrived	At Patient	Delay Avail	Complete	Odm. Enroute	Odm. Arrived	Cancel Reason
X322	Y	10:38:48		10:40:08					10:43:44			
X321	N	10:43:27	3 - NO REPORT	10:48:16		10:48:16			10:48:28			

Personnel Assigned

Unit	Name
X322	MAJZNER, KURT (CL4048)
X321	MCGRATH, SEAN (CL4075)

Caution Notes

No Caution Notes found

Pre-Scheduled Information

No Pre-Scheduled Information

Transports

No Transports Information

Transport Legs

No Transports Information

Comments

Date	Time	User	Type	Conf.	Comments
3/19/2018	10:37:33	SEGLOWACKI	Response		[1] ASSIST TO NORTHLAKE PD ATTEMPT CONTACT WITH AN ██████████ REGARDING ██████████ WHO HAS BEEN TRANSFERRED TO ██████████ - IF CONTACT IS MADE, PROVIDE TX/708-531-5755 ASK TO SPEAK WITH OFC LEPIONKA
3/19/2018	10:38:47	WebRMS	Response		[2] Automatic Case Number(s) Issued for CRYSTAL LAKE PD: CLPD-18-005174 requested by X322.
3/19/2018	10:48:11	MCGRATH, SEAN	Response		[3] X321 - No answer at the door. Message was left at the door recontact info.
3/19/2018	10:48:36	SEBURZYNSK	Response		[4] OFC ADVISED NEG CONTACT AT RES, LEFT A NOTE. DISPATCH CONTACTED NORTHLAKE AND ADVISED.

Computer Assisted Dispatch

Call Detail Information

Call Number	OCA Number	Class	Taker	Pos	Call Owner	Status	Date-Time-Received	Inj
20180040101	CLPD-18-003861	E	SE HECHT	11	no data	C	2018-02-27 18:29:08	0
Complaint	Ten Code	Priority	ESN	Disp Zone	IRA	How Received		
ALARMBURG	no data	1	162	SE911	U07B	no data		
Incident Location	Apartment/Suite	Floor/Bldg	Incident City					
94 DOLE AV	no data	no data	CRYSTAL LAKE					
Caller Name	Fire Run Zone	Fire Grade	EMS Run Zone	Telephone	Jurisdiction			
no data	CLHAL	no data	no data	[REDACTED]	MCETSB			
Tract	Weapons							
no data	no data							

Images
 BOLO
 Warrant
 Medical
 Hazard
 Fire Plan
 Previous

CallRec'd	Xmit	Dispatch	Enroute	OnScene	Departed	Arrived	Comp	AlarmCode	Unit
18:29:08	18:30:08	18:30:24	18:30:33	18:33:40	no data	no data	18:40:21	no data	X524

Narrative...

[02/27/2018 18:38:40 : pos10 : se madziarek]
 Unit : x520
 contact made/all fine/clearing

[02/27/2018 18:30:08 : pos11 : SE HECHT]
 HOLD UP PANIC ALARM
 ADT CB# [REDACTED] OPR# [REDACTED]
 KH-NO CONTACT
 Press Release Notes
 no data
 Location Comment
 no data

Department Numbers

Department/RMS OCA Numbers

Department	Dept Number	Unit ID	Department	OCA Number	RMS Jurisdiction
CLPD	67-180004198	X524	CLPD	CLPD-18-003861	IL0560300

Call Log

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
X524	DIS	2018-02-27 18:30:24	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4495	0
X524	ENR	2018-02-27 18:30:33	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4495	0
X520	DIS	2018-02-27 18:31:03	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4450	0
X520	ENR	2018-02-27 18:32:01	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4450	0
X520	ONS	2018-02-27 18:33:40	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4450	0
x524	ONS	2018-02-27 18:38:58	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4495	0
X520	REM	2018-02-27 18:39:25	CLPD	POL	REM	CL4450	1
X524	COM	2018-02-27 18:40:20	CLPD	POL	COM	CL4495	1

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
X520	CLPD	18:31:03	18:32:01	18:33:40	no data	no data	no data	18:39:25	no data
X524	CLPD	18:30:24	18:30:33	18:38:58	no data	no data	no data	no data	18:40:20

Computer Assisted Dispatch

Call Detail Information

Call Number 20180011293 **OCA Number** CLPD-18-001007 **Class** U **Taker** SE GLOWACKI **Pos** 9 **Call Owner** no data **Status** C **Date-Time-Received** 2018-01-17 12:33:30 **Inj** 0
Complaint ASSISTPOLICE **Ten Code** no data **Priority** 2 **ESN** 162 **Disp Zone** SE911 **IRA** U07B **How Received** no data
Incident Location 94 DOLE AV **Apartment/Suite** no data **Floor/Bldg** no data **Incident City** CRYSTAL LAKE
Caller Name no data **Fire Run Zone** CLHAL **Fire Grade** no data **EMS Run Zone** no data **Telephone** no data **Jurisdiction** MCETSB
Tract no data **Weapons** no data

Images BOLO Warrant Medical Hazard Fire Plan Previous

CallRec'd 12:33:30 **Xmit** 12:37:27 **Dispatch** 12:38:33 **Enroute** 12:40:08 **OnScene** 12:46:34 **Departed** no data **Arrived** no data **Comp** 12:53:19 **AlarmCode** no data **Unit** X325

Narrative...

[01/17/2018 12:52:53 : MOB : X325]
 SUBJECT WAS HOME, LOOKED OUT WINDOW AND LEFT DID NOT ANSWER DOOR. LEFT NOTE ON CAR

[01/17/2018 12:37:27 : pos9 : SE GLOWACKI]
 ASSIST TO LAKE COUNTY
 ATTEMPT TO CONTACT [REDACTED] REFERENCE NOT PAYING AT A LOCAL HOTEL IN LAKE COUNTY
 IF CONTACT IS MADE, PROVIDE TX/847-549-5200 SPEAK TO DEPUTY SCOTT PACHOLSKY
 LEAVE A NOTE IF NO CONTACT

Press Release Notes

no data

Location Comment

no data

Department Numbers

Department	Dept Number	Unit ID
CLPD	67-180001064	X325

Department/RMS OCA Numbers

Department	OCA Number	RMS Jurisdiction
CLPD	CLPD-18-001007	IL0560300

Call Dispositions

Date - Time	Disposition
2018-01-17 12:53:41	NO POLICE SERVICES NEEDED

Call Log

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
X325	DIS	2018-01-17 12:38:33	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4104	0
X325	ENR	2018-01-17 12:40:08	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4104	0
X325	ONS	2018-01-17 12:46:34	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4104	0
X325	COM	2018-01-17 12:53:19	CLPD	POL	COM	CL4104	1

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
X325	CLPD	12:38:33	12:40:08	12:46:34	no data	no data	no data	no data	12:53:19

INCIDENT/OFFENSE REPORT										Report Number		CLPD-17-025328												
IL0560300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number														
										Occurred From Date		12/17/2017		Time: 08:39 PM										
										Occurred To Date		12/17/2017		Time: 08:39 PM										
										Reported Date		12/17/2017		Time: 09:49 PM										
ADMIN	Nature of Complaint Battery					CAD CODE			Related Incidents			School Incident <input type="checkbox"/>												
	Location of Incident [REDACTED]					Location Name			Offense Tract AREA 4															
Photos: <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Scene <input type="checkbox"/> ET <input type="checkbox"/> INV <input type="checkbox"/> YO <input type="checkbox"/> SW										Name			Miscellaneous		Floor		Room							
OFFENSE	ILCS Description BATTERY/MAKE PHYSICAL CONTACT										UCR Code 0460		F/M		Counts 1									
	Offense Status		Offense Location 20		Structure		Premise Type E		Forcible		Point of Entry		Method of Entry											
	Weapon Used PERSONAL WEAPONS (HANDS,			School Incident Firearms <input type="checkbox"/>		Situation			Bias Motivation NONE		Charge Statute 720-5.0/12-3-A-2													
VICTIM	Victim Name [REDACTED]					Victim is Complainant <input type="checkbox"/>		Victim of Intimidation <input type="checkbox"/>		Home Phone [REDACTED]		Cell Phone [REDACTED]												
	Address [REDACTED]										Email													
	Sex		Race		Date Born		Age		To Age		Height		Weight		Eye Color		Hair Color		Hair Length		Complexion			
	Ethnicity N		SSN		DLN License			DLN State		Employer UNK			Employer Phone											
	SMT					Nickname					Additional													
	Relative					Relative Address					Relative Phone													
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer										Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries									
	Victim Type		Victim to Offender			Victim Challenged / Act			Victim Location			Agg Assault Circum 1		Agg Assault Circum 2										
	Offense 1 0460		Offense 2		Offense 3		Offense 4		Offense 5		Offense 6		Offense 7		Offense 8		Offense 9		Offense 10		LEO Activity		LEO Vehicle	
	Offender/Suspect Name [REDACTED]										Phone		Cell Phone [REDACTED]											
Address [REDACTED]										Work Phone		Email												
Sex		Race		Date Born		Age		To Age		Height		Weight		Eye Color		Hair Color		Hair Length		Hair Style				
SSN		DLN		DLN State		Employer			Employer Phone			Occupation												
Complexion		Ethnicity [REDACTED]		Facial Hair			General Appearance			Glasses Type		Hand Dominance												
Miscellaneous				Speech			Teeth		Build		Demeanor		Nickname/StreetName											
Relative					Relative Address					Relative Phone														
Additional										Injured <input type="checkbox"/>		Injury Code		Nature of Injuries										
Suspect Forced Victim		Suspect Action			Suspect Solicited Victim			Suspect Force Used			SMT's													
Offense 1 0460		Offense 2		Offense 3		Offense 4		Offense 5		Offense 6		Offense 7		Offense 8		Offense 9		Offense 10		Used: Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>				
VEHICLE	Related To					Type		VIN			Hull Number													
	Owner Name					Owner Address					Owner Phone													
	Make			Model		Color			Year		Style		Status											
	License Plate		Plate State		Plate Year		Plate Expires		Comments															
	Date Recovered		Veh Recovered		Initial Value			Rec Value		Stored At														
	Where Recovered				Who Recovered				Towed By															
	Vehicle Condition				Vehicle Damage				Insured By															
ADMIN	Child / DV / School UCR <input type="checkbox"/>		Contributing Factors		Alcohol <input type="checkbox"/>		Crimes Against Children <input type="checkbox"/>		Gang <input type="checkbox"/>		Satanic <input type="checkbox"/>		Drug <input type="checkbox"/>		Domestic Violence <input type="checkbox"/>		Hate <input type="checkbox"/>		Traffic <input type="checkbox"/>					
	Exceptional Clearance Code					Date					Internal Clearance Code					Date 12/17/2017								
	Reporting Officer Name ROSSOW BRIAN					Date 12/20/2017 12:31:55 AM					Investigating Officer Name													
	Reviewing Officer Name					Date					Approving Officer Name DOHERTY KEVIN					Date 12/20/2017 7:04:00 AM								

ORI # IL0560300		CRYSTAL LAKE POLICE DEPARTMENT OTHER PERSONS						REPORT # CLPD-17-025328	
OTHER PERSONS	Involvement Type WITNESS		Name					Home Phone	Cell Phone
	Address							Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone
	Scars/Marks/Tattoos					Nickname		Additional	
	Relative			Relative Address				Relative Phone	
	Used:		Injured?		Injury Code		Nature of Injuries		
<input type="checkbox"/> Drug		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Computer		<input type="checkbox"/>			
OTHER PERSONS	Involvement Type OTHER		Name					Home Phone	Cell Phone
	Address							Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone
	Scars/Marks/Tattoos					Nickname		Additional	
	Relative			Relative Address				Relative Phone	
	Used:		Injured?		Injury Code		Nature of Injuries		
<input type="checkbox"/> Drug		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Computer		<input type="checkbox"/>			
OTHER PERSONS	Involvement Type OTHER		Name					Home Phone	Cell Phone
	Address							Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone
	Scars/Marks/Tattoos					Nickname		Additional	
	Relative			Relative Address				Relative Phone	
	Used:		Injured?		Injury Code		Nature of Injuries		
<input type="checkbox"/> Drug		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Computer		<input type="checkbox"/>			
OTHER PERSONS	Involvement Type		Name					Home Phone	Cell Phone
	Address							Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone
	Scars/Marks/Tattoos					Nickname		Additional	
	Relative			Relative Address				Relative Phone	
	Used:		Injured?		Injury Code		Nature of Injuries		
<input type="checkbox"/> Drug		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Computer		<input type="checkbox"/>			
Reporting Officer Name ROSSOW BRIAN		CL4440		Date 12/20/2017 12:31:55 AM		Approving Officer Name DOHERTY KEVIN		CL4425	
								Date 12/20/2017 7:04:00 AM	

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-17-025328
SUPPLEMENT		
<p>Reporting Officer: CL4479 - SINDARAVICIUS ALGIRDAS Report Date: 12/18/2017 14:15 Reviewing Officer: - Review Date: Investigating Officer: - Approving Officer: CL4423 - PORZEZINSKI DAN Approve Date: 12/18/2017 20:28:11 Exceptional Clearance: - Exceptional Clearance Date: Internal Incident Status: - Internal Incident Date:</p>		
<p>I, X521 and Officer Torkelson, assisted Officer Rossow in locating the suspect, [REDACTED], who was involved in a physical altercation at [REDACTED] over a set of keys.</p>		
<p>Officer Torkelson and I checked the downtown area for [REDACTED] who had left the area on foot, wearing a black in color tank top and blue jeans. It was noted she had silver in her hair. We checked the area, including the downtown bars, with negative results.</p>		
<p>Officer Torkelson and I received word that [REDACTED] may reside at [REDACTED]. Officer Torkelson and I went to the address to check for [REDACTED]. Officer Torkelson and I were able to make contact with [REDACTED], who was busy having her hair bleached.</p>		
<p>[REDACTED] explained that she has been taking care of [REDACTED] (the legal resident of [REDACTED]), while he was in custody. She related [REDACTED] had requested she take his mail and any other assistance he needed. She related when she went over there, a female, who identified herself as a relative of [REDACTED], had requested the keys to the apartment and the mailbox. [REDACTED] informed the female she was not going to give the keys to her unless [REDACTED] had specifically told her to do so. The female relative of [REDACTED] proceeded to sweep the keys that were sitting on the table, which then fell to the ground. According to [REDACTED], she lunged after the keys with the other female and they wrestled for the keys. [REDACTED] related she never punched or hit the other female. [REDACTED] stated when she got the keys she and [REDACTED] left the area.</p>		
<p>I asked [REDACTED] to look at her hands and did not observe any redness around her knuckles at this time.</p>		
<p>[REDACTED] added [REDACTED] had asked to use her residence as a gateway home for drug treatment, upon being released from custody. It was noted that [REDACTED] needed a "stable" home. [REDACTED] related she refused, which made [REDACTED] upset, and he said he will have a family member try to get him out.</p>		
<p>[REDACTED] related she was there to assist [REDACTED] with [REDACTED] mail. She stated, while there, she began bleaching [REDACTED] hair. The family member of [REDACTED] arrived on scene and requested the keys to the apartment. [REDACTED] stated the two females wrestled over the keys, but never punched or hit each other. They then left the area, after [REDACTED] was able to get a hold of the keys.</p>		
<p>I spoke with Officer Rossow regarding the incident via telephone and related to him what [REDACTED] had stated. He informed me the victim did not wish to pursue charges and wanted the keys to the apartment and mailbox. I returned to speak with [REDACTED] and obtained the keys to the apartment and mailbox. I met with Officer Rossow and the victim at the address and verified the keys belonged to the apartment. Officer Torkelson had remained with [REDACTED], while I went to verify. [REDACTED] had informed me she did not have any duplicates.</p>		
<p>Officer Rossow had related to me he had spoken with [REDACTED], who wished to have [REDACTED] issued a no trespass to the apartment. Officer Torkelson informed [REDACTED] she has been trespassed from the address.</p>		
<p>Officers involved: Officer Sindaravicius (1022), Officer Torkelson (1025).</p>		
<p>See Officer Rossow's original report.</p>		
Exceptional Clearance Code	Date	Internal Clearance Code Date 12/17/2017
Reporting Officer Name ROSSOW BRIAN CL4440	Date 12/20/2017 12:31:55 AM	Investigating Officer Name
Reviewing Officer Name	Date	Approving Officer Name DOHERTY KEVIN CL4425 Date 12/20/2017 7:04:00 AM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-17-025328
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ORIGINAL

Summary: [REDACTED] reported a battery on 12/17/17 at [REDACTED]

Narrative: X524 was dispatched on 12/17/17 to [REDACTED] reference a battery. Upon arrival, I met with [REDACTED] who stated, in summary, she was visiting the area from Texas for the holidays. [REDACTED] advised her [REDACTED] was currently incarcerated at the McHenry County Jail. [REDACTED] informed me [REDACTED] asked her to retrieve his apartment keys from [REDACTED] who had possession of them. [REDACTED] reported she had been in contact with [REDACTED] via text message and informed her she was coming to [REDACTED] apartment in order to get the apartment keys. [REDACTED] advised [REDACTED] believed [REDACTED] was residing at his apartment without permission while he was incarcerated. [REDACTED] informed me when she arrived, [REDACTED] opened the door and let her into the apartment before she began swearing at her in front of her five-year old daughter, [REDACTED], telling her to "Get the fuck out." [REDACTED] stated she saw a set of keys laying on a coffee table nearby so she reached to grab them believing they were [REDACTED]. [REDACTED] advised [REDACTED] then attacked her by knocking her onto a nearby couch and punching her in the face. [REDACTED] reported that a friend of [REDACTED] was in the apartment and had been dying [REDACTED] hair when she arrived. [REDACTED] stated [REDACTED] was yelling at [REDACTED] to give the keys to her and to stop punching her. [REDACTED] advised she "did not touch" [REDACTED] at all during the incident. [REDACTED] reported she told [REDACTED] she was calling the police and [REDACTED] left the area with the apartment keys.

While speaking with [REDACTED], she received a phone call from [REDACTED] from the McHenry County Jail. [REDACTED] confirmed that he had asked [REDACTED] to go to the apartment to get the keys for him from [REDACTED]. [REDACTED] advised he wanted [REDACTED] to have the keys and he did not want [REDACTED] in the apartment at all. [REDACTED] informed me that [REDACTED] resided at [REDACTED].

I relayed [REDACTED] address to Officers Torkelson and Sindaravicius who were checking the area for [REDACTED]. Officer Torkelson and Sindaravicius located [REDACTED] and [REDACTED] at [REDACTED]. See Officer Sindaravicius's supplemental report for further details.

[REDACTED] advised she did not want to pursue a criminal complaint against [REDACTED] as long as she received the keys to [REDACTED] apartment. Officer Sindaravicius was provided the keys to the apartment and brought them to [REDACTED] where they were verified. [REDACTED] was issued a "no trespass" warning regarding [REDACTED] residence. [REDACTED] was able to secure the residence and advised she did not need any further police assistance at this time.

Photographs of [REDACTED] were taken by Sgt. Coutre with a patrol camera. A written statement completed by [REDACTED] was submitted into evidence as item #16R.

This case should be considered cleared exceptionally.

Officers involved: Rossow in car 1027, Sindaravicius in car 1022, Torkelson in car 1024, Sgt. Coutre and Sgt. Behning in car 1020

Exceptional Clearance Code	Date	Internal Clearance Code	Date
			12/17/2017
Reporting Officer Name	Date	Investigating Officer Name	
ROSSOW BRIAN	12/20/2017 12:31:55 AM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		DOHERTY KEVIN	12/20/2017 7:04:00 AM
		CL4425	

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-17-025328
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ATTACHMENT IN FILE

STATEMENT

Exceptional Clearance Code _____	Date _____	Internal Clearance Code _____	Date 12/17/2017
Reporting Officer Name ROSSOW BRIAN	CL4440	Date 12/20/2017 12:31:55 AM	Investigating Officer Name _____
Reviewing Officer Name _____	Date _____	Approving Officer Name DOHERTY KEVIN	Date CL4425 12/20/2017 7:04:00 AM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-17-025328
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COPY REPORT

TO DCFS [REDACTED]

Exceptional Clearance Code	Date	Internal Clearance Code	Date
			12/17/2017
Reporting Officer Name	Date	Investigating Officer Name	
ROSSOW BRIAN CL4440	12/20/2017 12:31:55 AM		
Reviewing Officer Name	Date	Approving Officer Name	Date
		DOHERTY KEVIN CL4425	12/20/2017 7:04:00 AM

Computer Assisted Dispatch

Call Detail Information

Call Number	OCA Number	Class	Taker	Pos	Call Owner	Status	Date-Time-Received	Inj	
20170194107	CLPD-17-019080	G	SE TEPPER	10	no data	C	2017-09-23 15:15:19	0	
Complaint	Ten Code	Priority	ESN	Disp Zone	IRA	How Received			
SUSPINCIDENT	no data	2	162	SE911	U07B	Radio			
Incident Location	Apart/Suite	Floor/Bldg	Incident City						
94 DOLE AV	no data	no data	CRYSTAL LAKE						
Caller Name	Fire Run Zone	Fire Grade	EMS Run Zone	Telephone	Jurisdiction				
no data	CLHAL	no data	no data	no data	MCETSB				
Tract	no data	Weapons	no data						
<input type="checkbox"/> Images	<input type="checkbox"/> BOLO	<input type="checkbox"/> Warrant	<input type="checkbox"/> Medical	<input type="checkbox"/> Hazard	<input checked="" type="checkbox"/> Fire Plan	<input checked="" type="checkbox"/> Previous			
CallRec'd	Xmit	Dispatch	Enroute	OnScene	Departed	Arrived	Comp	AlarmCode	Unit
15:15:19	15:15:19	15:15:19	15:15:19	15:15:19	no data	no data	09:31:04	no data	X522

Narrative...

[11/18/2017 09:32:49 : MOB : X321]

██████████ advised he would speak with Ofc. Jedlicka on his day back to work (11/21/18).

[11/18/2017 09:18:27 : pos8 : se glowacki]

██████████ AT PD TO COMPLETE A FU REFERENCE THIS SUSPICIOUS INCIDENT INVOLVING HIS PHONE ORIG OFC - JEDLICKA

[09/23/2017 16:04:11 : pos10 : SE TEPPER]

Cross streets: HASTINGS AV//GROVE

[09/23/2017 15:15:19 : pos10 : SE TEPPER]

Landmark: CITY OF CRYSTAL LAKE

Press Release Notes

no data

Location Comment

no data

Department Numbers

Department	Dept Number	Unit ID
CLPD	67-170020740	X522

Department/RMS OCA Numbers

Department	OCA Number	RMS Jurisdiction
CLPD	CLPD-17-019080	IL0560300

Call Dispositions

Date - Time	Disposition
2017-11-18 09:31:00	NO REPORT: SITUATION RESOLVED
2017-11-18 09:31:15	NO REPORT: SITUATION RESOLVED
2017-09-23 16:10:15	REPORT: WRITTEN

Call Log

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
X522	ONS	2017-09-23 15:15:19	CLPD	POL	100 W WOODSTOCK ST, CRYSTAL LAKE	CL4045	0
X522	COM	2017-09-23 16:10:03	CLPD	POL	COM	CL4045	1
no data	no data	2017-11-18 09:17:57	no data	no data	Reactivated	no data	0
X321	ENR	2017-11-18 09:19:34	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4408	0
X321	COM	2017-11-18 09:30:35	CLPD	POL	COM	CL4408	1

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
X321	CLPD	no data	09:19:34	no data	no data	no data	no data	no data	09:30:35
X522	CLPD	no data	no data	15:15:19	no data	no data	no data	no data	16:10:03

Computer Assisted Dispatch

Call Detail Information

Call Number	OCA Number	Class	Taker	Pos	Call Owner	Status	Date-Time-Received	Inj	
20170258067	CLPD-17-025791	U	se hildebrandt	10	no data	C	2017-12-24 05:57:41	0	
Complaint	Ten Code	Priority	ESN	Disp Zone	IRA	How Received			
ASSISTPOLICE	no data	2	162	SE911	U07B	PHONE			
Incident Location	Apartment/Suite	Floor/Bldg	Incident City						
94 DOLE AV	no data	no data	CRYSTAL LAKE						
Caller Name	Fire Run Zone	Fire Grade	EMS Run Zone	Telephone	Jurisdiction				
no data	CLHAL	no data	no data	no data	MCETSB				
Tract	no data		Weapons	no data					
<input type="checkbox"/> Images	<input type="checkbox"/> BOLO	<input type="checkbox"/> Warrant	<input type="checkbox"/> Medical	<input type="checkbox"/> Hazard	<input checked="" type="checkbox"/> Fire Plan	<input checked="" type="checkbox"/> Previous			
CallRec'd	Xmit	Dispatch	Enroute	OnScene	Departed	Arrived	Comp	AlarmCode	Unit
05:57:41	05:59:56	06:09:43	06:09:43	no data	no data	no data	06:23:20	no data	X321

Narrative...

[12/24/2017 06:22:56 : pos10 : se hildebrandt]
 inverness pd advised owner returned to vehicle - cldp can disregard

[12/24/2017 06:01:32 : pos10 : se hildebrandt]
 x120

[12/24/2017 05:59:56 : pos10 : se hildebrandt]
 inverness pd - [REDACTED]
 request contact with resident who is owner of vehicle
 on palatine and ridgeview drive missing a tire lic/[REDACTED]

Press Release Notes

no data

Location Comment

no data

Department Numbers

Department	Dept Number	Unit ID
CLPD	67-170028019	X321

Department/RMS OCA Numbers

Department	OCA Number	RMS Jurisdiction
CLPD	CLPD-17-025791	IL0560300

Call Dispositions

Date - Time	Disposition
2017-12-24 06:23:35	NO REPORT: SITUATION RESOLVED

Call Log

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
X321	ENR	2017-12-24 06:09:43	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4408	0
X321	COM	2017-12-24 06:23:20	CLPD	POL	COM	CL4408	1

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
X321	CLPD	no data	06:09:43	no data	no data	no data	no data	no data	06:23:20

Call Vehicles

Year	Make	Model	VIN	Plate	Color	Towed	BOLO
2011	CHRY	no data	no data	[REDACTED]	no data	<input type="checkbox"/>	<input type="checkbox"/>
94 dole av, cl			freund, andrew and cunningham, joann				

INCIDENT/OFFENSE REPORT										Report Number		CLPD-17-019080			
IL0560300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number					
										Occurred From Date		09/23/2017		Time: 03:15 PM	
										Occurred To Date		09/23/2017		Time: 03:15 PM	
										Reported Date		09/23/2017		Time: 03:15 PM	
ADMIN	Nature of Complaint SUSPICIOUS INCIDENT					CAD CODE		Related Incidents		School Incident <input type="checkbox"/>					
	Location of Incident 94 DOLE AV CRYSTAL LAKE IL 60014					Location Name		Offense Tract AREA 5							
OFFENSE	Photos: <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Scene <input type="checkbox"/>					Notification/Referrals: <input type="checkbox"/> ET <input type="checkbox"/> INV <input type="checkbox"/> YO <input type="checkbox"/> SW		Name		Miscellaneous					
	Floor					Room									
OFFENSE	ILCS Description SUSPICIOUS INCIDENT/CIRCUMSTANCE					UCR Code 7334		F/M		Counts 1					
	Offense Status		Offense Location 20		Structure		Premise Type		Forcible		Point of Entry				
VICTIM	Weapon Used					School Incident Firearms		Situation		Bias Motivation					
	Charge Statute 7334														
VICTIM	Victim Name					Victim is Complainant <input type="checkbox"/>		Victim of Intimidation <input type="checkbox"/>		Home Phone		Cell Phone			
	Address					Email									
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion				
	Ethnicity		SSN		DLN License		DLN State		Employer		Employer Phone				
	SMT					Nickname		Additional							
	Relative					Relative Address				Relative Phone					
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries					
	Victim Type		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2				
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle			
	Offender/Suspect Name								Phone		Cell Phone				
Address								Work Phone		Email					
Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style					
SSN		DLN		DLN State		Employer		Employer Phone		Occupation					
Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance					
Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Streetname				
Relative					Relative Address				Relative Phone						
Additional					Injured <input type="checkbox"/>		Injury Code		Nature of Injuries						
Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs							
Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
Related To				Type		VIN		Hull Number							
Owner Name				Owner Address				Owner Phone							
Make		Model		Color		Year	Style		Status						
License Plate		Plate State	Plate Year	Plate Expires	Comments										
Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At								
Where Recovered			Who Recovered				Towed By								
Vehicle Condition			Vehicle Damage					Insured By							
ADMIN	Child / DV / School UCR <input type="checkbox"/>		Contributing Factors		Alcohol <input type="checkbox"/>	Crimes Against Children <input type="checkbox"/>		Gang <input type="checkbox"/>	Satanic <input type="checkbox"/>	Drug <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Hate <input type="checkbox"/>	Traffic <input type="checkbox"/>		
	Exceptional Clearance Code					Date		Internal Clearance Code					Date		
	Reporting Officer Name JEDLICKA MICHAEL					Date 9/23/2017 4:18:39 PM		Investigating Officer Name							
	Reviewing Officer Name					Date		Approving Officer Name BENNETT MICHAEL					Date 9/23/2017 7:04:09 PM		

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT OTHER PERSONS	REPORT # CLPD-17-019060
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OTHER PERSONS	Involvement Type COMPLAINANT		Name [REDACTED]						Home Phone [REDACTED]		Cell Phone [REDACTED]	
	Address [REDACTED]										Email [REDACTED]	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	Scars/Marks/Tattoos						Nickname		Additional			
	Relative			Relative Address						Relative Phone		
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>	<input type="checkbox"/>							

OTHER PERSONS	Involvement Type		Name						Home Phone		Cell Phone	
	Address										Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	Scars/Marks/Tattoos						Nickname		Additional			
	Relative			Relative Address						Relative Phone		
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>	<input type="checkbox"/>							

OTHER PERSONS	Involvement Type		Name						Home Phone		Cell Phone	
	Address										Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	Scars/Marks/Tattoos						Nickname		Additional			
	Relative			Relative Address						Relative Phone		
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>	<input type="checkbox"/>							

OTHER PERSONS	Involvement Type		Name						Home Phone		Cell Phone	
	Address										Email	
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	Scars/Marks/Tattoos						Nickname		Additional			
	Relative			Relative Address						Relative Phone		
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>	<input type="checkbox"/>							

Reporting Officer Name JEDLICKA MICHAEL	CL4045	Date 9/23/2017 4:18:39 PM	Approving Officer Name BENNETT MICHAEL	CL4071	Date 9/23/2017 7:04:09 PM
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ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-17-019080	
ORIGINAL			
<p>SUMMARY: ██████████ reported a suspicious incident.</p> <p>NARRATIVE: Patrol X522 was approached outside the police department by complainant ██████████, who advised he suspected his cell phone may have been "hacked". He advised the following:</p> <p>While at home today attempting to add a wireless device to his cellular phone, he realized the Bluetooth on his iPhone was identifying the phone as belonging to someone else. He then showed me the displayed message.</p> <p>Under the Bluetooth setting, the iPhone was indicating it was "now discoverable as Kaitlyn & Dylan's iPhone."</p> <p>██████████ explained those were the names of the children of a former friend and he had no idea how his phone would have been labeled by Bluetooth as belonging to them. With ██████████ permission, I checked the security settings on his iPhone and discovered he had no existing security set up. I explained to him this would allow anyone to use his phone or piggyback onto his WiFi/Bluetooth should he lose it. I then went over in great detail all of the security functions ██████████ should have active on his iPhone to prevent anyone from using it without his authorization (unlock passcode, fingerprint ID, two factor authentication).</p> <p>With ██████████ permission, I reset the network settings on the iPhone and the suspicious message was now gone and correctly reading the iPhone was "now discoverable as iPhone."</p> <p>When asked, ██████████ stated he has owned the phone for approximately 4-6 months and has noticed no suspicious activity of any-kind on any of his email or bank accounts. I advised him it was possible the iPhone, because he had no security measures active, had automatically attempted to join a Bluetooth network and renamed itself when it was successful. After rebooting the iPhone I verified it remained discoverable as "iPhone" in Bluetooth.</p> <p>I advised ██████████ I had no way to scan the iPhone to see if any type of surveillance software had been installed and suggested he take it to an Apple store if he still suspected it had been "hacked."</p> <p>Inactive.</p> <p>Jedlicka: squad 1025.</p>			
Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name JEDLICKA MICHAEL	Date CL4045 9/23/2017 4:18:39 PM	Investigating Officer Name	
Reviewing Officer Name	Date	Approving Officer Name BENNETT MICHAEL	Date CL4071 9/23/2017 7:04:09 PM

Computer Assisted Dispatch

Call Detail Information

Call Number	OCA Number	Class	Taker	Pos	Call Owner	Status	Date-Time-Received	Inj	
20150099603	CLPD-15-010387	G	SE BURZYNSKI	8	no data	C	2015-05-18 13:11:53	0	
Complaint	Ten Code	Priority	ESN	Disp Zone	IRA	How Received			
INFO	no data	3	162	SE911	U07B	PHONE			
Incident Location	Apartment/Suite	Floor/Bldg	Incident City						
[REDACTED]	no data	no data	CRYSTAL LAKE						
Caller Name	Fire Run Zone	Fire Grade	EMS Run Zone	Telephone	Jurisdiction				
[REDACTED]	CLHAL	no data	no data	[REDACTED]	MCETSB				
Tract	no data		Weapons		no data				
<input type="checkbox"/> Images	<input type="checkbox"/> BOLO	<input type="checkbox"/> Warrant	<input type="checkbox"/> Medical	<input type="checkbox"/> Hazard	<input checked="" type="checkbox"/> Fire Plan	<input checked="" type="checkbox"/> Previous			
CallRec'd	Xmit	Dispatch	Enroute	OnScene	Departed	Arrived	Comp	AlarmCode	Unit
13:11:53	13:20:19	13:29:32	13:29:36	no data	no data	no data	14:04:54	no data	X432

Narrative...

[05/18/2015 13:57:04 : MOB : X432]
I called and spoke to the complainant.

[05/18/2015 13:20:19 : pos8 : SE BURZYNSKI]

Landmark: [REDACTED]
INFO ON 2 SUSPENDED DRIVERS-
2 SUBJS HAD COURT AT 0900 HRS IN WOODSTOCK
BELIEVED TO BE 76 HOME ([REDACTED]) WITH JUV IN CAR
DARK GREEN MISTU EXP 28'S 28 UNKN
NO INSURANCE AS WELL- [REDACTED] AND [REDACTED] COMPL TO BE
CALLED WITH RESULTS-
COMPL HAS CUSTODY OF ONE OF [REDACTED] CHILDREN

Press Release Notes

no data

Location Comment

no data

Department Numbers

Department	Dept Number	Unit ID
CLPD	67-150010527	X432

Department/RMS OCA Numbers

Department	OCA Number	RMS Jurisdiction
CLPD	CLPD-15-010387	IL0560300

Call Dispositions

Date - Time	Disposition
2015-05-18 13:57:57	UNABLE TO LOCATE

Call Log

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
X432	DIS	2015-05-18 13:29:32	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4408	0
X432	ENR	2015-05-18 13:29:36	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4408	0
X432	COM	2015-05-18 13:57:04	CLPD	POL	COM	CL4408	1

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
X432	CLPD	13:29:32	13:29:36	no data	no data	no data	no data	no data	13:57:04

Computer Assisted Dispatch

Call Detail Information

Call Number 20150029856 OCA Number CLPD-15-003059 Class U Taker SE MARKISON Pos 11 Call Owner no data Status C Date-Time-Received 2015-02-11 16:19:24 Inj 0
 Complaint ASSISTPOLICE Ten Code no data Priority 2 ESN 162 Disp Zone SE911 IRA U07B How Received no data
 Incident Location 94 DOLE AV Apart/Suite no data Floor/Bldg no data Incident City CRYSTAL LAKE
 Caller Name no data Fire Run Zone CLHAL Fire Grade no data EMS Run Zone no data Telephone no data Jurisdiction MCETSB
 Tract no data Weapons no data

Images BOLO Warrant Medical Hazard Fire Plan Previous

CallRec'd 16:19:24 Xmit 16:20:55 Dispatch 16:21:19 Enroute 16:22:52 OnScene 16:29:42 Departed no data Arrived no data Comp 16:35:19 AlarmCode no data Unit X633

Narrative...

[02/11/2015 16:34:35 : MOB : x633]

Spoke to [REDACTED]. I advised him to contact Ofc Bocklemann of Johnsburg PD. He acknowledged he will.

[02/11/2015 16:20:55 : pos11 : SE MARKISON]

Landmark: [REDACTED]

johnsburg looking for [REDACTED] have him call ofc bockelmann 8153856024 ref bad checks

Press Release Notes

no data

Location Comment

no data

Department Numbers

Department	Dept Number	Unit ID
CLPD	67-150003068	X633

Department/RMS OCA Numbers

Department	OCA Number	RMS Jurisdiction
CLPD	CLPD-15-003059	IL0560300

Call Dispositions

Date - Time	Disposition
2015-02-11 16:35:26	NO REPORT

Call Log

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
X633	DIS	2015-02-11 16:21:19	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4474	0
x633	ENR	2015-02-11 16:22:52	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4474	0
x633	ONS	2015-02-11 16:29:42	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4474	0
X633	COM	2015-02-11 16:35:18	CLPD	POL	COM	CL4474	1

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
X633	CLPD	16:21:19	16:22:52	16:29:42	no data	no data	no data	no data	16:35:18

INCIDENT/OFFENSE REPORT										Report Number		CLPD-14-010862	
IL0560300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number			
										Occurred From Date		05/30/2014 Time: 04:02 PM	
										Occurred To Date		05/30/2014 Time: 04:50 PM	
										Reported Date		05/30/2014 Time: 04:02 PM	
ADMIN	Nature of Complaint STAND BY					CAD CODE			Related Incidents		School Incident <input type="checkbox"/>		
	Location of Incident 94 DOLE AV CRYSTAL LAKE IL 60014					Location Name			Offense Tract AREA 1				
	Photos:		Notification/Referrals:			Name		Miscellaneous		Floor	Room		
	<input type="checkbox"/> Evidence	<input type="checkbox"/> Victim	<input type="checkbox"/> Scene	<input type="checkbox"/> ET	<input type="checkbox"/> INV	<input type="checkbox"/> YO	<input type="checkbox"/> SW						
OFFENSE	ILCS Description OFFICER STANDBY					UCR Code 7255		F/M	Counts 1				
	Offense Status	Offense Location 20	Structure	Premise Type	Forcible	Point of Entry		Method of Entry					
	Weapon Used		School Incident Firearms <input type="checkbox"/>	Situation		Bias Motivation		Charge Statute 7255					
VICTIM	Victim Name					Victim is Complainant <input type="checkbox"/>	Victim of Intimidation <input type="checkbox"/>	Home Phone		Cell Phone			
	Address										Email		
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion		
	Ethnicity		SSN		DLN License		DLN State	Employer			Employer Phone		
	SMT					Nickname		Additional					
	Relative			Relative Address					Relative Phone				
	Used:	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries						
	Victim Type		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2		
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle	
	Offender/Suspect Name							Phone		Cell Phone			
Address										Work Phone	Email		
Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style			
SSN		DLN		DLN State	Employer			Employer Phone		Occupation			
Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance			
Miscellaneous			Speech		Teeth		Build	Demeanor		Nickname/Streetname			
Relative				Relative Address					Relative Phone				
Additional					Injured <input type="checkbox"/>	Injury Code	Nature of Injuries						
Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs					
Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug	Alcohol	Computer	
Related To	Type			VIN			Hull Number						
Owner Name				Owner Address					Owner Phone				
Make		Model		Color		Year	Style		Status				
License Plate		Plate State	Plate Year	Plate Expires	Comments								
Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At						
Where Recovered			Who Recovered				Towed By						
Vehicle Condition				Vehicle Damage				Insured By					
ADMIN	Child / DV / School UCR <input type="checkbox"/>	Contributing Factors	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Crimes Against Children	<input type="checkbox"/> Gang	<input type="checkbox"/> Satanic	<input type="checkbox"/> Drug	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hate	<input type="checkbox"/> Traffic			
	Exceptional Clearance Code				Date		Internal Clearance Code			Date			
	Reporting Officer Name BURR BRIAN			Date 5/30/2014 4:59:00 PM	Investigating Officer Name								
	Reviewing Officer Name			Date		Approving Officer Name BENNETT MICHAEL			Date 5/30/2014 7:53:36 PM	CL4071			

ORI # IL0560300		CRYSTAL LAKE POLICE DEPARTMENT OTHER PERSONS						REPORT # CLPD-14-010862			
OTHER PERSONS	Involvement Type OTHER		Name				Home Phone		Cell Phone		
	Address						Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity		SSN	DLN License		DLN State	Employer			Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional		
	Relative			Relative Address				Relative Phone			
	Used:		<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	Injured?	Injury Code	Nature of Injuries			
OTHER PERSONS	Involvement Type OTHER		Name				Home Phone		Cell Phone		
	Address						Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity		SSN	DLN License		DLN State	Employer			Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional		
	Relative			Relative Address				Relative Phone			
	Used:		<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	Injured?	Injury Code	Nature of Injuries			
OTHER PERSONS	Involvement Type		Name				Home Phone		Cell Phone		
	Address						Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity		SSN	DLN License		DLN State	Employer			Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional		
	Relative			Relative Address				Relative Phone			
	Used:		<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	Injured?	Injury Code	Nature of Injuries			
OTHER PERSONS	Involvement Type		Name				Home Phone		Cell Phone		
	Address						Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity		SSN	DLN License		DLN State	Employer			Employer Phone	
	Scars/Marks/Tattoos					Nickname			Additional		
	Relative			Relative Address				Relative Phone			
	Used:		<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	Injured?	Injury Code	Nature of Injuries			
Reporting Officer Name BURR BRIAN		CL4100	Date 5/30/2014 4:59:00 PM	Approving Officer Name BENNETT MICHAEL		CL4071	Date 5/30/2014 7:53:36 PM				

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-14-010862
ORIGINAL		
<p>SUMMARY: ██████████ requests a stand by while her roommate ██████████ moves out and also requested she be served with an Order of Protection.</p> <p>NARRATIVE: Patrol X521 dispatched to 94 Dole Ave ref; stand by. Upon arrival with Officer Torkelson we stood by while ██████████ completely moved out. We advised her of the pending Order of Protection that still needed to be served. She agreed to stand by until MCSO arrived to serve her. I issued both parties a domestic waiver, and issued them a rights of victims form.</p> <p>MCSO Deputy Tomasheski arrived and served ██████████ the Order of Protection papers.</p>		
Exceptional Clearance Code	Date	Internal Clearance Code
Reporting Officer Name BURR BRIAN	Date 5/30/2014 4:59:00 PM	Investigating Officer Name
Reviewing Officer Name	Date	Approving Officer Name BENNETT MICHAEL
		Date 5/30/2014 7:53:36 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-14-010862
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ATTACHMENT IN FILE

DOM VIO RELEASE FORMX2

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name BURR BRIAN	CL4100 5/30/2014 4:59:00 PM	Investigating Officer Name	
Reviewing Officer Name	Date	Approving Officer Name BENNETT MICHAEL	CL4071 5/30/2014 7:53:36 PM

Computer Assisted Dispatch

Call Detail Information

Call Number 20140108822 OCA Number CLPD-14-010777 Class Taker G SE DIAMOND Pos 11 Call Owner no data Status C Date-Time-Received 2014-05-29 16:21:39 Inj 0
 Complaint CIVILMATTER Ten Code no data Priority L ESN 162 Disp Zone SE911 IRA U07B How Received E911
 Incident Location 94 DOLE AV Apartment/Suite no data Floor/Bldg no data Incident City CRYSTAL LAKE
 Caller Name [REDACTED] Fire Run Zone CLHAL Fire Grade no data EMS Run Zone no data Telephone [REDACTED] Jurisdiction MCETSB
 Tract no data Weapons no data

Images BOLO Warrant Medical Hazard Fire Plan Previous

CallRec'd 16:21:39 Xmit 16:22:54 Dispatch 16:23:36 Enroute 16:23:49 OnScene 16:26:59 Departed no data Arrived no data Comp 16:38:24 AlarmCode no data Unit X524

Narrative...

[05/29/2014 16:38:16 : MOB : X631]

THE MAILBOX WAS LOCKED AND THE HOMEOWNER WAS UNABLE TO UNLOCK IT AT THE TIME [REDACTED] WANTED IT UNLOCKED. THE SITUATION WAS RESOLVED.

[05/29/2014 16:33:08 : pos10 : se kryca]
 RVKD/DENIED FOID CARDS

[05/29/2014 16:22:54 : pos11 : SE DIAMOND]

Landmark: [REDACTED]
 STATES LANDLORD LOCKED HER OUT OF THE GARAGE PARTIES ARE SEPERATED

Press Release Notes

no data

Location Comment

no data

Department Numbers

Department	Dept Number	Unit ID
CLPD	67-140010794	X524

Department/RMS OCA Numbers

Department	OCA Number	RMS Jurisdiction
CLPD	CLPD-14-010777	IL0560300

Call Dispositions

Date - Time	Disposition
2014-05-29 16:38:19	NO REPORT

Call Complaints

Date - Time	Complaint	Action By
2014-05-29 16:23:13	CITA	SE DIAMOND
2014-05-29 16:37:23	DISPUTE	se kryca

Call Log

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
X524	DIS	2014-05-29 16:23:36	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4451	0
X524	ENR	2014-05-29 16:23:49	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4451	0
X631	DIS	2014-05-29 16:24:01	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4452	0
X631	ENR	2014-05-29 16:24:01	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4452	0
X631	ONS	2014-05-29 16:26:59	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4452	0
X524	ONS	2014-05-29 16:34:18	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4451	0
X524	REM	2014-05-29 16:37:17	CLPD	POL	REM	CL4451	1
X631	COM	2014-05-29 16:38:23	CLPD	POL	COM	CL4452	1

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
X524	CLPD	16:23:36	16:23:49	16:34:18	no data	no data	no data	16:37:17	no data
X631	CLPD	16:24:01	16:24:01	16:26:59	no data	no data	no data	no data	16:38:23

Call Persons

Category	Last	First	Middle	Suffix	Race	Sex	Ethnic	Hgt	Wgt	Age	DOB	OLN
no data	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	no data	~	M	~	~	[REDACTED]	[REDACTED]	[REDACTED]
					Description							
					no data							
					no data							

Call Vehicles

Year	Make	Model	VIN	Plate	Color	Towed	BOLO
no data	no data	no data	no data	[REDACTED]	no data	<input type="checkbox"/>	<input type="checkbox"/>
no data			no data				

Computer Assisted Dispatch

Call Detail Information

Call Number	OCA Number	Class	Taker	Pos	Call Owner	Status	Date-Time-Received	Inj	
20140108274	CLPD-14-010729	U	se hildebrandt	9	no data	C	2014-05-28 22:49:24	0	
Complaint	Ten Code	Priority	ESN	Disp Zone	IRA	How Received			
NOISE	no data	2	162	SE911	U07B	WIRE			
Incident Location	Apartment/Suite	Floor/Bldg	Incident City						
94 DOLE AV	downstai	no data	CRYSTAL LAKE						
Caller Name	Fire Run Zone	Fire Grade	EMS Run Zone	Telephone	Jurisdiction				
	CLHAL	no data	no data		MCETSB				
Tract	Weapons								
no data	no data								
<input type="checkbox"/> Images	<input type="checkbox"/> BOLO	<input type="checkbox"/> Warrant	<input type="checkbox"/> Medical	<input type="checkbox"/> Hazard	<input checked="" type="checkbox"/> Fire Plan	<input checked="" type="checkbox"/> Previous			
CallRec'd	Xmit	Dispatch	Enroute	OnScene	Departed	Arrived	Comp	AlarmCode	Unit
22:49:24	22:51:47	22:53:15	22:53:55	22:56:17	no data	no data	23:13:14	no data	X123

Narrative...

[05/28/2014 23:13:07 : MOB : X121]
 [REDACTED] AND [REDACTED] WERE PLAYING MUSIC TOO LOUD. MUSIC TURNED OFF BY [REDACTED]

[05/28/2014 23:03:31 : pos10 : SE SPARKS]
 UNITS ARE 10-4

[05/28/2014 22:54:17 : pos10 : SE SPARKS]
 X120 AWARE

[05/28/2014 22:52:17 : pos9 : se hildebrandt]
 compl waiting outside for-pd

[05/28/2014 22:51:47 : pos9 : se hildebrandt]
 Landmark: [REDACTED]
 tenants who live downstairs are intox and loud
 2 subj - j3 and j5
 subj downstairs were suppose to stay sober to live there
 see compl

Press Release Notes
 no data
 Location Comment
 no data

Department Numbers

Department	Dept Number	Unit ID
CLPD	67-140010745	X121
CLPD	67-140010745	X123

Department/RMS OCA Numbers

Department	OCA Number	RMS Jurisdiction
CLPD	CLPD-14-010729	IL0560300

Call Dispositions

Date - Time	Disposition
2014-05-28 23:13:29	NO REPORT

Call Complaints

Date - Time	Complaint	Action By
2014-05-28 23:11:54	INTOXSUBJ	SE SPARKS

Call Log

Unit	Status	Date - Time	Dept	Type	Comments	Officers	Odometer
X123	DIS	2014-05-28 22:53:15	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4450	0
X121	ENR	2014-05-28 22:53:55	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4429	0
X123	ENR	2014-05-28 22:54:06	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4450	0
X121	ONS	2014-05-28 22:56:17	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4429	0
X123	ONS	2014-05-28 22:59:59	CLPD	POL	94 DOLE AV, CRYSTAL LAKE	CL4450	36333
X123	REM	2014-05-28 23:11:15	CLPD	POL	REM	CL4450	1
X121	COM	2014-05-28 23:13:14	CLPD	POL	COM	CL4429	1

Unit	Dept	DIS	ENR	ONS	LEF	ARR	BUS	REM	COM
X121	CLPD	no data	22:53:55	22:56:17	no data	no data	no data	no data	23:13:14
X123	CLPD	22:53:15	22:54:06	22:59:59	no data	no data	no data	23:11:15	no data

Call Persons

Category	Last	First	Middle	Suffix	Race	Sex	Ethnic	Hgt	Wgt	Age	DOB	OLN
----------	------	-------	--------	--------	------	-----	--------	-----	-----	-----	-----	-----

	<u>Description</u>			
no data	[REDACTED]	no data	~	~ [REDACTED]
		no data		
no data	[REDACTED]	no data	~	~ [REDACTED]
		no data		

INCIDENT/OFFENSE REPORT										Report Number		CLPD-14-010681			
IL0560300 CRYSTAL LAKE POLICE DEPARTMENT 100 W WOODSTOCK STREET CRYSTAL LAKE IL 60014 815-459-2020										CAD Number					
										Occurred From Date		05/28/2014		Time: 11:23 AM	
										Occurred To Date		05/28/2014		Time: 11:23 AM	
										Reported Date		05/28/2014		Time: 11:23 AM	
ADMIN	Nature of Complaint Information for Police					CAD CODE		Related Incidents		School Incident <input type="checkbox"/>					
	Location of Incident					Location Name		Offense Tract AREA 1							
OFFENSE	Photos:		Notification/Referrals:		Name		Miscellaneous		Floor		Room				
	<input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Scene		<input type="checkbox"/> ET <input type="checkbox"/> INV <input type="checkbox"/> YO <input type="checkbox"/> SW												
OFFENSE	ILCS Description INFORMATION FOR POLICE						UCR Code	F/M	Counts						
	Offense Status	Offense Location	Structure	Premise Type	Forcible	Point of Entry		Method of Entry							
	Weapon Used		School Incident Firearms	Situation		Bias Motivation		Charge Statute 7220							
VICTIM	Victim Name					Victim Is Complaint <input type="checkbox"/>	Victim of Intimidation <input type="checkbox"/>	Home Phone		Cell Phone					
	Address										Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion				
	Ethnicity	SSN		DLN License		DLN State	Employer			Employer Phone					
	SMT					Nickname		Additional							
	Relative			Relative Address				Relative Phone							
	Used:	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries								
	Victim Type		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2				
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle			
	Offender/Suspect Name										Phone	Cell Phone			
SUSPECT	Address										Work Phone	Email			
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer			Employer Phone		Occupation				
	Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance				
	Miscellaneous			Speech		Teeth		Build		Demeanor	Nicknames/Streetname				
	Relative				Relative Address				Relative Phone						
	Additional					Injured <input type="checkbox"/>	Injury Code	Nature of Injuries							
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/>				
	VEHICLE	Related To				Type	VIN		Hull Number						
Owner Name				Owner Address				Owner Phone							
Make		Model		Color		Year	Style		Status						
License Plate		Plate State	Plate Year	Plate Expires	Comments										
Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At								
Where Recovered			Who Recovered				Towed By								
Vehicle Condition			Vehicle Damage					Insured By							
ADMIN	Child / DV / School UCR <input type="checkbox"/>	Contributing Factors	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Crimes Against Children	<input type="checkbox"/> Gang	<input type="checkbox"/> Satanic	<input checked="" type="checkbox"/> Drug	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Hate	<input type="checkbox"/> Traffic					
	Exceptional Clearance Code				Date		Internal Clearance Code		Date						
	Reporting Officer Name				Date		Investigating Officer Name								
	MCGRATH SEAN				CL4075		5/28/2014 12:10:45 PM		OLSZAK PAUL						
Reviewing Officer Name				Date		Approving Officer Name		Date	Date						
						CL4069		5/28/2014 12:56:47 PM							

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT VICTIMS	REPORT # CLPD-14-010681										
VICTIM	Victim Name Victim is Complainant <input type="checkbox"/> Victim of Intimidation <input type="checkbox"/> Home Phone Cell Phone											
	Address Email											
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	SMT					Nickname			Additional			
	Relative				Relative Address				Relative Phone			
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>	<input type="checkbox"/>							
	Victim Type		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2	
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle
VICTIM	Victim Name Victim is Complainant <input type="checkbox"/> Victim of Intimidation <input type="checkbox"/> Home Phone Cell Phone											
	Address Email											
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	SMT					Nickname			Additional			
	Relative				Relative Address				Relative Phone			
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>	<input type="checkbox"/>							
	Victim Type		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2	
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle
VICTIM	Victim Name Victim is Complainant <input type="checkbox"/> Victim of Intimidation <input type="checkbox"/> Home Phone Cell Phone											
	Address Email											
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion	
	Ethnicity		SSN	DLN License		DLN State	Employer		Employer Phone			
	SMT					Nickname			Additional			
	Relative				Relative Address				Relative Phone			
	Used:		Injured?		Injury Code		Nature of Injuries					
	<input type="checkbox"/> Drug	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Computer	<input type="checkbox"/>	<input type="checkbox"/>							
	Victim Type		Victim to Offender		Victim Challenged / Act		Victim Location		Agg Assault Circum 1		Agg Assault Circum 2	
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle
Reporting Officer Name				Date		Approving Officer Name				Date		
MCGRATH SEAN				CL4075 5/28/2014 12:10:45 PM		OLSZAK PAUL CL4069				5/28/2014 12:56:47 PM		

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT SUSPECTS	REPORT # CLPD-14-010681
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SUSPECT	Offender/Suspect Name										Home Phone		Cell Phone		
	Address										Work Phone		Email		
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer			Employer Phone		Occupation				
	Complexion		Ethnicity		Facial Hair		General Appearance			Glasses Type		Hand Dominance			
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured	Injury Code	Nature of Injuries							
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug	Alcohol	Computer		

SUSPECT	Offender/Suspect Name										Home Phone		Cell Phone		
	Address										Work Phone		Email		
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer			Employer Phone		Occupation				
	Complexion		Ethnicity		Facial Hair		General Appearance			Glasses Type		Hand Dominance			
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured	Injury Code	Nature of Injuries							
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug	Alcohol	Computer		

SUSPECT	Offender/Suspect Name										Home Phone		Cell Phone		
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	SSN		DLN		DLN State	Employer			Employer Phone		Occupation				
	Complexion		Ethnicity		Facial Hair		General Appearance			Glasses Type		Hand Dominance			
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured	Injury Code	Nature of Injuries							
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug	Alcohol	Computer		

Reporting Officer Name MCGRATH SEAN				CL4075		Date 5/28/2014 12:10:45 PM				Approving Officer Name OLSAK PAUL				CL4069		Date 5/28/2014 12:56:47 PM			
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ORI #
IL0560300

CRYSTAL LAKE POLICE DEPARTMENT

NARRATIVE

REPORT #
CLPD-14-010681

Summary: [redacted] and [redacted] both wanted to report tenants that reside in their basement may be using heroine. [redacted] and [redacted] are recovering heroine addicts and were inquiring what avenues they have to deal with the problem.

Narrative: Patrol X321 was dispatched to the Crystal Lake Police Department, reference this report. Upon arrival, I met with [redacted] and [redacted] who reside at [redacted]. [redacted] and [redacted] stated they recently brought in two subjects to live in their basement. [redacted] stated she met [redacted] while at [redacted] and [redacted] was concerned about where she would live as she was about to be kicked out of the treatment facility. [redacted] was suspected of still using heroine at the facility. [redacted] stated she invited [redacted] to stay at their house in an effort to help her recover. [redacted] moved in and brought [redacted] along with her. [redacted] stated neither subject signed a lease or pay rent.

[redacted] suspects one or both of the subjects living in their basement may be using heroine as her and [redacted] found a syringe in their kitchen on the floor. [redacted] and [redacted] stated they later found a syringe cap in the upstairs bathroom. [redacted] stated [redacted] behavior is very erratic and typical of a heroine user.

[redacted] and [redacted] stated they are recovering heroine addicts and they do not want any drugs in their residence and they are sober and want to stay that way. They inquired as to what they could do to remove the problem. I asked them if they feel the subjects are dealing heroine. Both [redacted] and [redacted] felt the drugs are being used and not sold out of the house.

I informed [redacted] and [redacted] to respond to the McHenry County Courthouse to start an eviction process. I also informed them that I would forward this report to our Targeted Response Unit. Both [redacted] or [redacted] were advised to contact CLPD if they should find any other drugs or paraphernalia in the residence and to be aware of any vehicles coming to and from the residence. [redacted] stated neither subject owns or uses a vehicle so they spend most of their time in the basement.

I request this report be forwarded to the Targeted Response Unit for follow up.

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name MCGRATH SEAN	Date 5/28/2014 12:10:45 PM	Investigating Officer Name	
Reviewing Officer Name	Date	Approving Officer Name OLSZAK PAUL	Date 5/28/2014 12:56:47 PM
		CL4069	

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-14-010681
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SUPPLEMENT

Reporting Officer: CL4449 - BEHNING LUCAS
 Report Date: 05/31/2014 18:31:23
 Reviewing Officer: -
 Review Date:
 Investigating Officer: -
 Approving Officer: CL4067 - JOSEPH RONALD
 Approve Date: 05/31/2014 00:00:00
 Exceptional Clearance: -
 Exceptional Clearance Date:
 Internal Incident Status: -
 Internal Incident Date:

On 05/30/14, I heard patrol units being dispatched to [REDACTED] reference a stand-by. I spoke with Ofc Torkelson via the phone and informed him of the information reported and obtained in CLPD report 14-10861 reference [REDACTED]. After clearing the scene, Ofc Torkelson informed me that [REDACTED] had voluntarily moved out of the residence at [REDACTED] and had been served with an order of protection by MCSO with [REDACTED] being a protected address. He stated [REDACTED] provided an address in Woodstock where she would be moving to.

Ofc Torkelson stated that he did not observe any controlled substances or drug paraphernalia while assisting with the stand-by.

Please refer to CLPD report 14-10862 for further.

I request this case be considered cleared exceptionally.

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name MCGRATH SEAN	Date CL4075 5/28/2014 12:10:45 PM	Investigating Officer Name	
Reviewing Officer Name	Date	Approving Officer Name OLSZAK PAUL	Date CL4069 5/28/2014 12:56:47 PM

ORI # IL0560300	CRYSTAL LAKE POLICE DEPARTMENT NARRATIVE	REPORT # CLPD-14-010681
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ATTACHMENT IN FILE

CID CASE SCREENING FORM;

Exceptional Clearance Code	Date	Internal Clearance Code	Date
Reporting Officer Name MCGRATH SEAN	CL4075 Date 5/28/2014 12:10:45 PM	Investigating Officer Name	
Reviewing Officer Name	Date	Approving Officer Name OLSZAK PAUL	CL4069 Date 5/28/2014 12:56:47 PM