

OFFENSE	STATUS	ARRIVAL	BEAT	SUB BEAT	PLACE	METHOD	ITEMS	PROPERTY	RECOVERY	STOLEN	RECOVERED	DESTROYED
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HAZEL CREST POLICE DEPARTMENT OFFENSE/INCIDENT REPORT

INCIDENT	1 OFFENSE/INCIDENT Armed Robbery						2 OFFENSE CB		3 DATE & TIME OF OCCURRENCE 8/29/17 2153					
	4 LOCATION/ADDRESS OF OCCURRENCE 3418 Birchwood						5 ADDRESS NAME (IF APPROPRIATE)		6 DATE & TIME REPORTED 8/29/17 2153					
COMPL.	7 COMPLAINANT (LAST-FIRST-MIDDLE) KREMAER, Brandon L						8 SEX M	9 RACE W	10 DOB (M-D-Y)		13 BUS PHONE	14 EXT		
	15 VICTIM'S NAME (LAST-FIRST-MIDDLE) (BUSINESS) CP						16 SEX	17 RACE	18 AGE	19 DOB (M-D-Y)	20 RES PHONE			
VICTIM	21 RES ADDRESS (APT)						CITY		STATE		22 BUS PHONE	23 EXT		
	24 WITNESS #1 (LAST-FIRST-MIDDLE)						25 SEX	26 RACE	27 DOB (M-D-Y)		28 RES PHONE			
	29 RES ADDRESS (APT)						CITY		STATE		30 BUS PHONE	31 EXT		
	32 WITNESS #2 (LAST-FIRST-MIDDLE)						33 SEX	34 RACE	35 DOB (M-D-Y)		36 RES PHONE			
WITNESSES	37 RES ADDRESS (APT)						CITY		STATE		38 BUS PHONE	39 EXT		
	40 #1 (LAST-FIRST-MIDDLE) Juvenile						41 SEX	42 RACE	43 DOB (M-D-Y)		44 HT	45 WT	46 EYES	47 HAIR
ARREST	48 RES ADDRESS (APT) see strip						CITY		STATE		49 NICKNAME/AKA		50 RES PHONE	
	51 #2 (LAST-FIRST-MIDDLE) Brandon, DAKUARI, M						52 SEX M	53 RACE B	54 DOB (M-D-Y)		55 HT 508	56 WT 156	57 EYES BRN	58 HAIR BRN
	60 NICKNAME/AKA						CITY		STATE		61 RES PHONE			
SUSPECT	62 SKIN TONE		64 HAIR STYLE (UP TO 3)		65 SCARS/MARKS/TATTOOS/DEFORM. (UP TO 3)		66 APPEARANCE (UP TO 3)		67 CAUTIONS (UP TO 3)		68 SPEECH PATTERN			
	<input type="checkbox"/> (L) LIGHT <input type="checkbox"/> (M) MEDIUM <input type="checkbox"/> (D) DARK		<input type="checkbox"/> (UNK) UNKNOWN <input type="checkbox"/> (BAL) BALD/PART BALD <input type="checkbox"/> (CUR) CURLY/AFRICAN <input type="checkbox"/> (LON) LONG LENGTH <input type="checkbox"/> (MED) MEDIUM LENGTH <input type="checkbox"/> (SHO) SHORT LENGTH <input type="checkbox"/> (STR) STRAIGHT		<input type="checkbox"/> YES (DESCRIBE) LOCATION		<input type="checkbox"/> (CAS) CASUAL <input type="checkbox"/> (DIS) DISGUISE <input type="checkbox"/> (OTH) OTHER/DNA <input type="checkbox"/> (TRN) TRANSVESTITE <input type="checkbox"/> (UNI) UNIFORM <input type="checkbox"/> (WGR) WELL GROOMED <input type="checkbox"/> (WRK) WORK CLOTHES		<input type="checkbox"/> (ALC) ALCOHOL USE <input type="checkbox"/> (ARM) ARMED <input type="checkbox"/> (ARR) RESISTING <input type="checkbox"/> (DRU) DRUG USE <input type="checkbox"/> (ESC) ATTEMPT ESCAPE <input type="checkbox"/> (IMP) IMPERSONATES OPPOSITE SEX <input type="checkbox"/> (MED) MEDICAL COND <input type="checkbox"/> (MEN) HIST OF ADMIS TO MENTAL HEALTH FACIL <input type="checkbox"/> (SUI) ATTEMPT SUICIDE <input type="checkbox"/> (VIO) VIOLENT		<input type="checkbox"/> (ACC) ACCENT <input type="checkbox"/> (DNA) DOES NOT APPLY <input type="checkbox"/> (IMP) IMPEDIMENT/ LISPS/STUTTERS <input type="checkbox"/> (RPD) RAPID/TALKATIVE <input type="checkbox"/> (SLR) SLURRED/ MUMBLES <input type="checkbox"/> (OTH) OTHER (DESCRIBE)			
69 ADDITIONAL DESCRIPTORS (DL #, SOC #, AKA, DOB, GLASSES, ETC)										70 ADDITIONAL SUSPECTS/ETC <input type="checkbox"/> YES <input type="checkbox"/> NO				
VEHICLE	71 YEAR 16	72 MAKE Ford	73 MODEL F150	74 BODY STYLE 4-D	75 TOP COLOR WH	BOTTOM WH	76 IMPOUNDED <input type="checkbox"/> YES <input type="checkbox"/> NO	77 VEHICLE USAGE						
	79 MO 1							80 YR 18	80 STATE 12	<input type="checkbox"/> (01) REGISTERED TO ARRESTEE <input type="checkbox"/> (02) USED BY ARRESTEE/REG OTHER OWNER <input type="checkbox"/> (03) PASSENGER IN VEHICLE <input type="checkbox"/> (04) SUSPICIOUS VEHICLE/PERSON <input type="checkbox"/> (05) USED IN COMMISSION OF OFFENSE <input type="checkbox"/> (06) INVOLVED IN ACCIDENT/TRAFFIC <input type="checkbox"/> (07) TOWED/ABANDONED/IMPOUNDED <input type="checkbox"/> (08) TARGET OF OFFENSE/OBJECT OF ATTACK <input type="checkbox"/> (09) INVOLVED IN NON TRAFFIC SERV <input type="checkbox"/> (10) USED AS WEAPON <input type="checkbox"/> (11) SUSPECT VEHICLE				
82 VEHICLE DESCRIPTION CODES (OPTIONAL) (UP TO 3)														
<input type="checkbox"/> (BTR) BEATER <input type="checkbox"/> (CUS) CUSTOM EQUIPMENT <input type="checkbox"/> (MSP) MISSING BODY PARTS <input type="checkbox"/> (NOI) EXCESSIVE NOISE			<input type="checkbox"/> (BDM) BODY DAMAGE <input type="checkbox"/> (BGL) BROKEN/CRACKED GLASS <input type="checkbox"/> (PRI) PRIMER ON VEHICLE <input type="checkbox"/> (RUS) RUST ON VEHICLE			<input type="checkbox"/> (4WD) FOUR WHEEL DRIVE <input type="checkbox"/> (TGL) TINTED GLASS <input type="checkbox"/> (TTP) TOP/SUN ROOF								
PROPERTY	83 QTY	84 ITEM TYPE	85 BRAND/MODEL	86 SERIAL NO	87 MISC. DESC (E.G. OWNER ID)			88 VALUE						
	89 <input type="checkbox"/> SEE VICTIM PROPERTY LIST													
LEADS	90 LEADS NO		91 DATE & TIME ENTERED		92 OP INIT		93 DATE & TIME CANCELLED		94 OP INIT					
	95 ADDITIONAL ENTRIES <input type="checkbox"/>													

COMPLAINANT NUMBER
171035

98 ENTRY - POINT OF - EXIT 97	99 MEANS OF	99 TOOL/OBJECT/WEAPON	100 TARGET	101 SECURITY DEFEATED	103 MISCELLANEOUS
<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER BUILDING <input type="checkbox"/> (A) BASMNT DOOR <input type="checkbox"/> (B) BASMNT WINDOW <input type="checkbox"/> (C) FRONT DOOR <input type="checkbox"/> (D) REAR DOOR <input type="checkbox"/> (E) SIDE DOOR <input type="checkbox"/> (F) GRG DR (OVHD) <input type="checkbox"/> (G) GRG DR (OTH) <input type="checkbox"/> (H) OTH OVHD DR <input type="checkbox"/> (I) PATIO/DK DR <input type="checkbox"/> (J) GRND FLOOR WD <input type="checkbox"/> (K) UP FLOOR WD <input type="checkbox"/> (L) SCRNL/STRM DR <input type="checkbox"/> (M) SCRNL/STRM WD <input type="checkbox"/> (N) TRANSOM <input type="checkbox"/> (O) WALL <input type="checkbox"/> (P) SKYLIGHT <input type="checkbox"/> (Q) ROOF VEHICLE <input type="checkbox"/> (R) FRONT DOOR <input type="checkbox"/> (S) REAR DOOR <input type="checkbox"/> (T) HATCHBACK/TAILGATE <input type="checkbox"/> (U) REAR DOOR <input type="checkbox"/> (V) SIDE WINDOW <input type="checkbox"/> (W) WINDSHIELD <input type="checkbox"/> (X) REAR WINDOW <input type="checkbox"/> (Y) TOP CONVERT/T-TOP <input type="checkbox"/> (Z) HOOD <input type="checkbox"/> TRUNK	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER ENTRY <input type="checkbox"/> (A) OPEN <input type="checkbox"/> (B) UNLOCKED <input type="checkbox"/> (C) PRIED <input type="checkbox"/> (D) SMASHED <input type="checkbox"/> (E) FORCED <input type="checkbox"/> (F) SLASHED <input type="checkbox"/> (G) DISMANTLED <input type="checkbox"/> (H) PULLED <input type="checkbox"/> (I) PICKED <input type="checkbox"/> (J) DRILLED <input type="checkbox"/> (K) TORCHED <input type="checkbox"/> (L) SAWEED <input type="checkbox"/> (M) CUT <input type="checkbox"/> (N) PEELED DAMAGE <input type="checkbox"/> (O) BB/PELLET DAMAGE <input type="checkbox"/> (P) SMASHED <input type="checkbox"/> (Q) SLASHED/PUNCTURED <input type="checkbox"/> (R) SCRATCHED <input type="checkbox"/> (S) PAINTED <input type="checkbox"/> (T) BURNED <input type="checkbox"/> (U) CORRODED <input type="checkbox"/> (V) BATTERED <input type="checkbox"/> (W) BLOWN UP <input type="checkbox"/> (X) MULTIPLE MEANS 98A DOMESTIC VIOLENCE <input type="checkbox"/> PREVIOUS OCCURRENCES <input type="checkbox"/> HOW MANY? <input type="checkbox"/> COPY OF RIGHTS GIVEN TO VICTIM <input type="checkbox"/> ORDER OF PROTECTION CURRENTLY IN FORCE	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER TOOL <input type="checkbox"/> (A) PRY/CROW BAR <input type="checkbox"/> (B) SCREWDRIVER <input type="checkbox"/> (C) PIPE WRENCH <input type="checkbox"/> (D) LOCK PULLER <input type="checkbox"/> (E) PUNCH <input type="checkbox"/> (F) KEY <input type="checkbox"/> (G) LOCK PICK <input type="checkbox"/> (H) SLIM JIM <input type="checkbox"/> (I) DRILL <input type="checkbox"/> (J) TORCH <input type="checkbox"/> (K) SAW <input type="checkbox"/> (L) BOLT CUTTER <input type="checkbox"/> (M) PLIER/WISEGRIP <input type="checkbox"/> (N) HAMMER OBJECT <input type="checkbox"/> (O) SPRAY PAINT <input type="checkbox"/> (P) SHARP OBJECT <input type="checkbox"/> (Q) BLUNT INSTRU / BLUDGEON <input type="checkbox"/> (R) FLAM LIQUID <input type="checkbox"/> (S) COMBUSTIBLE <input type="checkbox"/> (T) EXPLOSIVE <input type="checkbox"/> (U) PROJECTILE <input type="checkbox"/> (V) CAUSTIC SUBST <input type="checkbox"/> (W) BODY (FOOT, ETC) <input type="checkbox"/> (X) CREDIT CARD <input type="checkbox"/> (Y) CHECK WEAPON <input type="checkbox"/> (Z) REVOLVER (BLU/DK) <input type="checkbox"/> (0) REVOLVER (SLVGR) <input type="checkbox"/> (1) AUTOMAT (BLU/DK) <input type="checkbox"/> (2) AUTOMAT (SLVGR) <input type="checkbox"/> (3) RIFLE <input type="checkbox"/> (4) SHOTGUN <input type="checkbox"/> (5) KNIFE <input type="checkbox"/> (6) MARTIAL ART WEAPON <input type="checkbox"/> (7) STUN DEVICE <input type="checkbox"/> (8) CHEMICAL DEVICE <input type="checkbox"/> (9) BB/PELLET GUN	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER NON-RESIDENCE <input type="checkbox"/> (A) CASH REGISTER <input type="checkbox"/> (B) SAFE/MONEY BOX <input type="checkbox"/> (C) CONN OP MACHINE <input type="checkbox"/> (D) SALES AREA <input type="checkbox"/> (E) DISPLAY <input type="checkbox"/> (F) OFFICE <input type="checkbox"/> (G) TOOL ROOM <input type="checkbox"/> (H) STORAGE RM/AREA <input type="checkbox"/> (I) CLASSROOM <input type="checkbox"/> (J) SHOP <input type="checkbox"/> (K) MULTI LOCATIONS RESIDENCE <input type="checkbox"/> (L) GRGE/CAR PORT <input type="checkbox"/> (M) VEHICLE <input type="checkbox"/> (N) BASEMENT <input type="checkbox"/> (O) BEDROOM <input type="checkbox"/> (P) LIVING ROOM <input type="checkbox"/> (Q) FAM RM/DEN <input type="checkbox"/> (R) KITCHEN <input type="checkbox"/> (S) BATHROOM <input type="checkbox"/> (T) DINING ROOM <input type="checkbox"/> (U) ATTIC <input type="checkbox"/> (V) STOR RM/SHED <input type="checkbox"/> (W) MULTI LOCATIONS VEHICLE <input type="checkbox"/> (X) PASSNG COMPRT <input type="checkbox"/> (Y) GLOVE BOX <input type="checkbox"/> (Z) CONSOLE <input type="checkbox"/> (0) ENGINE COMPRTM <input type="checkbox"/> (1) BODY <input type="checkbox"/> (2) WHEELS/TIRES <input type="checkbox"/> (3) UTILITY/COMMER VEH STOR AREA <input type="checkbox"/> (4) RECREAT VEH LIVING AREA <input type="checkbox"/> (5) MULTI LOCATIONS	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER <input type="checkbox"/> (A) CHAIN/BOLT <input type="checkbox"/> (B) DEADBOLT <input type="checkbox"/> (C) CYLINDER DR LOCK <input type="checkbox"/> (D) PADLOCK <input type="checkbox"/> (E) CHARLIE BAR-(SLIDING DOOR) <input type="checkbox"/> (F) WINDOW LOCKS <input type="checkbox"/> (G) BARS/GRATE <input type="checkbox"/> (H) ALARM-OUTSIDE RINGER <input type="checkbox"/> (I) ALARM-TO SEC COMPANY <input type="checkbox"/> (J) ALARM-TO POL DEPT <input type="checkbox"/> (K) ALARM-COMBIN (AUDIBLE & DIRECT) <input type="checkbox"/> (L) CAMERA <input type="checkbox"/> (M) FENCE <input type="checkbox"/> (N) DOG <input type="checkbox"/> (O) WATCHMEN/GUARD <input type="checkbox"/> (P) PRIV SEC PATROL 102 LIGHTING <input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> (A) DAYLIGHT <input type="checkbox"/> (B) DAWN <input type="checkbox"/> (C) DUSK <input type="checkbox"/> (D) DARK-UNLIGHTED <input type="checkbox"/> (E) DK-INTER LIGHT <input type="checkbox"/> (F) DK-EXTER LIGHT <input type="checkbox"/> (G) DK-INT & EXT LGT.	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER CRIMES AGAINST PROP <input type="checkbox"/> (A) HID IN PREMIS <input type="checkbox"/> (B) RANSACKED <input type="checkbox"/> (C) DEFEATED/BODY FLUIDS <input type="checkbox"/> (D) UNDE MATCHES <input type="checkbox"/> (E) VANDALIZED <input type="checkbox"/> (F) HIDES PROCEEDS IN AREA CRIMES AGNST PERSON <input type="checkbox"/> (G) BLINDFOLD VICT <input type="checkbox"/> (H) BOUND/GAGGED VICT <input type="checkbox"/> (I) INJURED VICTIM <input type="checkbox"/> (J) COMMITTED SEX OFFENSE ON VICT <input type="checkbox"/> (K) THREATS-WEAPON <input type="checkbox"/> (L) THREATS-VERBAL <input type="checkbox"/> (M) DEMAND NOTE GENERAL <input type="checkbox"/> (N) HAD LOOKOUT <input type="checkbox"/> (O) USED MONITOR <input type="checkbox"/> (P) USED CB RADIO <input type="checkbox"/> (Q) VEHICLE NEEDED TO REMOVE PROPERTY <input type="checkbox"/> (R) DISABLED PHONE <input type="checkbox"/> (S) DISABLED ALARM <input type="checkbox"/> (T) DISABLED CAMERA <input type="checkbox"/> (U) DISABLED UTILITY <input type="checkbox"/> (V) USED GLOVES

M.O. INFORMATION

INV. 104 ET REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	105 INVESTIGATOR/JO REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	106 TIME REQUESTED On scene	107 ET-INVESTIGATOR/JO ASSIGNED Det. Farkas
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NARRATIVE

ToT Detective Division					COMP. ANT. NUMBER 17-10135
STATUS <input type="checkbox"/> (0) UNFOUNDED <input type="checkbox"/> (1) REFERRED TO OTHER JURISDICTION <input type="checkbox"/> (2) PENDING INVESTIGATION <input type="checkbox"/> (8) NO FURTHER ACTION	<input type="checkbox"/> (3) CLEARED BY ADULT ARREST (REQUIRES ARREST REPORT) <input type="checkbox"/> (4) CLEARED BY JUVENILE ARREST (REQUIRES ARREST REPORT) <input type="checkbox"/> (5) EXCEPTIONAL CLEARANCE-ADULT <input type="checkbox"/> (6) EXCEPTIONAL CLEARANCE-JUVENILE	110 REPORTING OFFICER(S) 	STAR # 228	111A TOW # 	
SIGN 	111B PI # 	112 REVIEW OFFICER 8/30/17			