

NCIC#

2021-09-1728



# Crossville Police Department

Juvenile Involvement

Yes  No  Unknown

Report Number 21-083303	Report Title MISD. CITATION	Occurred Date 09/23/21	Time 2134 Hrs
Report Date 09/23/21	Time of Report 2134 Hrs	Vehicle Number 17	Date Ended Time Hrs

Zone B	Location / Street Address VEGAS STEAKHOUSE 3150 N MAIN ST, CROSSVILLE, TN (35.991343,-85.0384816)	Reporting Officer DET TYREL LORENZ	Badge # 5533
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Victim / Complainant Name "LADY A" TN ABC-INFORMANT	Assisting Officer DET JOHN TOLLET	Badge # 5523
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Address	Date of Birth	Phone
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Sex	Race	Ethnic Code	Resident Status: <input type="radio"/> Resident <input checked="" type="radio"/> Non-Resident <input type="radio"/> Unknown	Report Type: <input type="radio"/> Crime Report <input checked="" type="radio"/> Arrest <input type="radio"/> Follow-Up	Offense Status: <input type="radio"/> Attempted <input checked="" type="radio"/> Completed	Offense Location Code: 21 - Restaurant
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TIBRS Code - Offense Description #1 90Z - ALL OTHER OFFENSES	TIBRS Code - Offense Description #2 N/A	TIBRS Code - Offense Description #3 N/A	TIBRS Code - Offense Description #4 N/A
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Burglary or Robbery Only: Method of Entry: <input type="radio"/> Force <input checked="" type="radio"/> No Force	Number of Premises Entered	Weapons Involved? <input type="radio"/> Yes <input checked="" type="radio"/> No	Type of weapon Code: (Enter any additional codes in narrative.) Select Most Important (enter others in narrative)	Alcohol Involved? <input checked="" type="radio"/> Yes <input type="radio"/> No
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Gang Involvement <input type="radio"/> Yes <input checked="" type="radio"/> No	Bias Motivated <input type="radio"/> Yes <input checked="" type="radio"/> No	Bias Code # 88 - None (No Bias)	Witness Name	Address	Phone
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### PROPERTY / VEHICLE

Property Description	Quantity	Value In Dollars	Loss Type Code	Serial Number	Recovery Information		
					Date	Quantity	Value

NOTE: Use supplemental Property / Vehicle form for additional items.

### VEHICLE IDENTIFYING INFORMATION

License Plate #	State	VIN #	Make	Year
			Model	Color
Description / Damage			Towed? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Seized	Towing Agency

Victim/Offender Relationship Code:	INJURY? <input type="checkbox"/> None <input type="checkbox"/> Broken Bones <input type="checkbox"/> Possible Internal Injuries	<input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Minor Injuries <input type="checkbox"/> Other Major Injuries	<input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Unconsciousness
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A. Domestic Violence? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>DOMESTIC VIOLENCE</b>	D. Previous Domestic Between Parties? <input type="radio"/> Yes <input checked="" type="radio"/> No
B. If YES, was the victim transported to a safe place? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	E. Warrant Signed By:	<input checked="" type="radio"/> None <input type="radio"/> Officer <input type="radio"/> Victim <input type="radio"/> Both
C. Did the incident involve a Violation of an Order of Protection? <input type="radio"/> Yes <input checked="" type="radio"/> No		

NOTE: Please use supplemental victim form for additional victims or complainants. LEOKA incidents use supplemental LEOKA form.

Signature of Reporting Officer	Badge # 5533	Signature of Approving Supervisor	Date Approved 09/24/2021 10:23	Time
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DRUGS				DRUG TYPES			WEIGHT				
Drug 1	Drug Type	Approximate Quantity	Measure Type	A Crack Cocaine	H Other Narcotics	P Other Drugs	GM - Gram	KG - Kilogram	OZ - Ounce	LB - Pound	
Drug 2				B Cocaine other	I LSD	U Unknown Type	UNITS				
Drug 3				C Hashish	J PCP	X Over 3 Types	DU - Dosage Unit NP - Number of Plants XX - Not Reported				
				D Heroin	K Other Hallucin.	Z Meth / Ice	CAPACITY				
				E Marijuana	L Amphetamine		ML - Milliliter	LT - Liter	FL - Fluid Ounce	GL - Gallon	
				F Morphine	M Other Stimulant	Number of Offenders?	<input checked="" type="radio"/> Offender	<input type="radio"/> Arrestee	Arrested?		
				G Opium	N Barbiturates		<input type="radio"/> Suspect	<input type="radio"/> Yes		<input checked="" type="radio"/> No	
				O Other Depressant							
Offender Name (First, Middle, Last) <b>NINA L BONIFACIO</b>					Offender Address <b>982 ROCK QUARRY RD CROSSVILLE, TN 38555</b>			Offender Phone <b>931-283-3953</b>			
Sex	Race	Ethnic Code	Height	Weight	Hair	Eyes	Date Of Birth	Age	SSN		
F - F	W - White/Hispan	N - Non-Hisp	504	170	BROWN	BROWN	08-11-82	38	<b>*****</b>		
Clothing Description <b>SHIRT SHOES PANTS</b>					Scars, Marks, Tattoos <b>NONE OBSERVED</b>						
Driver License Number <b>*****</b>			State <b>TN</b>	Employer / Address & Phone <b>VEGAS STEAK HOUSE 931-456-2850</b>			Arrest Date <b>09/24/21</b>	Arrest Time <b>2131</b> Hrs			
Type of Arrest <input type="radio"/> None <input type="radio"/> On View <input checked="" type="radio"/> Summoned/Cited <input type="radio"/> Taken Into Custody					NOTE: Please use Supplemental Offender / Arrestee Form for other Offenders / Arrestees						

**NARRATIVE**

On 09/23/21 I, Det Lorenz along with agents with the TN Alcoholic Beverage Commission went to Vegas Steakhouse to conduct an alcohol compliance check. Informant "Lady A" who is nineteen years old went into the establishment and was served alcoholic beverage (Budlight) by server / offender Nina Bonifacio. Nina stated that she checked her ID but failed to verify if she was over twenty one years old and served her a beer. She has committed the offense of TCA 57-4-203 (sale of alcohol to someone under 21) and was issued citation number 4937 for the offense. This did occur in Crossville, TN. End of report.

**C.I.D.**