

NCIC# 2022-10-1820



Crossville Police Department

Juvenile Involvement
 Yes No Unknown

Report Number 22-088118		Report Title SALE TO MINOR PROHIBITED		Occurred Date 10-21-22		Time 2005 Hrs	
Report Date 10/21/22		Time of Report 2005 Hrs		Vehicle Number		Date Ended	
Zone B		Location / Street Address 1897 GENESIS RD, CROSSVILLE, TN 38555 (35.977885, -85.015568)		Reporting Officer TYREL LORENZ		Badge # 5533	
Victim / Complainant Name UNDER COVER INFORMANT				Assisting Officer SGT MASSEY		Badge # 5545	
Address ON FILE				Date of Birth ON FILE		Phone ON FILE	
Sex F - F	Race W - White/Hispa	Ethnic Code N - Non-Hispa	Resident Status: <input checked="" type="radio"/> Non-Resident <input type="radio"/> Unknown	Report Type: <input checked="" type="radio"/> Arrest <input type="radio"/> Follow-Up	Offense Status: <input type="radio"/> Attempted <input checked="" type="radio"/> Completed	Offense Location Code: 23 - Gas/Service Station	
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	
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	
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

PROPERTY / VEHICLE

Property Description	Quantity	Value In Dollars	Loss Type Code	Serial Number	Recovery Information		
					Date	Quantity	Value
SMIRNOFF ALCOHOLIC BEVERAGE	1	0	1 - None				

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

VEHICLE IDENTIFYING INFORMATION

License Plate #	State	VIN #	Make	Year
			Model	Color
Description / Damage			Towed? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Seized	Towing Agency
Victim/Offender Relationship Code: ST - Stranger		INJURY? (Check up to Five) <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
A. Domestic Violence? <input type="radio"/> Yes <input checked="" type="radio"/> No		DOMESTIC VIOLENCE		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 10/24/2022	Time 0757
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DRUGS			Drug Type	Approximate Quantity	Measure Type	DRUG TYPES			H Other Narcotics	P Other Drugs	WEIGHT				
Drug 1						A Crack Cocaine	I LSD		U Unknown Type	GM -Gram	KG -Kilogram	OZ -Ounce	LB -Pound		
Drug 2						B Cocaine other	J PCP		X Over 3 Types	UNITS					
Drug 3						C Hashish	K Other Hallucin.		Z Meth / Ice	DU -Dosage Unit	NP -Number of Plants	XX -Not Reported			
						D Heroin	L Amphetamine				CAPACITY				
						E Marijuana	M Other Stimulant				ML -Milliliter	LT -Liter	FL -Fluid Ounce	GL -Gallon	
						F Morphine	N Barbiturates	Number of Offenders? 1			<input checked="" type="radio"/> Offender	<input type="radio"/> Arrestee	Arrested?		
						G Opium	O Other Depressant				<input type="radio"/> Suspect	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Offender Name (First, Middle, Last)						Offender Address						Offender Phone			
MICHAEL D STEPHENS						28 PRIMROSE CT CROSSVILLE, TN 38555						931-202-0560			
Sex	Race	Ethnic Code	Height	Weight	Hair	Eyes	Date Of Birth	Age	SSN						
M - 1	W - White/Hispan	N - Non-Hisp	505	130	BROWN	BLUE	09/04/1996	26	██████████						
Clothing Description						Scars, Marks, Tattoos									
SHIRT SHOES PANTS						NONE OBSERVED									
Driver License Number			State	Employer / Address & Phone				Arrest Date	Arrest Time						
██████████			TN	ECO TRAVEL PLAZA 1897 GENESIS RD				10-21-22	2005 Hrs						
Type of Arrest						NOTE: Please use Supplemental Offender / Arrestee Form for other Offenders / Arrestees									
<input type="radio"/> None <input type="radio"/> On View <input checked="" type="radio"/> Summoned/Cited <input type="radio"/> Taken Into Custody															

NARRATIVE

On 10/21/22 at approximately 2005 hours Sgt. Massey along with a 18 year old female, who was undercover informant (U.I.); went into the Eco Travel Plaza at 1897 Genesis Rd. Michael Stephens procee too sell the U.I. alcoholic beverage (six pack of Smirnoff). After the transaction was completed myself (Det. Lorenz) and Det. Tollett went inside the store and spoke with Michael. He admitted to selling the alcohol to the U.I. The alcohol was returned and he was issued citation #4970 for TCA 57-4-203 (sale to minor prohibited. This did occur in Crossville, TN. End of report.

[Signature]
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