

NCIC# 2022-10-1818



# Crossville Police Department

Juvenile Involvement

Yes  No  Unknown

Report Number 22-088075		Report Title SALE TO MINOR PROHIBITED		Occurred Date 10-21-22		Time 1815 Hrs	
Report Date 10/21/22		Time of Report 1815 Hrs		Vehicle Number		Date Ended	
Zone B	Location / Street Address 34 EXECUTIVE DR, CROSSVILLE CROSSVILLE, TN (35.998027, -85.044429)			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
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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
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"/> Severe Lacerations	<input type="checkbox"/> Loss of Teeth
			<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Minor Injuries	<input type="checkbox"/> Unconsciousness
			<input type="checkbox"/> Possible Internal Injuries	<input type="checkbox"/> Other Major Injuries	
A. Domestic Violence? <input checked="" type="radio"/> Yes <input 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:	
C. Did the incident involve a Violation of an Order of Protection? <input checked="" type="radio"/> Yes <input type="radio"/> No				<input checked="" type="radio"/> None <input type="radio"/> Officer <input type="radio"/> Victim <input type="radio"/> Both	

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 07:59
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DRUGS			DRUG TYPES			WEIGHT			
Drug Type	Approximate Quantity	Measure Type	A Crack Cocaine	H Other Narcotics	P Other Drugs	GM <sup>3</sup> -Gram	KG-Kilogram	OZ-Ounce	LB-Pound
Drug 1			B Cocaine <i>other</i>	I LSD	U Unknown Type	UNITS			
Drug 2			C Hashish	J PCP	X Over 3 Types	DU-Dosage Unit NP-Number of Plants XX-Not Reported			
Drug 3			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? 1			
			G Opium	N Barbiturates		<input checked="" type="radio"/> Offender <input type="radio"/> Arrestee <input type="radio"/> Arrested? <input type="radio"/> Suspect <input type="radio"/> Yes <input checked="" type="radio"/> No			
Offender Name (First, Middle, Last)			Offender Address			Offender Phone			
SONAL R PATEL			877 SUNSET DR CROSSVILLE, TN 38555			931-200-3092			
Sex	Race	Ethnic Code	Height	Weight	Hair	Eyes	Date Of Birth	Age	SSN
F - F	U - Unknown	N - Non-Hisp.	504	102	BLACK	BLACK	02/05/84	38	NONE
Clothing Description					Scars, Marks, Tattoos				
SHIRT SHOES PANTS					NONE OBSERVED				
Driver License Number		State	Employer / Address & Phone			Arrest Date		Arrest Time	
<del>WA 00000000</del>		WA	MARTHON GAS STATION 34 EXECUTIVE DR			10-21-22		1815 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 1815 hours Sgt. Massey along with a 18 year old female, who was undercover informant (U.I.); went into the Marathon gas station at 34 Executive Dr. Sonal Patel proceed 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 Sonal. She admitted to selling the alcohol to the U.I. The alcohol was returned and she was issued citation #4968 for TCA 57-4-203 (sale to minor prohibited. This did occur in Crossville, TN. End of report.

**C.I.D.**