

NCIC# 2022-10-1919



Crossville Police Department

Juvenile Involvement

Yes No Unknown

Report Number 22-088107		Report Title SALE TO MINOR PROHIBITED		Occurred Date 10-21-22		Time 1945 Hrs	
Report Date 10/21/22		Time of Report 1945 Hrs		Vehicle Number		Date Ended	
Zone B		Location / Street Address 2374 LANTANA RD, CROSSVILLE, TN 38555 (35.919552, -85.048590)		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 type="radio"/> Resident <input checked="" type="radio"/> Non-Resident <input type="radio"/> Unknown	Report Type: <input checked="" type="radio"/> Crime Report <input 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 type="radio"/> Yes <input checked="" 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 type="radio"/> No <input checked="" 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 07:57
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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								GM -Gram	KG -Kilogram	OZ -Ounce	LB -Pound
Drug 2							B Cocaine other	J PCP								UNITS			
Drug 3							C Hashish	K Other Hallucin.								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) HARLEY D BROWN							Offender Address 9060 CHEROKEE TRAIL							Offender Phone 931-250-7597					
Sex	Race	Ethnic Code	Height	Weight	Hair	Eyes	Date Of Birth	Age	SSN										
F - F	W - White/Hispa	N - Non-Hispa	509	160	RED	GREEN	01/07/96	26	WAAAAA										
Clothing Description SHIRT SHOES PANTS							Scars, Marks, Tattoos NONE OBSERVED												
Driver License Number WAAAAA			State TN	Employer / Address & Phone ON THE WAY MARKET 2347 LANTANA RD				Arrest Date 10-21-22		Arrest Time 1945 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 10/21/22 at approximately 1945 hours Sgt. Massey along with a 18 year old female, who was undercover informant (U.I.); went into the On the Way market at 2347 Lantana Rd. Harley Brown 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 Harley. She admitted to selling the alcohol to the U.I. The alcohol was returned and she was issued citation #4969 for TCA 57-4-203 (sale to minor prohibited. This did occur in Crossville, TN. End of report.

Handwritten signature and initials, possibly 'M' and '5333'.

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