



Crossville Police Department

Juvenile Involvement
 Yes No Unknown

NCIC#

Report Number 22-100581	Report Title Arrest	Occurred Date 12/01/2022	Time 1730 Hrs
Report Date 12/01/2022	Time of Report 1730 Hrs	Vehicle Number 31	Date Ended Time
Zone B	Location / Street Address 45 Elmore Rd 35.961771, -85.036643	Reporting Officer Det. Jonathan Tollett	Badge # 5523
Victim / Complainant Name		Assisting Officer Det. Tyrel Lorenz	Badge # 5533
Address		Date of Birth	Phone
Sex -	Race -	Ethnic Code -	Resident Status: <input type="radio"/> Resident <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: 7 - Convenience Store (No Gas)
TIBRS Code - Offense Description #1 90G - Liquor Law Violation	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 checked="" type="radio"/> Force <input 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.)		Alcohol Involved? <input type="radio"/> Yes <input checked="" 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

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? (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	E. Warrant Signed By:
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	C. Did the incident involve a Violation of an Order of Protection? <input type="radio"/> Yes <input checked="" 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 # 5523	Signature of Approving Supervisor Cpt B. J. Tollett, 5505	Date Approved 12-2-22	Time
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DRUGS			Drug Type	Approximate Quantity	Measure Type	DRUG TYPES			WEIGHT				
Drug 1						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	CAPACITY				
						D Heroin	K Other Hallucin.	Z Meth / Ice	DU -Dosage Unit	NP -Number of Plants	XX -Not Reported		
						E Marijuana	L Amphetamine		ML -Milliliter	LT -Liter	FL -Fluid Ounce	GL -Gallon	
						F Morphine	M Other Stimulant		Arrested?				
						G Opium	N Barbiturates		Suspect				
							O Other Depressant		Number of Offenders? 1				
Offender Name (First, Middle, Last)						Offender Address						Offender Phone	
Joshua Eric Mifflin						73 Louise St Crossville, Tn 38555						931-210-3715	
Sex	Race	Ethnic Code	Height	Weight	Hair	Eyes	Date Of Birth	Age	SSN				
M - 1	W - White/Hispa	N - Non-Hispa					08/29/1977	45	[REDACTED]				
Clothing Description						Scars, Marks, Tattoos							
Driver's License	State		Employer / Address & Phone				Arrest Date		Arrest Time				
[REDACTED]	tn						12/01/2022		1730 Hrs				
Manner of Arrest						NOTE: Please use Supplemental Offender / Arrestee Form for other Offenders / Arrestees							
<input type="radio"/> None						<input type="radio"/> Taken Into Custody							

NARRATIVE

On 12/01/2022 an alcohol compliance check was conducted at In N Out Tobacco Mart. Employee Joshua Mifflin sold a beer to and under age male who was an undercover informant working with the Tn Alcohol Beverage Commission. Joshua was issued a misdemeanor citation for sale of alcohol to a minor.

C.I.D.

Del... 5523