

NCIC# 2022-03-0410



Crossville Police Department

Juvenile Involvement
 Yes No Unknown

Report Number 22-020012		Report Title A.B.C. UC BUY		Occurred Date 03/10/2022		Time 1952 Hrs	
Report Date 03/10/22		Time of Report 1952 Hrs		Vehicle Number 31		Date Ended Time	
Zone B	Location / Street Address 1259 Miller Ave Crossville, TN 38555 (35.943805,-85.034370)			Reporting Officer Det. Tyrel Lorenz		Badge # 5533	
Victim / Complainant Name Under cover informant for A.B.C.				Assisting Officer Det. Jon Tollett		Badge # 5523	
Address				Date of Birth 19 year old		Phone	
Sex F - F	Race W - White/Hispa	Ethnic Code N - Non-Hispa	Resident Status: <input checked="" type="radio"/> Non-Resident <input type="radio"/> Resident <input type="radio"/> Unknown	Report Type: <input checked="" type="radio"/> Arrest <input type="radio"/> Crime Report <input type="radio"/> Follow-Up	Offense Status: <input checked="" type="radio"/> Completed <input type="radio"/> Attempted	Offense Location Code: 21 - Restaurant	
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 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
12 oz Budlight beer	1	3.50	1 - None				

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

VEHICLE IDENTIFYING INFORMATION

License Plate #	State	VIN #	Make	Year
Description / Damage			Model	Color
Victim/Offender Relationship Code:			Towed? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Seized	Towing Agency
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	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:
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 # 5533	Signature of Approving Supervisor 	Date Approved 03/10/2022	Time 14:47
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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 checked="" type="radio"/> Yes	<input type="radio"/> No
Offender Name (First, Middle, Last)						Offender Address				Offender Phone			
Juan Tomas Pedro						128 Yvonne Ave Crossville, TN 38555				252-643-4906			
Sex	Race	Ethnic Code	Height	Weight	Hair	Eyes	Date Of Birth	Age	SSN				
M - F	W - White/Hispanic	H - Hispanic	506	140	brown	brown	04/15/94	27	none				
Clothing Description						Scars, Marks, Tattoos							
shirt shoes pants						none observed							
Driver License Number			State	Employer / Address & Phone				Arrest Date	Arrest Time				
none				Casa Grande (Miller Ave)				03/10/22	1940		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 03/10/2022 at approximately 1940 hours I, Det. Lorenz went with Alcoholic Beverage Commission to Casa Grande on Miller Ave for a compliance check. A under cover informant who is 19 years old went inside the restaurant and ordered a 12 oz bud light beer. She presented her official TN license to the server (Juan Pedro) who then served her a beer. He was cited for this offense. Said offense occurred in Crossville, TN. End of report.


