

Report Number 21-083298		Report Title Arrest		Occurred Date 09/23/2021		Time 2040 Hrs	
Report Date 09/23/2021		Time of Report 2040 Hrs		Vehicle Number		Date Ended	
Zone B		Location / Street Address 1246 N. Main St 35.963845,-85.036684		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 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: 17 - Liquor Store	
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.) Select Most Important (enter others 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 # B8 - None (No Bias)	Witness Name	Address	Phone

PROPERTY / VEHICLE						
Property Description	Quantity	Value In Dollars	Loss Type Code	Serial Number	Recovery Information	
					Date	Quantity

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:		INJURY? <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		C. Did the incident involve a Violation of an Order of Protection? <input type="radio"/> Yes <input checked="" type="radio"/> No		E. Warrant Signed By: <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 	Date Approved 09/24/2021	Time 10:11
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TOKYO

DRUGS				DRUG TYPES		H Other Narcotics		P Other Drugs		WEIGHT			
Drug Type	Approximate Quantity	Measure Type		A Crack Cocaine	I LSD	U Unknown Type	GM -Gram	KG -Kilogram	OZ -Ounce	LB -Pound	UNITS		
Drug 1				B Cocaine other	J PCP	X Over 3 Types	DU -Dosage Unit	NP -Number of Plants	XX -Not Reported	CAPACITY			
Drug 2				C Hashish	K Other Hallucin.	Z Meth / Ice	ML -Milliliter	LT -Liter	FL -Fluid Ounce	GL -Gallon	Arrested?		
Drug 3				D Heroin	L Amphetamine						<input type="radio"/> Offender	<input checked="" type="radio"/> Arrestee	
				E Marijuana	M Other Stimulant						<input type="radio"/> Suspect	<input checked="" type="radio"/> Yes	<input type="radio"/> No
				F Morphine	N Barbiturates	Number of Offenders?	1						
				G Opium	O Other Depressant								
Offender Name (First, Middle, Last) Qiuqin Chen				Offender Address 330 Kingsrow Crossville, Tn 38555				Offender Phone 646-592-7507					
Sex	Race	Ethnic Code	Height	Weight	Hair	Eyes	Date Of Birth	Age	SSN				
F - F	W - White/Hispa	N - Non-Hispa	502	110	blk	brn	01/25/1983	38	*****				
Clothing Description						Scars, Marks, Tattoos							
Driver License Number			State	Employer / Address & Phone			Arrest Date		Arrest Time				
							09/23/2021		2049		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 09/23/2021 Tennessee Alcohol Beverage Commission (ABC) conducted a alcohol compliance check at Tokyo Steak House. Informant Lady A was served a Bud Light beer.. Informant Lady A is a nineteen year-old female. Qiuqin Chen was the employee who served the alcohol to Lady A. Qiuqin was issued a misdemeanor citation for sale of alcohol to underage person.

CITATION

Det. J. [Signature]