# **ORIGINAL OFFENSE / INCIDENT REPORT**

Complaint Number

Reference CN

Date and Time of Report

15228902

10/22/2015 15:16:00

Primary offense;

# ADMIN-INVESTIGATE, ADMINISTRATIVE RECORD

|                            | A CONTRACTOR OF THE PARTY OF TH |                               |                                                   |  |  |  |  |
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|                            | Aguirre, Rigoberto E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name of location/business     |                                                   |  |  |  |  |
| Primary squad              | d: 862                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Location of Incident: 367     | Location of Incident: 367 GROVE ST                |  |  |  |  |
| Secondary reporting office | r:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ST F                          | AUL, MN 55104                                     |  |  |  |  |
| Approve                    | r: Murphy, Shawn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                   |  |  |  |  |
|                            | t: Western                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date & time of occurrence: 1( | Date & time of occurrence: 10/22/2015 13:50:00 to |  |  |  |  |
| Site                       | <b>:</b> :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | 10/22/2015 15:16:00                               |  |  |  |  |
| Arrest made:               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Secondary offense:         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Police Officer Assaulted   | , NSA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Police Officer Assisted Suici | de:                                               |  |  |  |  |
| Crime Scene Processed      | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                   |  |  |  |  |
| OFFENSE DETAILS            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| ADMIN-INVESTIGATE          | E,ADMINISTRATIVE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ECORD                         | -                                                 |  |  |  |  |
| Attempt Only:              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Appears to be Gang Related:   |                                                   |  |  |  |  |
| NAMES                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Cupact                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Suspect                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| UNKNOWN                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Nicknames or Ali           | ases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                                   |  |  |  |  |
| Nick Name:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Alias:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| AKA First Name:            | A First Name: AKA Last Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                   |  |  |  |  |
| Details                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Sex:                       | Race:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DOB:                          | Resident Status:                                  |  |  |  |  |
|                            | Hispanic:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Age: from to                  | -                                                 |  |  |  |  |
| Phones                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Home:                      | Cell:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Contact:                      |                                                   |  |  |  |  |
| Work:                      | Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pager:                        |                                                   |  |  |  |  |
| Employment                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                   |  |  |  |  |
| Occupation:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employer;                     |                                                   |  |  |  |  |

# **ORIGINAL OFFENSE / INCIDENT REPORT**

Complaint Number

Reference CN

Date and Time of Report

15228902

Primary offense:

10/22/2015 15:16:00

# ADMIN-INVESTIGATE, ADMINISTRATIVE RECORD

|                   | License or ID#:                                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                    | License State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                        |  |
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| M                 | letric:                                          |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
| to E              | Build:                                           | Hair Length:                                                                                                                                                  |                                                                                                                                                                                                                                                                    | Hair Color:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                        |  |
| to                | Skin:                                            | Facial Hair:                                                                                                                                                  |                                                                                                                                                                                                                                                                    | Hair Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                        |  |
| Teeth: Eye Color: |                                                  | Blood Type:                                                                                                                                                   |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
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| Arrested:         |                                                  | Violated                                                                                                                                                      | l Restraining (                                                                                                                                                                                                                                                    | Order:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                        |  |
|                   |                                                  | e encountered:                                                                                                                                                |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
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| Taken to          | aken to health care facility: Med                |                                                                                                                                                               | dical release obtained:                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
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|                   | ST DALIL MNI                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
|                   | OT FAUL, WIN                                     |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
| es                |                                                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
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|                   | AKA Last Name:                                   |                                                                                                                                                               |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
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| Race:             | DOB:                                             |                                                                                                                                                               | ************                                                                                                                                                                                                                                                       | Resident Status:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                        |  |
| Hispanic:         | Age:                                             | from                                                                                                                                                          | to                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
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| Cell              | <i>l:</i>                                        | Contact:                                                                                                                                                      |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
| Fax               | <i>::</i>                                        | Pager:                                                                                                                                                        |                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
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|                   |                                                  | Employer:                                                                                                                                                     | Employer:                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                        |  |
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|                   | License or ID#:                                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                    | License State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                        |  |
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|                   |                                                  |                                                                                                                                                               |                                                                                                                                                                                                                                                                    | 7 2 27 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                                                                                                                                                                                                                                                                                                                                                      |  |
| vernment          | Can Identify Offender:                           | No                                                                                                                                                            | Willing                                                                                                                                                                                                                                                            | to Press Charges: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                        |  |
|                   | to Eye Con  Resistal  Taken to  Race:  Hispanic: | Metric: to Build: to Skin: Eye Color: on  Pursuit engaged: Resistance encountered:  Taken to health care facility:  ST PAUL, MN es  Race: DOB: Hispanic: Age: | Metric: to Build: Hair Length: to Skin: Facial Hair: Eye Color: Blood Type: on  Pursuit engaged: Violated Resistance encountered:  Taken to health care facility: Med  ST PAUL, MN  es  AKA Last Name:  Race: DOB: Hispanic: Age: from  Cell: Contact: Fax: Pager: | Metric: to Build: Hair Length: to Skin: Facial Hair: Eye Color: Blood Type:  m  Pursuit engaged: Violated Restraining Content of the second se | Metric: to Build: Hair Length: Hair Color: to Skin: Facial Hair: Hair Type: Eye Color: Blood Type:  The Pursuit engaged: Violated Restraining Order: Resistance encountered: Taken to health care facility: Medical release obtained:  ST PAUL, MN  es  AKA Last Name:  Race: DOB: Resident Status: Hispanic: Age: Irom to  Coll: Contact: Fax: Pagor: |  |

# **ORIGINAL OFFENSE / INCIDENT REPORT**

Complaint Number

Reference CN

Date and Time of Report

15228902

Primary offense:

On Going investigation

10/22/2015 15:16:00

ADMIN-INVESTIGATE, ADMINISTRATIVE RECORD

| 0011/45015                                                                                                                           |                                         |                                                                                        |            |                |                   |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------|------------|----------------|-------------------|--|--|--|
| SOLVABILITY                                                                                                                          | FACTORS                                 |                                                                                        |            |                |                   |  |  |  |
| Suspect can be i                                                                                                                     | Suspect can be Identified: By:          |                                                                                        |            |                |                   |  |  |  |
| Photos Taken:                                                                                                                        |                                         | Stolen Property Traceable:                                                             |            |                |                   |  |  |  |
| Evidence 7                                                                                                                           | Turned In:                              | Property Turned In:                                                                    |            |                |                   |  |  |  |
| Related                                                                                                                              | Incident:                               |                                                                                        |            |                |                   |  |  |  |
| Lab                                                                                                                                  |                                         |                                                                                        |            |                |                   |  |  |  |
| Biological                                                                                                                           | 1993                                    | Fingerprints Taken:                                                                    |            |                |                   |  |  |  |
| Narcotic Analysis:                                                                                                                   |                                         | Items Fingerprinted:                                                                   |            |                |                   |  |  |  |
| Lab Comn                                                                                                                             | nents:                                  |                                                                                        |            |                |                   |  |  |  |
| PROPERTY                                                                                                                             |                                         |                                                                                        |            |                |                   |  |  |  |
|                                                                                                                                      |                                         |                                                                                        |            |                |                   |  |  |  |
| Type of Loss: Reco                                                                                                                   | vered                                   | Date of Loss:                                                                          |            | Localion Lost: |                   |  |  |  |
| Owner:                                                                                                                               | vereu                                   |                                                                                        | 10/22/2015 |                | 207 Orace Otre -1 |  |  |  |
| Model #:                                                                                                                             |                                         | Date Recovered: 10/22/2015 Location Recovered: 367 Grove Street  Quantity: 1 Serial #: |            |                | 367 Glove Street  |  |  |  |
|                                                                                                                                      |                                         | 444,000                                                                                | Li.        | Contai II.     |                   |  |  |  |
| Article Type / Item: Other property / Miscellaneous items Total value:  Description: Mariboro lights Gold pack with Nebraska Sticker |                                         |                                                                                        |            |                |                   |  |  |  |
| Turned in at: Prope                                                                                                                  | erty room locker                        | Locker ID #:                                                                           | 30         | Lab exams:     |                   |  |  |  |
| Participants:                                                                                                                        |                                         |                                                                                        |            |                |                   |  |  |  |
| Person Type:                                                                                                                         | Name:                                   | Address:                                                                               |            |                | Phone:            |  |  |  |
| Suspect                                                                                                                              | *************************************** |                                                                                        |            |                |                   |  |  |  |
| Victim                                                                                                                               |                                         |                                                                                        |            |                |                   |  |  |  |
| Vicanti                                                                                                                              | ST PAUL, MN                             |                                                                                        |            |                |                   |  |  |  |
| NARRATIVE                                                                                                                            |                                         |                                                                                        |            |                |                   |  |  |  |
| On going inve                                                                                                                        | estigation.                             |                                                                                        |            |                |                   |  |  |  |
| Cigarette buy with out of state tax stamp.                                                                                           |                                         |                                                                                        |            |                |                   |  |  |  |
| PUBLIC NARRA                                                                                                                         | ATIVE                                   |                                                                                        |            |                |                   |  |  |  |
|                                                                                                                                      |                                         |                                                                                        |            |                |                   |  |  |  |

# SUPPLEMENTAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

15228902

Primary offense:

12/15/2015 10:16:00

## ADMIN-INVESTIGATE, ADMINISTRATIVE RECORD

Primary Reporting Officer: Aguirre, Rigoberto B

Name of location/business:

Primary squad:

Location of incident: 367 GROVE ST

Secondary reporting officer:

ST PAUL, MN 55104

Approver:

Date & time of occurrence: 10/22/2015 13:50:00 to

District: Western

Site:

10/22/2015 15:16:00

Arrest made: Secondary offense:

Police Officer Assaulted or Injured:

Police Officer Assisted Suicide:

Crime Scene Processed:

#### NARRATIVE

I, Sergeant Rigo Aguirre (Sqd #862) am currently a member of the Saint Paul Police VICE Unit and I am assigned to work and assist the Saint Paul Department of Safety and Inspections (DSI).

I received a Crime Stoppers tip dated October 7, 2015. Crime Stoppers is a program in which citizens can give the police an anonymous tip. The tip stated: "Little Grocery on 1724 university ave st paul 55104 is selling cigarettes stamped in Nebraska"

On October 22, 2015, I went to 1724 W University Ave in St. Paul. The address was a small convenience store with the name "Little Grocery" on the outside. I went inside and approached the front counter. Your affiant spoke to a dark skinned black male about 65y, 6'1", and average build, later identified as DEMISSE. GETACHEW MENGESHA (6-1-50). Your affiant asked for a pack of Marlboro Light cigarettes. The male reached under the counter retrieved the cigarettes. I gave DEMISSE money in exchange for the cigarettes. I then left the store.

I examined the pack of cigarettes located a Nebraska tax stamp #72525 (see pictures)

I spoke with Saint Paul Department of Safety and Inspections (DSI) investigator Kris Schweinler. She advised me of the following:

- -Little Grocery at 1724 W University had an expired tobacco license as of October 13, 2015 but they renewed it on October 26, 2015.
- -August 6, 2014- City of Saint Paul fined the store for a Department of Revenue tobacco violation. Per DSI information, in February of 2014 the Department of Revenue seized tobacco considered contraband.
- -DSI records show the owner of Little Grocery as MENGESHA, MEZEKER G (4-26-1980)

## SUPPLEMENTAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

15228902 Primary offense;

12/15/2015 10:16:00

ADMIN-INVESTIGATE, ADMINISTRATIVE RECORD

October 23, 2015, I met with the Criminal Investigative Division (CID) of the Department of Revenue and learned the following:

- -The Department of Revenue conducted an investigation in which tobacco was seized as contraband in February of 2014.
- -The Nebraska tax stamp (#72525) indicated that the cigarettes were sold in Nebraska on October 9, 2015.

On November 4, 2015, I again went to 1724 W University Ave in St. Paul. I went inside and approached the front counter. I spoke DEMISSE, GETACHEW MENGESHA (6-1-50). I asked for a pack of Marlboro Light cigarettes. The DEMISSE reached under the counter and retrieved the cigarettes. I gave DEMISSE money in exchange for the cigarettes. I then left the store.

Based on the information gathered during this investigation, I believed the following;

- -Because the first complaint (via Crime Stoppers) came in on October 8, 2015, I believed that cigarettes from the complaint would have had Nebraska tax stamps with numbers indicating that they were sold/taxed in Nebraska on or before October 8, 2015.
- -I purchased cigarettes with the Nebraska tax stamp on October 22, 2015 which indicates the sale and tax evasion continues. Based on the information gathered by the Department of Revenue using the tax stamp (#72525) on the cigarettes, the cigarettes were not sold/ taxed in Nebraska until October 9, 2015. This indicates that the cigarettes mentioned in the tip (October 8, 2015) were from a different batch of cigarettes than the cigarettes I purchased.
- -I also purchased cigarettes on November 4, 2015 with Nebraska Tax Stamp # 72525. This is the same batch as October 22, 2015.
- -The "Crime Stoppers tip, the purchase of cigarettes on October 22, 2015 and November 4, 2015 would indicate that the criminal activity was ongoing versus a one-time event.

On November 5, 2015, I presented a search warrant to Ramsey County Judge Tilsen for 1724 W University and DEMISSE, GETACHEW MENGESHA (6-1-1950). Judge Tilsen signed and approved the warrant.

On November 10, 2015 at approximately 1530 hours, I executed the search warrant at 1724 W University Ave. The following assisted:

Sergeant Shawn Murphy Sergeant Ray Gainey Sergeant Sean Johnson Deputy Kevin Vanderhyde (Ramsey Co) Officer Curtis Paipoovong (WBL)

# SUPPLEMENTAL OFFENSE / INCIDENT REPORT

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Primary offense:

12/15/2015 10:16:00

## ADMIN-INVESTIGATE, ADMINISTRATIVE RECORD

#### Inspector Kris Schweinler (DSI)

I led the team into the store. We entered through the front open door and I immediately saw DEMISSE behind the counter. I detained him while the rest of the officers secured the store.

I searched under the counter where I had previously observed DEMISSE retrieve the Nebraska stamped cigarettes on October 22 and November 4, 2015.

I briefly spoke to DEMISSE and told him why we were executing the search warrant. I gave him my contact information and told him to tell the owner of the store, his daughter, to call me. I left a copy of the search warrant and inventory receipt with DIMISSE on the front counter.

We recovered the following items during the search:

#### Item # 1

Bag with packs of cigarettes located in storage room, on the floor. Found by Vanderhyde. Camel Crush carton with 3 packs of Camel crush inside. MN Tax Stamped. Marlboro Gold Pack carton with 4 packs of Marlboro Gold inside. MN Tax Stamped. Marlboro Menthol carton with 1 pack inside. MN Tax Stamped.

#### Item # 2A

Cigarettes located in the overhead display at cashier counter. Found by Aguirre. 5 packs of Maverick Menthol 100's, removed Nebraska tax stamp. 1 Newport box pack with removed Nebraska tax stamp.

#### Item # 2B

22 packs with MN tax stamps were later returned to owner (2 Marlboro 100s gold, 2 Marlboro Gold, 2 Pal-Mal, 5 Camel Crush, 4 Marlboro Menthol, 5 Newport, 2 Newport 100s)

#### Item #3A

Cigarettes located on display shelf behind counter

10 packs of cigarettes with tax stamp removed, looks like Nebraska. (Newport-Non-menthol, Newport nonmenthol 100s, Marlboro box, Marlboro 100s, Camel Crush menthol, Marlboro menthol 100s, Camel Blue 99s, Camel blue, Mayerick Menthol 100's, Mayerick 100s)

#### Item #3B

6 packs of cigarettes with MN tax stamps (Newport Box, Newport 100s, Camel Crush, American Spirit, Marlboro Gold, Marlboro Menthol). Later returned to owner.

#### Item #4A

Cartons of cigarettes located under cashier counter.

# SUPPLEMENTAL OFFENSE / INCIDENT REPORT

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Primary offense:

12/15/2015 10:16:00

# ADMIN-INVESTIGATE, ADMINISTRATIVE RECORD

- 4 packs of Newport with Nebraska Stamp # 72015 and others unreadable.
- 9 packs of Camel Blue 99s with Nebraska tax stamp # 72210.
- 3 packs of Maverick Menthol 100s with Nebraska Tax Stamp # 71892
- 6 packs of Marlboro Menthol 100s with Nebraska tax stamp # 72370.
- 4 packs Newport non-menthol. 3 with Tax stamp # 72370 other with no stamp.
- 2 packs of Newport non-menthol 100s with Nebraska tax stamp #72370.
- 6 pack of Marlboro Menthol with Nebraska tax stamp #72370.

#### Item #4B

- 6 packs of Maverick Menthol 100s with Nebraska Tax Stamp # 72324. In carton.
- 7 packs of Marlboro with Nebraska Tax Stamp # 72513. In carton.
- 9 packs of Camel Blue with Nebraska Tax Stamp # 72370. In carton.
- 8 packs of Camel Crush Menthol with Nebraska Tax Stamp # 72479. In carton.
- 16 packs of Marlboro 100s with Nebraska Tax Stamp # 72370. In 2 cartons
  - 10 packs of Newport non-menthol with Nebraska Tax Stamp # 72324. In carton.
  - 8 packs of Marlboro Gold with Nebraska Tax Stamp # 72225. In carton.
- 10 pack of Marlboro Menthol with Nebraska tax stamp #72370. In carton.
- 10 pack of Marlboro Menthol 100s with Nebraska tax stamp #72370. In carton.
- 9 pack of American Spirits with Nebraska tax stamp #72370. In carton.
- 5 pack of Marlboro 100s with Nebraska tax stamp #72332. In carton.
- 6 packs of Maverick 100s with Nebraska Tax Stamp # 72324. In carton.
- 9 packs of Camel Crush with Nebraska tax stamp # 72329. In Carton.

#### Item #5

Miscellaneous papers from behind the counter. Found by Aguirre.

Papers included invoices for tobacco and other store items. Included Daily balances/ Inventory. All later returned to owner.

#### Item #6

Cartons located in the rear of store.

Marlboro Gold carton with 10 packs. Nebraska tax stamp # 75525. (opened by Sgt. Aguirre) Camel Crush Carton with 10 packs. Nebraska tax stamp # 71892. (opened by Sgt. Aguirre) Maverick Menthol Box 100's with 10 packs. Nebraska tax stamp # 71892(opened by Sgt. Aguirre) Camel Blue carton with 10 packs. Nebraska tax stamp # 72370(opened by Sgt. Aguirre)

No further at this time.

#### PUBLIC NARRATIVE