SP9FD6C5C25FCCF

## Saint Paul Police Department

# ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

19086028

04/27/2019 04:20:00

Primary offense

THEFT-ALL OTHER,\$501 TO \$1000

| Primary Reporting Officer:                        |                          |            | e of location/busi                         |                            |                  |             |  |  |
|---|--------------------------|------------|--|----------------------------|------------------|-------------|--|--|
| Primary squad                                     | 124                      | Locati     | Location of incident: 1347 UNIVERSITY AV W |                            |                  |             |  |  |
| Secondary reporting officer                       | 1                        |            | ST PAUL, MN 55104                          |                            |                  |             |  |  |
| Approve   | Koch, Chad Ric           |            |  |                            |                  |             |  |  |
| District  | t: Western               | Date & til | me of occurrence                           | e 04/27/201                | 9 00:11:00 10    |             |  |  |
| Site  | Ç.                       |            |  | 04/27/201                  | 9 00:26:00       |             |  |  |
| Arrest made                                       |                          |            |  |                            |                  |             |  |  |
| Secondary offense:                                |                          |            |  |                            |                  |             |  |  |
| STOLEN AND RECOVER<br>\$200                       | ED PROPERTY VALUE GREAT  | CER THAN   |  |                            |                  |             |  |  |
| Police Officer Assaulted<br>Crime Scene Processed |                          | Police     | Officer Assisted                           | Suicide.                   |                  |             |  |  |
| OFFENSE DETAILS                                   |                          |            |  |                            |                  |             |  |  |
| THEFT-ALL OTHER,                                  | \$501 TO \$1000          |            |  |                            |                  | ····        |  |  |
| Attempt Only:                                     | Attempt Only:            |            |  | Appears to be Gang Related |                  |             |  |  |
| Victims   |                          |            |  |                            |                  |             |  |  |
| Sherrod, Ge                                       | rard Travis              |            |  |                            |                  |             |  |  |
|   | VERED PROPERTY VAL       | UE GREATER | THAN \$200                                 |                            |                  | <del></del> |  |  |
| Attempt Only:                                     |                          |            | s to be Gang Rei                           | lated:                     |                  |             |  |  |
|   |                          |            |  |                            |                  |             |  |  |
| NAMES   |                          |            |  |                            |                  |             |  |  |
| Suspect   |                          |            |  |                            |                  |             |  |  |
| UNKNOWN   |                          |            |  |                            |                  |             |  |  |
| OMEGOVIA  |                          |            |  |                            |                  |             |  |  |
| Nicknames or A                                    | liases                   |            |  |                            |                  |             |  |  |
| Nick Name:  |                          |            |  |                            |                  |             |  |  |
| Alias:  |                          |            |  |                            |                  |             |  |  |
| AKA First Name:                                   | AKA First Name: AKA Last |            |  |                            |                  |             |  |  |
| Details   |                          |            |  |                            |                  |             |  |  |
| Sex:  | Race:                    | DOB:       |  |                            | Resident Status: |             |  |  |
|   | Hispanic.                | Age.       | from                                       | to                         |                  |             |  |  |
| Phones  |                          |            |  |                            |                  |             |  |  |
| Home.   | Cell:                    |            | Contact                                    |                            |                  |             |  |  |
| Work:   | Fax:                     |            | Pager                                      |                            |                  |             |  |  |
| VVOIA.  | rax.                     |            | raye:                                      | EX                         | HIBIT            |             |  |  |

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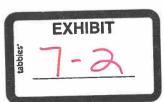
19086028

Primary offense:

04/27/2019 04:20:00

THEFT-ALL OTHER,\$501 TO \$1000

|      | Employment                    |        |                            |             |                          |                   |                 |  |
|------|-------------------------------|--------|----------------------------|-------------|--------------------------|-------------------|-----------------|--|
|      | Occupation                    |        |                            |             | Employe                  | er                |                 |  |
|      |                               |        |                            |             |                          |                   |                 |  |
|      | Identification                |        |                            |             |                          |                   |                 |  |
|      | SSN:                          |        | Licer                      | ise or ID#: |                          |                   | License State:  |  |
|      | Physical Descrip              | otion  |                            |             |                          |                   |                 |  |
|      | US:                           |        | Metric."                   |             |                          |                   |                 |  |
|      | Height.                       | to     | Build:                     |             | Hair Lengti              | h:                | Hair Color:     |  |
|      | Weight:                       | to     | Skin:                      |             | Facial Hai               | ir                | Hair Type:      |  |
|      | Teeth:                        |        | Eye Color:                 |             | Blood Type               | e:                |                 |  |
|      | Offender Inform               | ation  |                            |             |                          |                   |                 |  |
|      | Arrested.                     |        | Pursuit eng                | aged.       | Violat                   | ed Restraining C  | )rder           |  |
|      | DUI                           |        | Resistance encount         | ered        |                          |                   |                 |  |
|      | Condition:                    |        |                            |             |                          |                   |                 |  |
|      |                               |        | Taken to health care       | e facility: | N                        | ledical release o | btained:        |  |
| ctim |                               |        | Sher                       | od, Gera    | ard Travis               |                   |                 |  |
|      |                               |        |                            |             | NGTON ST NE              | Apt 110           |                 |  |
|      |                               |        |                            |             | S, MN 55413              |                   |                 |  |
|      |                               |        |                            |             |                          |                   |                 |  |
|      | Nicknames or A                | liases |                            |             |                          |                   |                 |  |
|      | Nick Name.                    |        |                            |             |                          |                   |                 |  |
|      | Alias                         |        |                            |             |                          |                   |                 |  |
|      | AKA First Name:               |        |                            | AH          | (A Last Name:            |                   |                 |  |
|      | Details                       |        |                            |             |                          |                   |                 |  |
|      |                               |        |                            |             |                          |                   |                 |  |
|      | Sex Male                      |        | Race: Unknown              | DOB.        | 11/14/1989               |                   | Resident Status |  |
|      | Sex Male                      |        | Race: Unknown<br>Hispanic: | DOB.        |                          | to                | Resident Status |  |
|      | Sex Male                      |        |                            |             |                          | to                | Resident Status |  |
|      |                               |        | Hispanic:                  | Age.        |                          | to                | Resident Status |  |
|      | Phones                        |        |                            | Age.        | 29 from                  | to                | Resident Status |  |
|      | Phones Home: Work:            |        | Hispanic:  Cell: 651-23    | Age.        | 29 from  Contact:        | to                | Resident Status |  |
|      | Phones<br>Home:               |        | Hispanic:  Cell: 651-23    | Age.        | 29 from  Contact:        |                   | Resident Status |  |
|      | Phones Home: Work: Employment |        | Hispanic:  Cell: 651-23    | Age.        | 29 from  Contact: Pager. |                   | Resident Status |  |
|      | Phones Home: Work: Employment |        | Hispanic:  Cell: 651-23    | Age.        | 29 from  Contact: Pager. |                   | Resident Status |  |



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Primary offense:

04/27/2019 04:20:00

THEFT-ALL OTHER,\$501 TO \$1000

| Physical Description US: No |       | Metric: No                | <u> </u>       |                              |       |  |
|-----------------------------|-------|---------------------------|----------------|------------------------------|-------|--|
|                             |       | Build:                    | Unit I non-Mar | I laia O                     | -1    |  |
| Height:                     | to    | Bulla.                    | Hair Length:   | Hair C                       | OIOF: |  |
| Weight:                     | to    | Skin:                     | Facial Hair:   | Hair T                       | уре.  |  |
| Teeth:                      |       | Eye Color:                | Blood Type:    |                              |       |  |
| Victim Informa              | ation |                           |                |                              |       |  |
| Type: Individual            |       | Can Identify Offender: No |                | Willing to Press Charges. No |       |  |
| Condition                   |       |                           |                |                              |       |  |
|                             |       | Taken to health care fa   | icility: No    | Medical release obtained:    | No    |  |
| Relationships               |       |                           |                |                              |       |  |
| Stranger                    |       | Suspect                   |                |                              |       |  |
| BILITY FA                   | CTORS |                           |                |                              |       |  |

Photos Taken.

Stolen Property Traceable

Evidence Turned In:

Property Turned In:

Related Incident:

Lab

Biological Analysis:

Fingerprints Taken:

Narcotic Analysis:

Items Fingerprinted:

Lab Comments:

#### **PROPERTY**

ITEM #1

Type of Loss: Stolen

Date of Loss:

Location Lost

Owner: Sherrod, Gerard Travis

Date Recovered:

Location Recovered:

Model #:

Quantity:

Serial #:

Article Type / Item! Cash/currency

/ Cash/Currency

Total value: \$526.00

Description:

Turned in at:

Locker ID #:

Lab exams



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04/27/2019 04:20:00

Primary offense:

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**ITEM #2** 

Type of Loss: Stolen

Date of Loss.

Location Lost.

Owner Sherrod, Gerard Travis

Date Recovered:

Location Recovered.

Model #:

Quantity.

Serial #

Article Type / Item: Other property

/ Miscellaneous items

Total value \$120.00

Description: 2 twins tickets

Locker ID #

Lab exams.

Participants:

Turned in at:

Person Type:

Name:

Address:

Phone:

Suspect

Victim

Sherrod, Gerard Travis

1717 WASHINGTON ST NE Apt 110

MINNEAPOLIS, MN 55413

#### NARRATIVE

No ICC

BWC available for B. McAlpine and was not reviewed

On April 27, 2019 at 0011 hours I, Officer B. McAlpine (squad 124) responded to 1347 University Avenue West on a theft report.

Upon arrival I spoke with SHERROD, GERARD TRAVIS (DOB: 11-14-1989, 1717 Washing Street NE #110 Minneapolis, MN 55413, C/P: 651-231-9164). SHERROD stated he set his wallet down near the front register area. SHERROD stated he forgot about his wallet and walked outside towards the train. SHERROD stated by the time he realized he did not have his wallet, he went back to the BP Gas Station and it was gone.

SHERROD stated he had \$526 cash inside the wallet and two tickets for next Wednesday's twins game (value \$120.00).

I spoke to staff who stated only the manager has access to the video.



I gave SHERROD my card with the CN.

### **PUBLIC NARRATIVE**

On April 27, 2019 at 0011 hours officers responded to 1347 University Avenue West on a theft report.



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Primary offense:

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Last page of the report



## SUPPLEMENTAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

19086028

04/29/2019 08:06:00

Primary offense:

THEFT-ALL OTHER,\$501 TO \$1000

Primary Reporting Officer: Jones, Candice J

Name of location/business:

Primary squad:

Location of incident: 1347 UNIVERSITY AV W

Secondary reporting officer:

ST PAUL, MN 55104

District: Western

Date & time of occurrence: 04/27/2019 00:11:00 to

Site:

04/27/2019 00:26:00

Arrest made.

Secondary offense.

Police Officer Assaulted or Injured

Crime Scene Processed:

Police Officer Assisted Suicide.

#### NARRATIVE

I, Sgt Candice Jones reviewed the reports of this incident. Victim left wallet on counter and when he came back it was gone. I attempted to contact the BP, 651-645-7161 and every time I identified myself as police, the person on the other end hung up. I attempted to contact the victim, but the phone was out of service. Nothing further to investigate. No suspects, no witnesses, no evidence and unable to get any video.

No property/evidence

-pended

#### PUBLIC NARRATIVE

Last page of the report



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