03/20/2020 04:39:00

## Saint Paul Police Department

**ORIGINAL OFFENSE / INCIDENT REPORT** 

Complaint Number

\_\_\_

20056970 Primary offense:

BURGLARY FORCED ENTRY, NIGHT, COMMERCIAL

Squad Video None

Primary Reporting Officer: Jones, Sean Alan

Reference CN

Primary squad: 128 Secondary reporting officer:

Approver: Johnson, Darren

District: Western

Site:

BodyCam? No

Name of location/business:

Location of incident: 690 UNIVERSITY AV W ST PAUL, MN 55104

Date & time of occurrence: 03/20/2020 04:20:00 to 03/20/2020 04:40:00

Arrest made: Secondary offense:

Police Officer Assaulted or Injured: Crime Scene Processed:

### **OFFENSE DETAILS**

#### **BURGLARY FORCED ENTRY, NIGHT, COMMERCIAL**

Attempt Only:

Appears to be Gang Related:

Police Officer Assisted Suicide:

Crime Scene

Type: Retail

Description: Specialty store

### Method & Point of Entry

Force used: Yes Point of entry: Door Method: Other Hid Inside:

#### Tool(s) Used

Unknown

Victims

UNIVERSAL HAIR DESIGN

#### NAMES

Complainant

Evans, Charles Leonard 721 8TH ST FARMINGTON, MN 55024

Nicknames or Aliases

Nick Name:

Alias:

AKA First Name:

AKA Last Name:

# Saint Paul Police Department

**ORIGINAL OFFENSE / INCIDENT REPORT** 

Complaint Number

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Reference CN

20056970

Date and Time of Report

03/20/2020 04:39:00

Primary offense:

BURGLARY FORCED ENTRY, NIGHT, COMMERCIAL

|     | Details                             |                 |                     |               |       |                    |            |                   |  |
|-----|-------------------------------------|-----------------|---------------------|---------------|-------|--------------------|------------|-------------------|--|
|     | Sex: Male                           | Race:           | White               | DOB:          | 03/1  | 7/1977             |            | Resident Status:  |  |
|     |                                     | Hispanic:       |                     | Age:          | 43    | from               | to         |                   |  |
|     | Phones                              |                 |                     |               |       |                    |            |                   |  |
|     | Home:                               |                 | Cell: 651-3         | 319-6954      |       | Contact:           |            |                   |  |
|     | Work:                               |                 | Fax:                |               |       | Pager:             |            |                   |  |
|     | Employment                          |                 |                     |               |       |                    |            |                   |  |
|     | Occupation:                         |                 |                     |               |       | Employe            | r: ST PAUL | PUBLIC WORKS      |  |
|     | Identification                      |                 |                     |               |       |                    |            |                   |  |
|     | SSN:                                |                 | L                   | icense or ID# | :     |                    |            | License State: MN |  |
| ner |                                     |                 | Hi                  | ng, Wonne     | da Ky |                    |            |                   |  |
|     |                                     |                 | 14                  | 58 ENGLE      | RT RE | )                  |            |                   |  |
|     |                                     | EAGAN, MN 55122 |                     |               |       |                    |            |                   |  |
|     | Nicknames or Alias                  | es              |                     |               |       |                    |            |                   |  |
|     | Nick Name:                          |                 |                     |               |       |                    |            |                   |  |
|     | Alias:                              |                 |                     |               |       |                    |            |                   |  |
|     | AKA First Name:                     | AKA Last Name:  |                     |               |       |                    |            |                   |  |
|     | Details                             |                 |                     |               |       |                    |            |                   |  |
|     | Sex: Female                         | Race:           | Asian               | DOB:          | 05/07 | 7/1969             |            | Resident Status:  |  |
|     |                                     | Hispanic:       |                     | Age:          | 50    | from               | to         |                   |  |
|     |                                     |                 |                     |               |       |                    |            |                   |  |
|     | Phones                              |                 |                     |               |       |                    |            |                   |  |
|     | Phones<br>Home:                     |                 | Cell: 651-3         | 315-3083      |       | Contact:           |            |                   |  |
|     |                                     |                 | Cell: 651-3<br>Fax: | 315-3083      |       | Contact:<br>Pager: |            |                   |  |
|     | Home:                               |                 |                     | 315-3083      |       |                    |            |                   |  |
|     | Home:<br>Work:                      |                 |                     | 315-3083      |       |                    | r:         |                   |  |
|     | Home:<br>Work:<br><b>Employment</b> |                 |                     | 315-3083      |       | Pager:             | r:         |                   |  |

UNKNOWN

03/20/2020 04:39:00

# Saint Paul Police Department

**ORIGINAL OFFENSE / INCIDENT REPORT** 

Complaint Number

Reference CN

20056970

Primary offense: BURGLARY FORCED ENTRY, NIGHT, COMMERCIAL

| Nicknames or   | r Aliases             |                      |             |              |               |                  |  |  |
|----------------|-----------------------|----------------------|-------------|--------------|---------------|------------------|--|--|
| Nick Name:     |                       |                      |             |              |               |                  |  |  |
| Alias:         |                       |                      |             |              |               |                  |  |  |
| AKA First Nam  | ne:                   |                      | AKA La      | ast Name:    |               |                  |  |  |
| Details        |                       |                      |             |              |               |                  |  |  |
| Sex:           |                       | Race:                | DOB:        |              |               | Resident Status: |  |  |
|                | His                   | spanic:              | Age:        | from         | to            |                  |  |  |
| Phones         |                       |                      |             |              |               |                  |  |  |
| Home:          |                       | Cell:                |             | Contact:     |               |                  |  |  |
| Work:          |                       | Fax:                 |             | Pager:       |               |                  |  |  |
| Employment     |                       |                      |             |              |               |                  |  |  |
| Occupation:    |                       |                      |             | Employer:    |               |                  |  |  |
|                |                       |                      |             |              |               |                  |  |  |
| Identification |                       |                      |             |              |               |                  |  |  |
| SSN:           |                       | Licen                | ise or ID#: |              |               | License State:   |  |  |
| Physical Desc  | cription              |                      |             |              |               |                  |  |  |
| US:            |                       | Metric:              |             |              |               |                  |  |  |
| Height:        | to                    | Build:               |             | Hair Length: |               | Hair Color:      |  |  |
| Weight:        | to                    | Skin:                |             | Facial Hair: |               | Hair Type:       |  |  |
| Teeth:         |                       | Eye Color:           |             | Blood Type:  |               |                  |  |  |
| Offender Info  | rmation               |                      |             |              |               |                  |  |  |
| Arrested:      |                       | Pursuit enga         | aged:       | Violated     | Restraining ( | Order:           |  |  |
| DUI            |                       | Resistance encounte  | ered:       |              |               |                  |  |  |
| Condition:     |                       |                      |             |              |               |                  |  |  |
|                |                       | Taken to health care | facility:   | Medi         | cal release c | btained:         |  |  |
| 1              | UNIVERSAL HAIR DESIGN |                      |             |              |               |                  |  |  |
|                |                       | 690 U                | NIVERSITY   |              |               |                  |  |  |
|                |                       | ST PAUL, MN 55104    |             |              |               |                  |  |  |
|                | icknames or Aliases   |                      |             |              |               |                  |  |  |

Nick Name:

Alias:

AKA First Name:

AKA Last Name:

03/20/2020 04:39:00

# Saint Paul Police Department

# **ORIGINAL OFFENSE / INCIDENT REPORT**

Complaint Number

# nber Reference CN

20056970

Primary offense:

BURGLARY FORCED ENTRY, NIGHT, COMMERCIAL

| Details                 |           |                             |                |             |                         |  |
|-------------------------|-----------|-----------------------------|----------------|-------------|-------------------------|--|
| Sex:                    | Race:     | DOB:                        |                |             | Resident Status:        |  |
| F                       | lispanic: | Age:                        | from           | to          |                         |  |
| Phones                  |           |                             |                |             |                         |  |
| Home:                   | Cell:     |                             | Contact:       |             |                         |  |
| Work: 651-222-3050      | Fax:      |                             | Pager:         |             |                         |  |
| Employment              |           |                             |                |             |                         |  |
| Occupation:             |           |                             | Employe        | er:         |                         |  |
| Identification          |           |                             |                |             |                         |  |
| SSN:                    |           | License or ID#:             |                |             | License State:          |  |
| Victim Information      |           |                             |                |             |                         |  |
| <i>Type:</i> Busine     | SS        | Can Identify Offender:      | No             | Willing     | g to Press Charges: Yes |  |
| Condition:              |           |                             |                |             |                         |  |
|                         | Tak       | en to health care facility: | No             | Medical re  | lease obtained: No      |  |
| Relationships           |           |                             |                |             |                         |  |
| Relationship unknowr    | Suspect   |                             |                |             |                         |  |
| ABILITY FACTORS         |           |                             |                |             |                         |  |
| pect can be Identified: |           |                             | E              | 3 <i>y:</i> |                         |  |
| Photos Taken: Yes       |           | Stolen Pro                  | perty Traceab  | ole:        |                         |  |
| Evidence Turned In:     |           | Property Turned In:         |                |             |                         |  |
| Related Incident:       |           |                             |                |             |                         |  |
| Lab                     |           |                             |                |             |                         |  |
| Biological Analysis:    |           | Fi                          | ngerprints Tak | ken:        |                         |  |
| Narcotic Analysis:      |           | Iter                        | ms Fingerprin  | ted:        |                         |  |
| Lab Comments:           |           |                             |                |             |                         |  |

03/20/2020 04:39:00

## Saint Paul Police Department

**ORIGINAL OFFENSE / INCIDENT REPORT** 

Complaint Number

## ber Reference CN

20056970 Primary offense:

BURGLARY FORCED ENTRY, NIGHT, COMMERCIAL

| ITEM #1               |                 |                     |                      |        |
|-----------------------|-----------------|---------------------|----------------------|--------|
| Type of Loss: Damaged |                 | Date of Loss:       | Location Lost:       |        |
| Owner: UNI\           | ERSAL HAIR      | Date Recovered:     | Location Recovered:  |        |
| Model #:              |                 | Quantity:           | Serial #:            |        |
| Article Type / Item:  | Other property  | / Miscellaneous ite | ms Total value:      |        |
| Description:          | Two broken glas | s doors.            |                      |        |
| Turned in at:         |                 | Locker ID #:        | Lab exams:           |        |
| Participants:         |                 |                     |                      |        |
| Person Type:          | Name:           |                     | Address:             | Phone: |
| Complainant           | Evans, Charl    | es Leonard          | 721 8TH ST           |        |
|                       |                 |                     | FARMINGTON, MN 55024 |        |
| •                     | Hing, Wonne     | da Ky               | 1458 ENGLERT RD      |        |
| Owner                 | -               |                     | EAGAN, MN 55122      |        |
| Owner                 |                 |                     |                      |        |
| Owner<br>Suspect      |                 |                     |                      |        |
| -                     |                 | HAIR DESIGN         | 690 UNIVERSITY AV W  |        |

#### NARRATIVE

No ICC available.

BWC available, Officer S. Jones (SQD 128).

BWC not reviewed prior to writing report.

On 03/20/2020 at approximately 0420 hours, I, Officer S. Jones (SQD 128), responded to Universal Hair Design at 690 University Avenue W for a report of suspicious activity.

Prior to squads arrival, dispatch advised that CHARLES LEONARD EVANS (DOB: 03/17/1977; 721 8TH STREET, FARMINGTON, MN, 55024; C/P: 651-319-6954) and his crew with Saint Paul Public Works came across a smashed front door of the business.

Upon my arrival, I observed the smashed front door as well as a smashed door leading into Universal Hair Design. I, along with other officers, cleared the building but did not locate anyone inside. No forced entry was made into any other businesses in the complex. EVANS stated that when he arrived, he did not observe

## Saint Paul Police Department

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20056970 Primary offense: Date and Time of Report

03/20/2020 04:39:00

# BURGLARY FORCED ENTRY, NIGHT, COMMERCIAL

anyone enter or leave the business.

After clearing the salon, we observed that the cash portion of the cash register was missing. The owner, WONNEDA KY HING (DOB: 05/07/1969; 1458 ENGLERT ROAD, EAGAN, MN 55122; C/P: 651-315-3083), later confirmed that the cash drawer was taken during the burglary. HING stated that there was only change in the cash drawer. HING estimated that there was approximately \$50 in change in the cash drawer. HING did not believe that anything else was missing.

HING stated that she had gotten a call from the alarm company at approximately 2248 hours (03/18/2020) stated that an alarm had been tripped. HING stated that she looked at the cameras on her phone, but did not see anyone so she canceled the alarm.

HING attempted to pull up the surveillance footage at the salon, however, they were not having any luck locating the burglary. I advised HING to email me a copy of the surveillance footage if they were able to locate it and I would upload it to the Media Vault.

I took photographs of the damage to the broken doors and missing cash drawer and uploaded them to the Media Vault.

I provided HING with a business card and case number.

It should be noted that we had contacted Restoration Professionals prior to a key holder being located. I advised HING that Restoration Professionals were on their way to board up their business and she requested that I keep them enroute to assist them in boarding up since they did not have the materials to do so. HING stated that she would work with Restoration Professionals when they arrived.

End of report.

### PUBLIC NARRATIVE

On 03/20/2020 at approximately 0420 hours, SPPD Officers responded to a report of a forced entry burglary at 690 University Avenue W. Suspect(s) are not known.

Last page of the report

Complaint Number Reference CN

20056970

Primary offense:

BURGLARY FORCED ENTRY, NIGHT, COMMERCIAL

Squad Video None

Primary Reporting Officer: Fink, Deanna M Primary squad:

Secondary reporting officer:

Approver:

District: Western

Site:

BodyCam? No

Name of location/business:

Location of incident: 690 UNIVERSITY AV W ST PAUL, MN 55104

Date & time of occurrence: 03/20/2020 04:20:00 to 03/20/2020 04:40:00

Secondary offense:

Arrest made:

Police Officer Assaulted or Injured: Crime Scene Processed: Police Officer Assisted Suicide:

### NARRATIVE

This report was reviewed and per the victim she did not see anyone on her surveillance video she viewed on her phone at the time of the alarm going off. She stated if she was able to find any useful video she would provide it to the officer so it could be downloaded to the media vault. As of 3-25-20 no video has been added to the media vault for this case. This case has no suspect information or evidence to move forward on. This case will be pended until further information becomes available.

### PUBLIC NARRATIVE

Last page of the report

Date and Time of Report

03/25/2020 14:00:00