ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

20060807 Primary offense:

03/27/2020 05:12:00

CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

Primary Reporting Officer: Museus, Andrew

Name of location/business:

Primary squad: 111T

Location of incident: 1544 UNIVERSITY AV W

Secondary reporting officer: Johnson, Matthew

ST PAUL, MN 55104

Approver: Koch, Chad Ric

Date & time of occurrence: 03/27/2020 04:57:00 to

Site:

District: Western

03/27/2020 04:57:00

BodyCam? No

Squad Video None

Arrest made:

Secondary offense:

Police Officer Assaulted or Injured: Crime Scene Processed: Yes

Police Officer Assisted Suicide:

OFFENSE DETAILS

CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

Attempt Only:

Appears to be Gang Related:

Bias/Hate Crime: Yes

Type of Bias/Hate Crime: None (no bias)

Victims

BIG TOP LIQUOR

NAMES

Complainant

Kobilka, Jodi Erin 1544 UNIVERSITY AV W

ST PAUL, MN 55104

Nicknames or Aliases

Nick Name:

Alias:

AKA First Name:

AKA Last Name:

Details

Sex: Female

Race: White

DOB: 10/7/1957

Resident Status:

Hispanic:

Age: 62

from

to

Phones

Home:

Cell: 612-978-1627

Contact:

Work:

Fax:

Pager:

ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

20060807 Primary offense:

03/27/2020 05:12:00

CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

Employment							
Occupation:		Employer:					
Identification							
SSN:		Lio	cense or ID#:	License State:			
ct							
OWN							
Nicknames or A	liases						
Nick Name:							
Alias:							
AKA First Name:			AKA La	ast Name:			
Details							
Sex:		Race:	DOB:			Resident Status:	
	Hi	spanic:	Age:	from	to		
Phones							
Home:		Cell:		Contact:			
Work:		Fax:		Pager:			
Employment							
Occupation:				Employer:			
Identification							
SSN:		Lio	cense or ID#:			License State:	
Physical Descri	ption						
US:		Metric:					
Height:	to	Build:		Hair Length:		Hair Color:	
Weight:	to	Skin:		Facial Hair:		Hair Type:	
Teeth:		Eye Color:		Blood Type:			
Offender Inform	ation						
Arrested:		Pursuit ei	ngaged:	Violated I	Restraining C	Order:	
DUI:		Resistance encou	intered:				

ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

20060807 Primary offense:

03/27/2020 05:12:00

CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

AKA First Name: AKA Last Name: AKA Last Name: AKA Last Name: AKA Last Name: Details Sex: Race: DOB: Resident Status: Hispanic: Age: from to Phones Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships							
Nicknames or Aliases Nick Name: Alias: AKA First Name: AKA First Name: Poetails Sex: Race: DOB: Fesident Status: Age: from to Phones Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License or ID#: License State: Victim Information Type: Business Condition: Taken to health care facility: No Medical release obtained: No Relationships			Е	BIG TOP LIQUOR			
Nick Name: Alias: AKA First Name: AKA First Name: Poetalls Sex: Race: DOB: Resident Status: Hispanic: Age: from to Phones Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Medical release obtained: No Relationships			1	544 UNIVERSITY	AV W		
Nick Name: Alias: AKA 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: dentification SSN: License or ID#: License State: Victim Information Type: Business Condition: Taken to health care facility: No Medical release obtained: No Relationships			S	ST PAUL, MN 5510	04		
AKA First Name: AKA Last Name: AKA Last Name: AKA Last Name: AKA Last Name: Details Sex: Race: DOB: Resident Status: Hispanic: Age: from to Phones Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	Nicknames or Alia	ises					
AKA First Name: Details Sex: Race: DOB: Resident Status: Hispanic: Age: from to	Nick Name:						
Sex: Race: DOB: Resident Status: Hispanic: Age: from to Phones Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	Alias:						
Sex: Race: DOB: Resident Status: Hispanic: Age: from to Phones Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	AKA First Name:			AKA Last	Name:		
Phones Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	Details						
Phones Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: Identification SSN: License or ID#: License State: Victim Information Type: Business Condition: Taken to health care facility: No Medical release obtained: No Relationships	Sex:	Race:		DOB:		Resident	Status:
Home: Cell: Contact: Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships		Hispanic:		Age:	from	to	
Work: Fax: Pager: Employment Occupation: Employer: dentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	Phones						
Cocupation: Employer:	Home:		Cell:		Contact:		
Occupation: Employer:	Work:		Fax:		Pager:		
Adentification SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	Employment						
SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	Occupation:				Employe	er:	
SSN: License or ID#: License State: Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships							
Victim Information Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	Identification						
Type: Business Can Identify Offender: No Willing to Press Charges: No Condition: Taken to health care facility: No Medical release obtained: No Relationships	SSN:		License or ID#:		License Stat	te:	
Condition: Taken to health care facility: No Medical release obtained: No Relationships	Victim Information	1					
Taken to health care facility: No Medical release obtained: No Relationships	Type: E	Business	(Can Identify Offender:	No	Willing to Press Charges:	No
Relationships	Condition:						
			Taker	n to health care facility:	No	Medical release obtained:	No
Stranger Suspect	Relationships						
	Stranger	S	Suspect				

ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

20060807 Primary offense:

03/27/2020 05:12:00

CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

SOLVABILITY FACTORS		
Suspect can be Identified:	Ву:	
Photos Taken: Yes	Stolen Property Traceable:	
Evidence Turned In: Yes	Property Turned In:	
Related Incident:		
Lab		
Biological Analysis:	Fingerprints Taken:	
Narcotic Analysis:	Items Fingerprinted:	
Lab Comments:		

Participants: Person Type:	Name:	Address:	Phone:
Complainant	Kobilka, Jodi Erin	1544 UNIVERSITY AV W ST PAUL, MN 55104	
Suspect			
Victim	BIG TOP LIQUOR	1544 UNIVERSITY AV W	

ST PAUL, MN 55104

NARRATIVE

No ICC available.

BWC (Museus/M. Johnson) 111T available; Not viewed.

On 03/27/20 at 0457 hours, Officers were dispatched to an alarm at 1544 University Ave (Big Top Liquor). We arrived and found a north window smashed. Inside the window was a large rock about the size of a bowling ball, and a chisel with a red rope tied to it. The rest of the building was secure and no entry had been made. I took photos of the broken window, rock, and chisel tool. Squads checked the area but were unable to locate suspects.

Manager, Jodi Erin KOBILKA (10/7/57, 1544 University Ave, 612-978-1627), arrived and let us inside. KOBILKA said no items had been taken and there are no exterior cameras. I collected the chisel and attached rope and later put it into an evidence locker. We waited until the board up crew arrived before leaving.

PUBLIC NARRATIVE

On 03/27/20 at 0457 hours, Officers were dispatched to an alarm at 1544 University Ave (Big Top Liquor). A window was broken but nothing was stolen. No suspect were located.

ORIGINAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

20060807

03/27/2020 05:12:00

Primary offense:
CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

Last page of the report

SUPPLEMENTAL PROPERTY REPORT

Complaint Number

Reference CN

Date and Time of Report

20060807 Primary offense:

03/27/2020 07:20:00

CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

Primary Reporting Officer	[:] Johnson, Matthew	Nam	e of location/bu	ısiness:				
Primary squa	Locat	Location of incident: 1544 UNIVERSITY AV W						
Secondary reporting office		ST PAUL,						
Approve	er:							
Distri	ct:	Date & ti	Date & time of occurrence: 03/27/2020 04:58:00 to					
Si	te:		03/27/2020 04:58:00					
BodyCam	? No Squad Video None							
Arrest made:								
Secondary offense:								
Police Officer Assaulte		Police	Officer Assiste	d Suicide:				
	. .							
OFFENSE DETAILS	6							
CRIMINAL DAMAGE	TO PROPERTY (FELONY	OVER \$1000)						
Attempt Only:			Appears to be Gang Related:					
Bias/Hate Crime: Υ	P S							
	Crime: None (no bias)							
	,							
IAMES								
Owner								
Nicknames or A	liases							
Nick Name:								
Alias:		A16A 1						
AKA First Name:		AKA Las	t Name:					
Details								
Sex:	Race:	DOB:			Resident Status:			
	Hispanic:	Age:	from	to				
Phones								
Home:	Cell:		Contact:					
Work:	Fax:		Pager:					

SUPPLEMENTAL PROPERTY REPORT

Complaint Number

Reference CN

Date and Time of Report

20060807 Primary offense:

03/27/2020 07:20:00

CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

Employment		
Occupation:	Employer	:
Identification		
SSN:	License or ID#:	License State:

PROPERTY

ITEM# 1

Type of Loss: Forensic evidence Date of Loss: Location Lost:

Owner: Date Recovered: 3/27/2020 Location Recovered: INSIDE NORTH WINDOW OF BUSINES

Model #: Quantity: Serial #:

Article Type / Item: Other property / Tools Total value: \$0.00

Description: Chisel and attached rope

Turned in at: Locker ID #: Lab exams:

NARRATIVE

Items:

1 Other property Tools Chisel and attached rope \$ 0.00

PUBLIC NARRATIVE

Last page of the report

SUPPLEMENTAL OFFENSE / INCIDENT REPORT

Complaint Number

Reference CN

Date and Time of Report

20060807 Primary offense:

03/28/2020 09:17:00

CRIMINAL DAMAGE TO PROPERTY (FELONY OVER \$1000)

Primary Reporting Officer: Jones, Candice J

Name of location/business:

Primary squad:

Location of incident: 1544 UNIVERSITY AV W

ST PAUL, MN 55104

Secondary reporting officer:

Approver:

Date & time of occurrence: 03/27/2020 04:57:00 to

Site:

BodyCam? No

District: Western

Squad Video None

03/27/2020 04:57:00

Arrest made:

Secondary offense:

Police Officer Assaulted or Injured:

Police Officer Assisted Suicide:

Crime Scene Processed:

NARRATIVE

I, Sgt Candice Jones reviewed the reports of this incident. Officers sent to an alarm. They found a rock had been thrown through a window of the business. There are no suspects no witnesses and no cameras. Nothing was taken from the business. Rock and chisel collected but are of no evidential value. A victim letter sent.

Property to be destroyed

-pended

PUBLIC NARRATIVE

Last page of the report