

YOU ARE MAKING THREE COPIES. USE A BALL POINT PEN  
PRESS HARD, WRITE ON A HARD SURFACE

DETAILED INSTRUCTIONS  
ON BACK OF FORM

POLICE DEPARTMENT

INCIDENT REPORT

BRICK TOWNSHIP

FILL OUT COMPLETE REPORT WHEN LISTED IN CLASSIFICATION LIST AND REPORT GUIDE AS 100 (NO ASTERISK). DO NOT FILL OUT SHADED PORTION WHEN LISTED 100\* (WITH ASTERISK).

|                                                                                                                       |  |                                       |  |                                         |  |                                                                                                                             |  |                                                                                                                               |  |                                                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|-----------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Victim's or Complainant's Name<br><b>JAMES ELLERSICK</b>                                                           |  | 2. Telephone No.<br><b>28736</b>      |  | 17. Statute or Ordinance                |  | 18. Dist.<br><b>2</b>                                                                                                       |  | 19. Invert.                                                                                                                   |  | 20. Complaint<br><b>14936-92</b>                                                                                                 |  |
| 3. Residence Number<br><b>972-ROSEWOOD AVE</b>                                                                        |  | 4. (Street)                           |  | 5. (Floor or Apt.)                      |  | 21. Reporting Officer<br><b>THOMAS SMITH</b>                                                                                |  | 22. (Name)                                                                                                                    |  | 23. (Badge No.)<br><b>94</b>                                                                                                     |  |
| 6. Sex<br><b>M</b>                                                                                                    |  | 7. Race<br><b>W</b>                   |  | 8. DOB<br><b>40</b>                     |  | 9. Occupation<br><b>PAINTER</b>                                                                                             |  | 10. Injury<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                             |  | 22. Incident<br><b>CRIM. MISCHIEF (MOTOR VEHICLE)</b>                                                                            |  |
| 11. Person Reporting Crime<br><b>SAME #1</b>                                                                          |  | 12. Telephone No.                     |  | 23. Location<br><b>972-ROSEWOOD AVE</b> |  | 24. Time of Occurrence (On or Bet.)<br>Hour <b>17:00</b> Day of Week <b>Fri</b> Month <b>3</b> Day <b>30</b> Year <b>92</b> |  | 25. Was Force Used?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known |  | 26. Was a Weapon Used?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known |  |
| 13. Residence of Person Reporting Crime<br><b>SAME #3</b>                                                             |  | 14. Time Rep'd<br><b>11:45</b>        |  | 15. Month<br><b>5</b>                   |  | 16. Day<br><b>6</b>                                                                                                         |  | 17. Year<br><b>92</b>                                                                                                         |  | 27. Type of Premises or Property Attacked<br><b>SINGLE FAMILY DWELING</b>                                                        |  |
| 18. Occurred on View<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |  | 28. How Attacked<br><b>WINDSHIELD</b> |  | 29. Means of Attack<br><b>R-B GUN</b>   |  | 30. Object of Attack<br><b>CRIMINAL MISCHIEF</b>                                                                            |  | 31. Modus Operandi<br><b>SEE NARRATIVE</b>                                                                                    |  |                                                                                                                                  |  |
| 32. Vehicle Involved In Crime<br><input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Used By Offender |  | Year<br><b>1977</b>                   |  | Make<br><b>CHEV</b>                     |  | Lic. Number<br><b>XY206N</b>                                                                                                |  | Color<br><b>WT</b>                                                                                                            |  | Body Type<br><b>VAN</b>                                                                                                          |  |
| 33. Name of Suspect                                                                                                   |  | (Alias)                               |  | (Residence)                             |  | Serial Number<br><b>N/A</b>                                                                                                 |  |                                                                                                                               |  |                                                                                                                                  |  |

|     |      |     |        |        |               |               |                                          |
|-----|------|-----|--------|--------|---------------|---------------|------------------------------------------|
| Sex | Race | Age | Height | Weight | Color of Hair | Color of Eyes | Describe Clothing Worn and Peculiarities |
|-----|------|-----|--------|--------|---------------|---------------|------------------------------------------|

24. Additional Information. (Do Not Repeat Information Listed in Numbered Blocks)  
**BETWEEN DATES AND TIMES LISTED 24 PERSON(S) UNKNOWNLY USING A R-B GUN SHOT (4) HOLE IN THE WINDSHIELD OF A 1977 CHEVY VAN WHICH WAS PARKED ON THE SIDE OF ABOVE LOCATION. THE SHOT(S) APPEARED TO HAVE COME FROM A WOODED AREA DIRECTLY ACROSS FROM THE RESIDENCE. THE WINDSHIELD WILL HAVE TO BE REPLACED.**

|                                                                                                                                                                                                          |  |                                                                                                                                                   |  |                                                           |  |                                                                                                                                                                                                                                                                 |  |                          |  |                                                                                                                                                                                                                                                                 |  |                               |  |                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|-----------------------|--|
| 35. Estimated Value By Type of Property                                                                                                                                                                  |  | A. Currency<br><b>41</b>                                                                                                                          |  | B. Jewelry<br><b>45</b>                                   |  | C. Furs<br><b>49</b>                                                                                                                                                                                                                                            |  | D. Clothing<br><b>53</b> |  | E. Local Autos<br><b>57</b>                                                                                                                                                                                                                                     |  | F. Miscellaneous<br><b>61</b> |  | G. Total<br><b>63</b> |  |
| 36. Other Officers at Scene<br><b>RANK: NONE</b>                                                                                                                                                         |  | (Name)                                                                                                                                            |  | Veh. No.                                                  |  | Command                                                                                                                                                                                                                                                         |  | Badge No.                |  | 37. Other Reports Submitted<br><input type="checkbox"/> B.T. 101 Continuation<br><input type="checkbox"/> B.T. 106 Arrest<br><input type="checkbox"/> B.T. 104 Property<br><input type="checkbox"/> B.T. 108 Vehicle<br><input type="checkbox"/> B.T. Statement |  |                               |  |                       |  |
| 38. Persons Arrested<br><b>NONE</b>                                                                                                                                                                      |  | (Name)                                                                                                                                            |  | Cent. Arr. No.                                            |  | 39. Witnesses<br><b>N/A</b>                                                                                                                                                                                                                                     |  | (Name and Residence)     |  | (Telephone No.)                                                                                                                                                                                                                                                 |  |                               |  |                       |  |
| 40. Teletype Alarm Number                                                                                                                                                                                |  | 41. Name of Detective Notified                                                                                                                    |  | 42. Signature of Reporting Officer<br><b>Thomas Smith</b> |  | 43. Cleared by Arrest or (Check Appropriate Box or Boxes)<br><input checked="" type="checkbox"/> Adult <b>71</b> <input type="checkbox"/> Juvenile <b>10</b> <input type="checkbox"/> Adult and Juvenile <input type="checkbox"/> Harassment Offender <b>78</b> |  |                          |  |                                                                                                                                                                                                                                                                 |  |                               |  |                       |  |
| 44. Status of Offense<br><input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared By Arrest <input type="checkbox"/> Not Cleared <input type="checkbox"/> Exceptional Circumstances <b>71</b> |  | 45. Status of Case<br><input type="checkbox"/> Pending Active <input type="checkbox"/> Pending Inactive <input type="checkbox"/> Closed <b>78</b> |  | 46. Class<br><b>1400/100</b>                              |  | 47. No-Class<br><b>78</b>                                                                                                                                                                                                                                       |  | 48. Key-Punched By:      |  | 49. Verified By                                                                                                                                                                                                                                                 |  |                               |  |                       |  |
| 50. Supervisor Approving & Classifying<br><b>1001</b>                                                                                                                                                    |  | (Date)                                                                                                                                            |  | 51. Time Approved                                         |  | 52. Indexed By:                                                                                                                                                                                                                                                 |  | 53. Number of Pages      |  |                                                                                                                                                                                                                                                                 |  |                               |  |                       |  |

| ORIGINAL                                                             |  | CO. OF                                                                                     |  | INVESTIGATION REPORT                                                                                                      |  | BIAS INCIDENT YES ( ) NO ( )                                                                                            |  | DOMESTIC VIOLENCE YES ( ) NO ( )                                                                                         |  |
|----------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|
| 1. DEPARTMENT<br><b>BRICK TWP POLICE</b>                             |  | 2. OFF NO.<br><b>NJ 0150600</b>                                                            |  | 3. OFFY CASE NO.                                                                                                          |  | 4. PAGE PAGE 1                                                                                                          |  | 5. RPT. NO.<br><b>56239-96</b>                                                                                           |  |
| 6. VICTIM NO.                                                        |  | 7. VICTIM / COMPLAINT / INCIDENT (LAST, FIRST, MIDDLE)<br><b>Kennedy Theresa</b>           |  | 8. OFFICER (NAME)<br><b>104425</b>                                                                                        |  | 9. AGENCY (NAME)                                                                                                        |  | 10. AGENCY (NAME)                                                                                                        |  |
| 11. ADDRESS<br><b>982 Rosewood Ave</b>                               |  | 12. CITY / STATE / ZIP<br><b>Brick NJ 08723</b>                                            |  | 13. SEX<br><b>F</b>                                                                                                       |  | 14. AGE<br><b>66</b>                                                                                                    |  | 15. RACE<br><b>W</b>                                                                                                     |  |
| 16. EMPLOYER / SCHOOL<br><b>N/A</b>                                  |  | 17. EMPLOYER / SCHOOL ADDRESS<br><b>N/A</b>                                                |  | 18. STREET / MAIL / PO BOX<br><b>N/A</b>                                                                                  |  | 19. BUSINESS / HOME PHONE<br><b>N/A</b>                                                                                 |  | 20. BUSINESS / HOME FAX                                                                                                  |  |
| 21. CRIME / INCIDENT<br><b>CRIM. VIOL.</b>                           |  | 22. N.J. STATUTES<br><b>1400</b>                                                           |  | 23. STATUS<br><input type="checkbox"/> ATTY. <input type="checkbox"/> CLCOMP. <input type="checkbox"/> COMP.              |  | 24. STATUS<br><input type="checkbox"/> ATTY. <input type="checkbox"/> CLCOMP. <input type="checkbox"/> COMP.            |  | 25. STATUS<br><input type="checkbox"/> ATTY. <input type="checkbox"/> CLCOMP. <input type="checkbox"/> COMP.             |  |
| 26. CRIME / INCIDENT LOCATION<br><b>982 Rosewood Ave</b>             |  | 27. MUNICIPAL CODE<br><b>15106</b>                                                         |  | 28. DIST. / AREA<br><b>3</b>                                                                                              |  | 29. DATE / TIME REPORTED<br><b>12-17-96 1724</b>                                                                        |  | 30. HOW RECEIVED<br><b>Phone</b>                                                                                         |  |
| 31. TOTAL HOURS / MIN<br><b>Cloudy</b>                               |  | 32. CHILDREN WITNESS<br><input type="checkbox"/> PRESENT <input type="checkbox"/> INVOLVED |  | 33. PRIOR COURT ORDER<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA  |  | 34. RESIDED TOGETHER<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA |  | 35. DOMESTIC VIOLENCE<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA |  |
| 36. WEATHER CONDITIONS<br><b>Cloudy</b>                              |  | 37. NUMBER OF UNITS ENTERED                                                                |  | 38. TECHNICAL SERVICES<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA |  | 39. TELETYPE NO.                                                                                                        |  | 40. ORIGINAL WARRANT / BAIL NO.                                                                                          |  |
| 41. TYPE OF VICTIM<br><input checked="" type="checkbox"/> INDIVIDUAL |  | 42. INJURY TYPE (UP TO 5)<br><input checked="" type="checkbox"/> NONE                      |  | 43. RELATIONSHIP OF VICTIM TO OFFENDER(S)<br><input checked="" type="checkbox"/> UNKNOWN                                  |  | 44. VICTIM IS<br><input checked="" type="checkbox"/> UNKNOWN                                                            |  | 45. TYPE OF WEAPON<br><input checked="" type="checkbox"/> UNKNOWN                                                        |  |
| 46. FINANCIAL                                                        |  | 47. REV. LACERATION                                                                        |  | 48. WIFE                                                                                                                  |  | 49. BOYFRIEND                                                                                                           |  | 50. FRIEND                                                                                                               |  |
| 49. BUSINESS                                                         |  | 51. BROKEN BONES                                                                           |  | 52. MOTHER                                                                                                                |  | 53. OFFSPRING                                                                                                           |  | 54. ROOMMATE                                                                                                             |  |
| 52. GOVERNMENT                                                       |  | 54. LOSS OF TEETH                                                                          |  | 55. STEP ...                                                                                                              |  | 56. FATHER                                                                                                              |  | 57. CHILD OF BF / GF                                                                                                     |  |
| 55. RELIGIOUS                                                        |  | 57. MINOR INJURY                                                                           |  | 58. EX ...                                                                                                                |  | 59. SON                                                                                                                 |  | 60. BABYSITTER                                                                                                           |  |
| 58. GEN. PUBLIC                                                      |  | 59. UNCONSCIOUSNESS                                                                        |  | 61. GRAND ...                                                                                                             |  | 62. DAUGHTER                                                                                                            |  | 63. BABYSITTER                                                                                                           |  |
| 60. OTHER                                                            |  | 62. FORT. INJ. INJURY                                                                      |  | 63. IN-LAW                                                                                                                |  | 64. BROTHER                                                                                                             |  | 65. EMPLOYER                                                                                                             |  |
|                                                                      |  | 64. OTHER MAJOR INJ.                                                                       |  | 65. HUSBAND                                                                                                               |  | 66. SISTER                                                                                                              |  | 67. EMPLOYEE                                                                                                             |  |
| 65. SUSPECT ACTIONS                                                  |  | 66. METHOD OF ENTRY                                                                        |  | 67. POINT OF ENTRY                                                                                                        |  | 68. LOCATION OF OFFENSE                                                                                                 |  | 69. TARGET                                                                                                               |  |
| 1. ALARM DISABLED                                                    |  | 1. UNKNOWN                                                                                 |  | 1. UNKNOWN                                                                                                                |  | 1. AIR / BUS / TRAIN TERMINAL                                                                                           |  | 1. UNKNOWN                                                                                                               |  |
| 2. ALCOHOL CONSUMED                                                  |  | 2. NOT APPLICABLE                                                                          |  | 2. NOT APPLICABLE                                                                                                         |  | 2. BANK / S & L                                                                                                         |  | 2. NOT APPLICABLE                                                                                                        |  |
| 3. ALCOHOL ON BREATH                                                 |  | 3. ALLOWED IN                                                                              |  | 3. FRONT                                                                                                                  |  | 3. BAR / NIGHT CLUB                                                                                                     |  | 3. ATTIC                                                                                                                 |  |
| 4. ATE / DRANK ON PREMISES                                           |  | 4. ATTEMPT ONLY                                                                            |  | 4. REAR                                                                                                                   |  | 4. CHURCH / SYNAGOGUE                                                                                                   |  | 4. BASEMENT                                                                                                              |  |
| 5. CASH DEMAND                                                       |  | 5. BOOTY FORCE                                                                             |  | 5. SIDE                                                                                                                   |  | 5. COMMERCIAL / OFFICE BLDG.                                                                                            |  | 5. BATHROOM                                                                                                              |  |
| 6. CASH DEMAND                                                       |  | 6. HIDE IN BLDG.                                                                           |  | 6. GROUND LEVEL                                                                                                           |  | 6. COMMON AREA / MULTI UNIT                                                                                             |  | 6. BEDROOM                                                                                                               |  |
| 7. COMPUTER EQUIP USED                                               |  | 7. KICKED                                                                                  |  | 7. UPPER LEVEL                                                                                                            |  | 7. CONSTRUCTION SITE                                                                                                    |  | 7. CASH REQ. / OTHER                                                                                                     |  |
| 8. DEMAND NOTE USED                                                  |  | 8. KNOB TWIST                                                                              |  | 8. ADJACENT BLDG.                                                                                                         |  | 8. CONVENIENCE STORE                                                                                                    |  | 8. CORN. OF MACHINE                                                                                                      |  |
| 9. DRUGS CONSUMED                                                    |  | 9. LOCK BOX                                                                                |  | 9. BASEMENT                                                                                                               |  | 9. DEPART. / DISCOUNT STORE                                                                                             |  | 9. CUSTOMER                                                                                                              |  |
| 10. EXIT PREPARED                                                    |  | 10. LOCK CUT / BROKEN                                                                      |  | 10. DOOR                                                                                                                  |  | 10. DRUG STORE / DR. OFF. / HOSP.                                                                                       |  | 10. DINING ROOM                                                                                                          |  |
| 11. GLOVES WORN                                                      |  | 11. LOCK PUNCHED                                                                           |  | 11. DUCT / VENT                                                                                                           |  | 11. FACTORY                                                                                                             |  | 11. DISPLAY ITEMS                                                                                                        |  |
| 12. KNEW LOC. OF HIDDEN PROP.                                        |  | 12. LOCK SLIPPED                                                                           |  | 12. FLOOR                                                                                                                 |  | 12. FIELD / WOODS                                                                                                       |  | 12. FAMILY ROOM                                                                                                          |  |
| 13. LOOKOUT USED                                                     |  | 13. OPEN / UNLOCKED                                                                        |  | 13. GARAGE                                                                                                                |  | 13. GAS STATION                                                                                                         |  | 13. GARAGE / CARPORT                                                                                                     |  |
| 14. MASK WORN / FACE HIDDEN                                          |  | 14. PRIED                                                                                  |  | 14. LOUVER                                                                                                                |  | 14. GOVERNMENT / PUBLIC BLDG.                                                                                           |  | 14. KITCHEN                                                                                                              |  |
| 15. MATCHES USED FOR LIGHT                                           |  | 15. REMOVED                                                                                |  | 15. PET DOOR                                                                                                              |  | 15. GROCERY / SUPERMARKET                                                                                               |  | 15. LIVING ROOM                                                                                                          |  |
| 16. PRETENDED TO BE                                                  |  | 16. SMASHED                                                                                |  | 16. ROOF                                                                                                                  |  | 16. HIGHWAY / ROAD / ALLEY                                                                                              |  | 16. OWNER / EMPLOYEE                                                                                                     |  |
|                                                                      |  | 17. TUNNELED                                                                               |  | 17. SLIDING DOOR                                                                                                          |  | 17. HOTEL / MOTEL / ETC.                                                                                                |  | 17. PEDESTRIAN                                                                                                           |  |
|                                                                      |  | 18. OTHER FORCED                                                                           |  | 18. WALL                                                                                                                  |  | 18. LAKE / WATERWAY                                                                                                     |  | 18. SAFE / BOX                                                                                                           |  |
|                                                                      |  | 19. OTHER NON FORCED                                                                       |  | 19. WINDOW                                                                                                                |  | 19. LIQUOR STORE                                                                                                        |  | 19. STORAGE / SHELF                                                                                                      |  |
|                                                                      |  |                                                                                            |  | 20. OTHER                                                                                                                 |  | 20. MAIL                                                                                                                |  | 20. VEHICLE                                                                                                              |  |
| 70. TOTAL VALUE OF PROPERTY                                          |  | 71. ORGANIZED GROUP NAME                                                                   |  | 72. YEAR                                                                                                                  |  | 73. MAKE                                                                                                                |  | 74. MODEL                                                                                                                |  |
| 75. VEHICLE OWNERS NAME                                              |  | 76. YEAR                                                                                   |  | 77. MAKE                                                                                                                  |  | 78. MODEL                                                                                                               |  | 79. OTHER / UNK.                                                                                                         |  |
| 79. BODY TYPE                                                        |  | 80. COLOR                                                                                  |  | 81. REGISTRATION NO.                                                                                                      |  | 82. STATE                                                                                                               |  | 83. V.T.N. / OTHER IDENTIFYING NO.                                                                                       |  |
| 84. MO / PERSONS                                                     |  | 85. W - WITNESS                                                                            |  | 86. R - PERSON REPORTING                                                                                                  |  | 87. S - SUSPECT                                                                                                         |  | 88. A - ARRESTEE                                                                                                         |  |
| 89. CODE                                                             |  | 90. NAME                                                                                   |  | 91. ADDRESS                                                                                                               |  | 92. CITY                                                                                                                |  | 93. STATE                                                                                                                |  |
| 94. PHONE                                                            |  | 95. DOB                                                                                    |  | 96. RACE                                                                                                                  |  | 97. SEX                                                                                                                 |  | 98. SSN                                                                                                                  |  |
| 99. WAS A SUSPECT ARRESTED?                                          |  | 100. YES / NO                                                                              |  | 101. CAN A SUSPECT BE DESCRIBED?                                                                                          |  | 102. YES / NO                                                                                                           |  | 103. CAN SUSPECTS VEHICLE BE IDENTIFIED?                                                                                 |  |
| 104. YES / NO                                                        |  | 105. CAN A SUSPECT BE NAMED?                                                               |  | 106. YES / NO                                                                                                             |  | 107. WAS THERE A KNOWN WITNESS TO THE CRIME?                                                                            |  | 108. YES / NO                                                                                                            |  |
| 109. YES / NO                                                        |  | 110. CAN A SUSPECT BE LOCATED?                                                             |  | 111. YES / NO                                                                                                             |  | 112. IS THERE A UNIQUE M.O. PRESENT?                                                                                    |  | 113. YES / NO                                                                                                            |  |
| 114. YES / NO                                                        |  | 115. PRINT NAME                                                                            |  | 116. SIGNATURE                                                                                                            |  | 117. RPT. DATE                                                                                                          |  | 118. RPT. TIME                                                                                                           |  |
| 119. RPT. DATE                                                       |  | 120. RPT. TIME                                                                             |  | 121. RPT. DATE                                                                                                            |  | 122. RPT. TIME                                                                                                          |  | 123. RPT. DATE                                                                                                           |  |
| 124. RPT. TIME                                                       |  | 125. RPT. DATE                                                                             |  | 126. RPT. TIME                                                                                                            |  | 127. RPT. DATE                                                                                                          |  | 128. RPT. TIME                                                                                                           |  |

56239-96



DCR    D AR

NARRATIVE / CONTINUATION REPORT

☐ SI    ☐ BU    ☐ F

1. ESTD 10/31

BRICK TOWNSHIP

2. DATE

1508

3. DIST. CODE

4. PREC. NO. 2

5. FILE NO.

58234-76

I Responded To 982 Rosewood on Tue a CRIM. INST. Report  
 Upon Arrival I met w/ Theresa Kennedy 1 Resident who stated at approx  
 1715 12-7-96 her doorbell rang. When she opened the door No one was there  
 But she noticed her Christmas lights ripped down from the Garage  
 and Bulbs in the Street.

I spoke w/ Area J.V.'s [redacted] Rosewood

[redacted] 12 y.o. who stated that Person suspects [redacted]

[redacted] 12 y.o.A., [redacted] 10 y.o., and [redacted] 11 y.o.

N.F.T.

INVESTIGATION REPORT

BRICK TWP POLICE NJ 0150600

1-1 LONE, PATRICK 78331

913 Rossmore Ave. Brick Twp NJ 08723

CNC PAINTING

CRIMINAL

THEFT

RT9, TOMERVENA

1930 MON 8/25/97

2100 MON 8/25/97

8/25/97 2125

DISP

1576

61 INJURY TYPE

62 RELATIONSHIP OF VICTIM TO OFFENDER(S)

63 TOOLS USED

64 TYPE OF WEAPON

65 SUSPECT ACTIONS

66 METHOD OF ENTRY

67 POINT OF ENTRY

68 LOCATION OF OFFENSE

69 TARGET

70 OTHER

71 OTHER

72 OTHER

73 OTHER

74 OTHER

75 OTHER

76 OTHER

77 OTHER

78 OTHER

79 OTHER

80 OTHER

81 OTHER

82 OTHER

83 OTHER

84 OTHER

85 OTHER

86 OTHER

87 OTHER

88 OTHER

89 OTHER

90 OTHER

91 OTHER

92 OTHER

93 OTHER

94 OTHER

95 OTHER

96 OTHER

97 OTHER

98 OTHER

99 OTHER

100 OTHER

IN

AR

NARRATIVE / CONTINUATION REPORT

IN

BU

IN

1. OFFENSE

BRICK TOWNSHIP

2. OFF NO

1506

3. CASE, DATE RE

4. PAGE, DATE RE

5. INCIDENT NO

38457-97

I RESPONDED TO THE ABOVE ADDRESS FOR  
CRIMINAL MISCHIEF & THEFT.

THE VICTIM STATES UNKNOWN SUBJECTS  
SMASHED FLOWER POTS IN HIS BACKYARD. THEY  
ALSO BROKE IN VASE SEVERAL RAKES.

THE SUBJECTS ENTERED THE SHED IN THE BACK  
YARD, WHERE THE RAKES WERE STORED. IT  
WAS UNLOCKED.

THE SIDE, GROUND LEVEL CRAWL SPACE DOOR  
WAS PULLED OPEN.

THE GARBAGE IN FRONT OF THE HOUSE WAS  
THROWN IN THE STREET.

FURTHER, SOMEONE EARLY LAST WEEK CUT  
DOWN A WHITE MESH HAMMOCK FROM 2 TREES  
IN THE BACKYARD AND REMOVED IT.

AREA RESIDENTS SAW AND HEARD NOTHING.