

TAB K

N 9

3501 PATROL INFORMA

LOS07 - 0508043422 OS

05/08/07 TUE

INCIDENT - 3501 PATROL INFORMA

1585 S ROCHESTER RD

ROH

*S/EDINGTON

RECEIVER: 00937

ORGIN: TELEPHONE

-CAL-	-RCV-	-DIS-	-ARV-	-CLR-
11:03:53	11:04:29	11:05:06	0	11:48:31

DISPATCHER: 00940

UNITS SENT: 0212

BADGES: 00228

0:36	0:37	No Data Available	No Data Available
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BEAT: OSR4

AREA: ROH

SECTOR: OSSE

COMPLAIN: VENNETTILLI,CORNELL

2487600424

ACTIVITY:

Unit Id	DISPATCH	ENR	ARRIVED	CLEAR	ARV Hosp.	ENR Hosp.	Other ENR	Other ARV	DISP	Officer 1	Officer 2
0212	11:05:06	--:--:--	--:--:--	11:48:31	--:--:--	--:--:--	--:--:--	--:--:--		00228 HAWKEYJ	

11:04:29	THIS IS A REPORTABLE OFFENSE	BY: 00937
11:04:29	B&E RPT- VACANT HOME COMPL OWNS- COPPER TUBING/WIRES TAKEN	BY: 00937
11:04:29	*SC IN BLK MERCEDES ETA 5-10MINS*	BY: 00937
11:04:29	Original Location : *S/EDINGTON	BY: 00937
11:48:26	EP ONLY REQUESTED	BY: 00940
11:48:26	THIS OFFENSE DOES NOT REQUIRE A REPORT	BY: 00940

CLO 9
3318 FOUND PROPERTY

LOS06 - 0901090277 OS
09/01/06 FRI

INCIDENT - 3318 FOUND PROPERTY
267 MYSTIC VALLEY ROH
*EDDINGTON WOODS SUB

RECEIVER: 00990 ORGIN: 911 -CAL- -RCV- -DIS- -ARV- -CLR-
DISPATCHER: 00908 11:28:18 11:31:00 11:49:15 12:04:13 12:09:13
UNITS SENT: 0219 BADGES: 00812 2:42 18:15 14:58 0:05:00
BEAT: OSR4
AREA: ROH
SECTOR: OSSE
COMPLAIN: VENNETILLI,CORNELL, 2487600424
42:39:38N,83:07:38W

ACTIVITY:

Unit Id	DISPATCH	ENR	ARRIVED	CLEAR	ARV Hosp.	ENR Hosp.	Other ENR	Other ARV	DISP	Officer 1	Officer 2
0219	11:49:15	--:--:--	12:04:13	12:09:13	--:--:--	--:--:--	--:--:--	--:--:--		00812 ZANICHELLID	

11:31:01 ACROSS FROM THE ABOVE ADDRESS/APPEARS TO HAVE BEEN BROKEN INTO BY: 00990
11:31:01 Original Location : *EDDINGTON WOODS SUB BY: 00990
11:31:01 THIS IS A REPORTABLE OFFENSE BY: 00990
11:31:01 FOUND PROPERTY/COMP BELIEVES HIS LAWN CREW MAY HAVE FOUND A SAFE, WAS BY: 00990
11:31:01 IN SOME WEEDS THEY WERE CUTTING DOWN TO DEVELOP THE NEW SUB/WILL BE BY: 00990
12:09:12 COMPLAINANT WAS GOA. DEP. LOCATED SAFE (JUNK) NO VALUE FILLED WITH TRASH. BY: 00812
12:09:12 ITEM IS TO BIG & HEAVY TO BE REMOVED FROM THE SCENE BY DEPUTY. BY: 00812

REPORT

ORI # MI 6316300

DATE 10/08/07	DAY MON	SHIFT 02	PLAT 07	BADGE 1 848	BADGE 2	UCR CLO	ADMIN CLO	YEAR 07	INCIDENT # 105182
RECEIVED	DISPATCHED 1412	ARRIVED 1420	COMPLETED 1500	DATE(S) OCCURRED 09/01/07	10/08/07	TIME(S) OCCURRED unk	HOUR 27	DAY UNK	
LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1585 S Rochester					LOCATION 2 (INTERSECTING STREET) Hamlin				
CITY Rochester Hills			STATE MI	ZIP 48309	CODE	BUSINESS NAME			BUSINESS PHONE
ESTAB CODE 1200	ORIGIN <input checked="" type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER	HOW ACTIVATED <input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input checked="" type="checkbox"/> DISP <input type="checkbox"/> OTHER	REPORT TAKEN <input checked="" type="checkbox"/> SCENE <input type="checkbox"/> STATION	<input type="checkbox"/> PHONE <input type="checkbox"/> OTHER	REC BADGE	DISP BADGE	UNIT 1 214	UNIT 2	
NATURE OF INCIDENT #1 Burglary - No Force - Non-Residential		ATT <input type="checkbox"/>	CRIME CLASS 0522	ALC DRUGS COMP <input type="checkbox"/> <input type="checkbox"/>	BIAS 99	WEAPON 99	# PREM	ACTIVITY	POINT OF ENTRY / ATTACK
NATURE OF INCIDENT #2		ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS COMP <input type="checkbox"/> <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	METHOD OF ENTRY / ATTACK
NATURE OF INCIDENT #3		ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS COMP <input type="checkbox"/> <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	TOOL / OBJECT / WEAPON
NATURE OF INCIDENT #4		ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS COMP <input type="checkbox"/> <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OTHER CHARACTERISTICS

ES (1)REPT'D BY (2)OWNER (3)VICT (4)PERS INTERV (5)ARREST (6)SUSP (7)MISS'G (8)WITN (9)SECUR'D BY (O)JUV ARESST (D)DRIVER (P)PASSNGR (R)RESPONSIBLE (S)SUMMONED (X)MISC

CODE	VICT #	ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	VICTIM TO RECEIVE CVRA NOTICE
CODE C12		NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP) Vennettilli, Cornelle, GENE	WM		8-15-46	51	Owner
ADDRESS 1585	(DIRECTION, STREET, SUFFIX, QUALIFIER) S Rochester		CITY Rochester Hills			STATE MI	ZIP 48309
HOME PHONE	BUSINESS PHONE (248) 760 0424	STATE	DRIVER'S LICENSE #	CONN <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	TYP	REL TO OFF #	INJ V CIRC JHC

PE	CODE R1	OFN #	NAME (LAST, FIRST, MIDDLE, SUFFIX) Unknown	RAC	SEX	DOB	AGE		
ADDRESS		(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY			STATE	ZIP
HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR	LENGTH	STYLE	BUILD	SKIN TONE
STATE	DRIVER'S LICENSE #	SOC SEC #	SID #	FBI #	MISC #				

ALIAS (MAIDEN NAME, LAST, FIRST, MIDDLE, SUFFIX)	COMMENTS / CLOTHING / ETC.	VIOLATION											
ARREST CHR 1	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHR 2	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS

STATUS	MCN	CLR	Armed at Arrest	ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL	STATUS 1 <input type="checkbox"/> JAILED 2 <input type="checkbox"/> RELEASED 3 <input type="checkbox"/> APPEARANCE TCKT 4 <input type="checkbox"/> NOT ARRESTED	FINGERPRINTS <input type="checkbox"/> YES <input type="checkbox"/> NO	CHR <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTION REQUESTED 1 <input type="checkbox"/> ARREST WARRANT 2 <input type="checkbox"/> SEARCH WARRANT 3 <input type="checkbox"/> PADLOCK 4 <input type="checkbox"/> INJUNCTION 5 <input type="checkbox"/> FORFEITURE 6 <input type="checkbox"/> OTHER
(H)HOLD (S) STOLEN (Y) CONTERFEIT (E) EVIDENCE (L) LOST (A) ATTACKED (R) RECOVERED (F) FOUND (C) CONFISCATED (X) IMPOUNDED (V) SUSPECT VEHICLE (B) BURNED									
CODE	DESCRIPTION Sink	PROP TYPE	QUANTITY 1	YEAR	MAKE Unknown	MODEL Unknown			

STYLE	COLORS	MONTH	YEAR	STATE	LICENSE PLATE	SERIAL / VIN # Unknown			
TOKEN 50.00	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NCIC #			
COMMENTS / INSURANCE COMPANY / LEIN HOLDER / BANK			REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DG TYPE	DRUG AMOUNT	MEAS

BRIEF SUMMARY OF OFFENSE
TITLE / SUMMARY) See Narrative Page.

INVESTIGATING OFFICER(S) ackie, M #848	REVIEWED BY 333 12/24	ASSIGNED TO WOODSTEN	I affirm the above information is true and correct. O.I.C. Signature _____
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RECORD BUREAU

07-105182

PROPERTY REPORT

P.O.# _____

PRIMARY SUPP PAGE **2** OF **3**

01	DATE 100807	DAY MON	SHIFT 02	PLAT 07	BADGE 1 848	BADGE 2	UCR	ADMIN	YEAR 07	INCIDENT # 105182
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CODES (H)HOLD (S)STOLEN (Y)COUNTERFEIT (E)EVIDENCE (L)LOST (A)ATTACKED (R)RECOVERED (F)FOUND (C)CONFISCATED (X)IMPOUNDED (V)SUSPECT VEHICLE (B)BURNED

02	CODES S	DESCRIPTION Cupboards/Counters	PROP TYPE	QUANTITY 4	YEAR	MAKE UNK	MODEL
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03	STYLE	COLOR(S) Bro	MONTH	YEAR	STATE	LICENSE	SERIAL/VIN #
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04	STOLEN \$ \$1000	DAMAGED \$	RECOVERED \$	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NIC #
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05	COMMENTS / INSURANCE COMPANY / LEIN HOLDER / BANK			REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DR TYPE	DRUG AMT	MEA
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06	COMMENTS									
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07	CODES S	DESCRIPTION Dishwasher	PROP TYPE	QUANTITY 1	YEAR	MAKE Unk	MODEL Unk
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08	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL/VIN # Unk
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09	STOLEN \$ \$50.00	DAMAGED \$	RECOVERED \$	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NIC #
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10	COMMENTS / INSURANCE COMPANY / LEIN HOLDER / BANK			REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DR TYPE	DRUG AMT	MEA
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11	COMMENTS									
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12	CODES S	DESCRIPTION Range	PROP TYPE	QUANTITY	YEAR	MAKE Unk	MODEL Unk
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13	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL/VIN # Unk
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14	STOLEN \$ \$50.00	DAMAGED \$	RECOVERED \$	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NIC #
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15	COMMENTS / INSURANCE COMPANY / LEIN HOLDER / BANK			REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DR TYPE	DRUG AMT	MEA
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16	COMMENTS									
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17	CODES S	DESCRIPTION Refridgerator	PROP TYPE	QUANTITY 1	YEAR	MAKE Unk	MODEL Unk
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18	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL/VIN # Unk
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19	STOLEN \$ \$50.00	DAMAGED \$	RECOVERED \$	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NIC #
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20	COMMENTS / INSURANCE COMPANY / LEIN HOLDER / BANK			REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DR TYPE	DRUG AMT	MEA
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21	COMMENTS									
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22	CODES	DESCRIPTION	PROP TYPE	QUANTITY	YEAR	MAKE	MODEL
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23	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL/VIN #
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24	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NIC #
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25	COMMENTS / INSURANCE COMPANY / LEIN HOLDER / BANK			REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DR TYPE	DRUG AMT	MEA
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26	COMMENTS									
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NARRATIVE

RECORDS DIVISION

NARRATIVE REPORT

PO #

SUPPRESS PRIMARY SUPP PAGE 3 OF 3

<u>DATE</u> 100807	<u>DAY</u> Mon	<u>SHIFT</u> 02	<u>PLAT</u> 07	<u>BADGE 1</u> 848	<u>BADGE 2</u>	<u>INCIDENT STATUS</u> <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	<u>CRIME CLASS</u>	<u>YEAR</u> 07	<u>INCIDENT #</u> 105182
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- 1 SOURCE: Dispatched
- 2 INFORMATION/INTERVIEW W/ Cornelle Vennettilli:
- 3 Writer arrived at listed address & met with Building Owner Cornelle Vennettilli.
- 4 Mr. Vennettilli states the listed property is unlivable with mold throughout & is "Falling down".
- 5 Mr. Vennettilli states that he has had previous break-ins to his property in the past and the responsible took the
- 6 copper piping on the last incident.
- 7 On the current incident Mr. Vennettilli states that someone entered the building from the open & unlocked
- 8 garage door.
- 9 Mr. Vennettilli states the responsible then entered the kitchen area & stripped the counter tops, Sink, Kitchen
- 0 Cabinets then took the dishwasher, Range & Refrigerator.
- 1 OBSERVATION: Writer was shown the kitchen area that was empty of appliances, counter tops, cupboards &
- 2 the sink.
- 3 The date of the current larceny is unknown to Compt. Vennettilli and possibly happened 3 to 4 weeks ago.
- 4 ACTION TAKEN: Report written & number given.
- 5 STATUS: Closed/ Unknown suspects

RECEIVED
OCT 10 2007

<u>INVESTIGATING OFFICER(S)</u> <i>[Signature]</i>	<u>REVIEWED BY:</u>	<u>ASSIGNED TO:</u>	I affirm the above information is true and correct. O.I.C. Signature _____
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NARRATIVE REPORT

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	CRIME CLASS	YEAR	INCIDENT #
10-10-07	Wed	02	07	377		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	0522	07	105182

1 SUPPLEMENT TO REPORT # 07-105182.

2

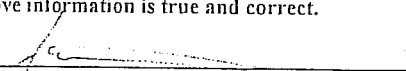
3 **INFORMATION:** On today's date I spoke to the complainant Cornelle Vennettilli. Cornelle stated the
4 building is an old farm house which is "falling down" and in need of major repairs. Cornelle stated the items
5 taken from the house were put in the house 10-15 years ago for a renter and are very old with no value.
6 Cornelle stated there is a subdivision behind the property but nothing in the general area. Cornelle stated there
7 is no insurance on the residence and would like to have extra patrol on the building.

8

9 **ACTION TAKEN:** EP logged at the sub station.

10

11 **STATUS:** Closed.

INVESTIGATING OFFICER(S) J. Woods 377	REVIEWED BY: 725	ASSIGNED TO:	I affirm the above information is true and correct. O.I.C. Signature 
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