





# INCIDENT / OFFENSE REPORT

Pawhuska Police Department

128 West Main, Pawhuska OK 74056 (918) 287-4545

CASE NUMBER

2020-091

## SUSPECT / ARRESTEE

NO	1	TYPE	Suspect	SEX	M	RACE	W	DOB	09/1972
NAME	WALKER, ROBERT JAMES JUNIOR.	HAIR	BRO	EYES	BRO	ETHNICITY			
HGT	5 Ft. 11 In.	WGT	150	SSN	xxxx	DL #	xxxx		
STATUS		RESIDENT	No	PHONE	xxxx				
ADDRESS	xxxx								

ARREST DATE	TYPE OF ARREST
ARREST AGENCY	ARRESTING OFFICER
ARREST LOCATION	
MULTI CLEARANCE	DWI ARREST
BOOKING NUMBER	BOOKED / WHERE
WEAPON CODE(S)	LOCAL ARREST ID
SEARCH OFFICER	SEARCH

JUVENILE SECTION	DATE / TIME NOTIFIED
PARENT NOTIFIED	NOTIFIED BY
PERSON NOTIFIED	
JUV. DISPOSITION	

## VICTIM

NO	1	TYPE	Individual	VICTIM OF OFFENSE	23F	DOB	
NAME	E, A	SEX	F	RACE	W	ETHNICITY	
HGT	0 Ft. 0 In.	WGT	0	HAIR			
STATUS		RESIDENT	No	SSN	xxxx	DL #	xxxx
ADDRESS	xxxx			PHONE	xxxx		

TYPE OF INJURY  
 LOCATION OF INJURY  
 OFFENDER / RELATIONSHIP  
 WALKER, ROBERT JAMES JUNIOR.



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## REPORT PERSON / WITNESS / OTHER

<b>NO</b>	1	<b>TYPE</b>	Witness	<b>SEX</b>	F	<b>RACE</b>	B	<b>DOB</b>	
<b>NAME</b>	C, M	<b>WGT</b>	120	<b>HAIR</b>	BLK	<b>EYES</b>	BRO	<b>ETHNICITY</b>	Not Hispanic
<b>HGT</b>	5 Ft. 10 In.	<b>RESIDENT</b>	No	<b>SSN</b>	xxxx	<b>DL #</b>	xxxx	<b>PHONE</b>	xxxx
<b>STATUS</b>									
<b>ADDRESS</b>	xxxx								

## MISSING / RUNAWAY PERSON

### NO MISSING / RUNAWAY PERSON REPORTED

<b>NO</b>		<b>TYPE</b>		<b>SEX</b>		<b>RACE</b>		<b>DOB</b>	
<b>NAME</b>		<b>WGT</b>		<b>HAIR</b>		<b>EYES</b>		<b>ETHNICITY</b>	
<b>HGT</b>		<b>RESIDENT</b>		<b>SSN</b>		<b>DL #</b>		<b>PHONE</b>	
<b>STATUS</b>									
<b>ADDRESS</b>									

LAST SEEN DATE  
 LAST SEEN WITH  
 LAST SEEN LOCATION

DESCRIPTION

FOUND DATE  
 FOUND WITH  
 FOUND LOCATION  
 CIRCUMSTANCES



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## OFFENSE

**NO** 1

**OFFENSE** 23F - Burglary/Larceny/Theft - From Motor Vehicle

**OFFENDER OF OFFENSE**

WALKER, ROBERT JAMES JUNIOR.(47)

**VICTIM OF OFFENSE**

E, A (17)-Victim was Acquaintance

**CHARGE FROM** Non-Arrest

**CHARGE TYPE** Statute Based ( as Felony)

**CHARGE DESCRIPITON**

Burglary in the second degree: breaks into any building , room, booth, tent, railroad car, automobile, truch, trailer, vessel where any property is kept or vending machine, with intent to steal any property or to commit any felony.

**OFFENSE COMPLETED** Yes

**SUSPECT OF USING** Alcohol

**MOTIVATE HATE BIAS**

**OFFENSE LOCATION** 15 Hillcrest Dr

**GEO LOCATION** Osage County

**PREMISE TYPE NAME** Roadway

**PREMISE TYPE** Highway/Road/Alley (include street)

**APPLIES TO BREAKING & ENTERING ONLY**

**METHOD OF ENTRY**

**TIME OF ENTRY**

**# OF PREMISES ENTERED**

**TYPE OF STRUCTURE**

**APPLIES TO STOLEN VEHICLE ONLY**

**TYPE OF STOLEN VEHICLE**

**CRIMINAL ACTIVITY**

**WEAPON INVOLVED**

**AGGRAVATED ASSAULT / HOMICIDE CIRCUMSTANCES (APPLY TO HOMICIDE ONLY)**

**SITUATION**

**CIRCUMSTANCES**

**MURDER / NON-NEGLIGENT MANSLAUGHTER**

**NEGLIGENT MANSLAUGHTER**

**ADDITIONAL / JUSTIFIABLE HOMICIDE**



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## VEHICLE

**NO** 1                      **OWNER** EASLEY, ABIGAIL  
**TYPE** Theft From      **TAG NO.** abigail                      **STATE** Oklahoma      **TAG YEAR**  
**VIN NO.**                      **VEH. YEAR**  
**MAKE** Ford                      **MODEL** F-150  
**STYLE** Truck - Pickup                      **COLOR** Black  
**EST. VALUE**

**IMPOUNDED BY**  
**DISTINGUISHING MARK**

**IN CAR PROPERTY**

## RECOVERED SECTION

**DATE RECOVERED**  
**RECOVERED VALUE** 0.00  
**RECOVERING AGENCY**

## PROPERTY

**TYPE OF LOSS CODES**  
1. NONE                      3. COUNTERFEITED/FORGED                      5. RECOVERED                      7. STOLEN  
2. BURNED                      4. DESTROYED/DAMAGED/VANDALIZED                      6. SEIZED

No	IBR	Quan.	Description	Serial #	Loss Code	Desc. Code	NCIC #	Est. Value	Recovered
1	23F	6.00	cell phones		7	77		3000.00	



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## SIGNATURE

It is unlawful to falsely report a crime.

Will you prosecute (yes/no) \_\_\_\_\_ Report submitted to DA (yes/no) \_\_\_\_\_  
Officer Initial / Signature

\_\_\_\_\_  
Reported By Print                      Reported By Signature                      Date

\_\_\_\_\_  
Reported By (2) Print                      Reported By (2) Signature                      Date

\_\_\_\_\_  
Reported By (3) Print                      Reported By (3) Signature                      Date

\_\_\_\_\_  
Victim / Witness Print                      Victim / Witness Signature                      Date

\_\_\_\_\_  
Victim / Witness (2) Print                      Victim / Witness (2) Signature                      Date

\_\_\_\_\_  
Reporting Officer Print                      Reporting Officer Signature                      Date

\_\_\_\_\_  
Reviewed Officer Print                      Reviewed Officer Signature                      Date

PUBLIC