

DENIAL/PARTIAL DENIAL EXPLANATION FORM

- ☒ 5 ILCS 140 7(1)(b) Redacted items are “private information” as defined by Section 2 (c-5) of the Act and may include: social security numbers, driver’s license numbers, personal financial information, medical records, biometric identifiers and home or personal telephone numbers and addresses.
- ☒ 5 ILCS 140 7(1)(d)(iv) Redacted items include information that reveals the identity of a confidential source or of a person(s) filing complaints with or providing information to law enforcement.
- ☐ 5 ILCS 140 7(1)(d)(v) Redacted items include information that discloses unique or specialized investigative techniques other than those generally used and known.
- ☒ 5 ILCS 140 7(1)(a) Redacted items include information specifically prohibited from disclosure by State law or rules and regulations implementing State Law. Specifically 20 Ill Admin. Code 1240.80(d) which states that LEADS data shall not be disseminated to any individual or organization that is not legally authorized to have access to the information.
- ☒ 5 ILCS 140 7(1)(c) Redacted items include information that if disclosed would constitute an unwarranted invasion of personal privacy (date of birth, witness statements, etc...).
- ☐ 5 ILCS 140 7(1)(a) Denied/redacted item(s) include information specifically prohibited from disclosure by State law or rules and regulations implementing State Law. Specifically the Juvenile Court Act of 1987, 705 ILCS 405/5-905 which prohibits the release of law enforcement records concerning juveniles unless the requestor falls within one of the exemptions contained within 705 ILCS 405/5-905.
- ☒ 5 ILCS 140 7(d)(i) Denied/redacted item(s) include report(s) that if disclosed, would interfere with pending and reasonably contemplated law enforcement proceedings conducted by the Downers Grove Police Department.
- ☐ 5 ILCS 140 7(d)(vi) Denied/redacted item(s) include information that if disclosed would endanger the life and physical safety of law enforcement personnel or any other person.
- ☒ 5 ILCS 140 7(d)(vii) Denied/redacted item(s) include information the if disclosed would obstruct an ongoing criminal investigation by the Downers Grove Police Department.
- ☐ 5 ILCS 140 7.5(cc) Denied/redacted item(s) include recordings made under the Law Enforcement Officer-Worn Body Camera Act, except to the extent authorized under that Act.
- ☐ Other-Specify



Downers Grove Police Department

Calls For Service Sheet

ORI : IL0220600

Print Date : 06/23/2022

Page 1 of 4

CFS: DGP22019555

Calls For Service Information

Summary Information

Case Number: DGPC2201938

CAD Event ID: 4489114

Title Event: [REDACTED]

Type: [REDACTED]

Call Type: [REDACTED]

Call SubType: DEFAULT

Source : PHONE

Priority: 2

Situation Found:

Dispatched:

Premise:

Disposition: INCIDENT REPORT

Call Date: 06/13/2022 06:48

Date Received: 06/13/2022 06:48

ESN: 25001

Event Location: [REDACTED] DOWNERS GROVE, IL

Common Place Name:

Reported Event Location:

Dispatch Information

Domestic Violence: ☐

1st Unit Dispatched: 06/13/2022 06:49 1st Unit EnRoute: 06/13/2022 06:50 1st Unit Arrived: 06/13/2022 06:54

Dispatched ID: 640061

1st Transport Enroute:

1st Transport Arrived:

Status: ASSIGNED

Received: 06/13/2022 06:48

Entered: 06/13/2022 06:48

Occurred: 06/13/2022 06:48

Hold:

Cleared: 06/13/2022 13:46

Completed: 06/13/2022 13:46

Officer Information

Primary Officer: RYAN, MATTHEW (170147)

At Time Of Geo Information

District:

Esz: 25001

Calls

Call Information

Call Date: 06/13/2022 06:48

Call Source: PHONE

Call Identifier:

Caller Information

Last/Full Name:

Phone: [REDACTED]

Street Address:

City, State, Zip:

Notes:

Calls For Service Sheet

Print Date : 06/23/2022

CFS: DGP22019555

Page 2 of 4

Unit Information

Unit : 1P1

Officer:

Dispatched:

En Route:

Arrival: 06/13/2022 06:54

Cleared:

Dispatched: 06/13/2022 06:49

En Route:

Arrival:

Cleared:

Unit : 1P2

Officer: RYAN, MATTHEW

Dispatched:

En Route:

Arrival: 06/13/2022 06:54

Cleared:

Dispatched: 06/13/2022 06:50

En Route:

Arrival:

Cleared:

Dispatched:

En Route: 06/13/2022 06:50

Arrival:

Cleared:

Unit : 1P3

Officer: PRIEBE, MATTHEW

Dispatched:

En Route:

Arrival: 06/13/2022 07:19

Cleared:

Dispatched: 06/13/2022 07:15

En Route:

Arrival:

Cleared:

Dispatched:

En Route: 06/13/2022 07:15

Arrival:

Cleared:

Unit : 1P30

Officer:

Dispatched:

En Route:

Arrival: 06/13/2022 07:00

Cleared:

Dispatched: 06/13/2022 06:56

En Route:

Arrival:

Cleared:

Unit : 1P4

Officer: GUZMAN, JAVIER

Dispatched:

En Route:

Arrival: 06/13/2022 06:56

Cleared:

Dispatched: 06/13/2022 06:49

En Route:

Arrival:

Cleared:

Calls For Service Sheet

Print Date : 06/23/2022

CFS: DGP22019555

Page 3 of 4

Dispatched:

En Route: 06/13/2022 06:51

Arrival:

Cleared:

Unit : 1P5

Officer: BUZECKY, SCOTT

Dispatched: 06/13/2022 12:10

En Route:

Arrival:

Cleared:

Dispatched:

En Route: 06/13/2022 12:12

Arrival:

Cleared:

Unit : 1P55

Officer: MAROCCO, ALESSIA

Dispatched:

En Route:

Arrival: 06/13/2022 07:53

Cleared:

Dispatched: 06/13/2022 07:53

En Route:

Arrival:

Cleared:

Unit : 1P56

Officer:

Dispatched:

En Route:

Arrival: 06/13/2022 07:53

Cleared:

Dispatched: 06/13/2022 07:53

En Route:

Arrival:

Cleared:

Remarks

Calls For Service Sheet

CFS: DGP22019555

Print Date : 06/23/2022

Page 4 of 4

Person

Person Information

Name:	License Number:	Drivers License State:
Drivers License Class:	Date Of Birth:	Age:
Sex:	Race:	Eye Color:
Hair Color:	Weight:	Height:
Remarks:		

Calls For Service Related Incidents

Incident Number: DGPC220193 Reported Date: 06/13/2022 06:48 Reporting Officer: RYAN, MATTHEW Status: ACTIVE
Occured On: 06/12/2022 22:30 Occured To: 06/13/2022 06:48 Approval Status: APPROVED Primary Offense: Not Found
Location: DOWNERS GROVE, IL 60515

Calls For Service Related Impound/Tow

Towing Number	Barcode Number	Status	Plate	State	Make	Model
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Incident Report

DOWNERS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNERS GROVE, IL 60515
(630) 434-5600

Incident # DGPC2201938	Case Title DEATH INVESTIGATION	CAD Incident # DGP22019555
Primary Offense		Page 1 of 3
Date / Time Occurred 6/12/2022 22:30:00 to 6/13/2022 06:48:00		Date / Time Reported 6/13/2022 06:48:00

Arrested Suspects	Additional Suspects	Unknown Suspects	Victims	Other Persons 4	Vehicles	Items	Leoka Count
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Incident Details	
Disposition PENDING	Disposition Date
Reason for Contact	Officer Involved
Case Status ACTIVE	Case Status Date/Time
Officer Firearm	Duty Status

Elements of the Incident					
<input type="checkbox"/> Alcohol	<input type="checkbox"/> CIT	<input type="checkbox"/> Domestic	<input type="checkbox"/> Drug	<input type="checkbox"/> Gang	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Pursuit	<input type="checkbox"/> Transient	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Article 36	<input checked="" type="checkbox"/> Forward to Investigations

Incident Address				
Street Address				
City DOWNERS GROVE	State Illinois	Zip 60515	County DUPAGE	Beat DP02

Administrative Info			
Reporting Officer RYAN.MATTHEW	Employee Number 170147	Approving Supervisor ANDLER.HARRY	
Assisted By MEDER,STEVEN	Assisted By STULTS.CODY	Assisted By XU.MENGLIN MIKE	

OTHER PERSON	Person Type COMPLAINANT	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height 5'06"	Weight 130	Hair Color BROWN
		Hair Length
		Eye Color BLUE
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class D
Driver's License #	DL State Illinois	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address			
Street Address			
City	State	Zip	County

Other Person Employment Information			
Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type DECEASED	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
CASTEN, GWEN A		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build THIN
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address			
Street Address			



Incident Report
 DOWNERS GROVE POLICE DEPARTMENT
 825 BURLINGTON AVE
 DOWNERS GROVE, IL 60515
 (630) 434-5600

Incident # DGPC2201938	Case Title DEATH INVESTIGATION	CAD Incident # DGP22019555
Primary Offense		Page 2 of 3
Date / Time Occurred 6/12/2022 22:30:00 to 6/13/2022 06:48:00		Date / Time Reported 6/13/2022 06:48:00

City	State	Zip	County
Other Person Employment Information			
Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER RELATIVE	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
5'2"		BROWN
		Hair Length
		MEDIUM/AVERAGE
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address			
Street Address			
City	State	Zip	County
Other Person Employment Information			
Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
MEDERICH, KERI L		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
5'04"	135	BLONDE
		Hair Length
		Eye Color
		HAZEL
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
		D
Driver's License #	DL State	Transported To
	Illinois	Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		630-407-2642
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address			
Street Address			
City	State	Zip	County
Other Person Employment Information			
Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
DUPAGE COUNTY CORONERS OFFICE	DEPUTY CORONER		
Street Address			
414 N COUNTY FARM RD			
City	State	Zip	County
WHEATON	Illinois	60187	

Narrative Information

This incident was recorded on a BWC.



DOWNERS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNERS GROVE, IL 60515
(630) 434-5600

Incident Report

Incident # DGPC2201938	Case Title DEATH INVESTIGATION	CAD Incident # DGP22019555
Primary Offense		Page 3 of 3
Date / Time Occurred 6/12/2022 22:30:00 to 6/13/2022 06:48:00		Date / Time Reported 6/13/2022 06:48:00

On 06/13/2022, at approximately 0648 hours, I, Officer Ryan #7, Officer Meder #35, and Officer Stults # 17 were dispatched to a [REDACTED]

[REDACTED]

[REDACTED]

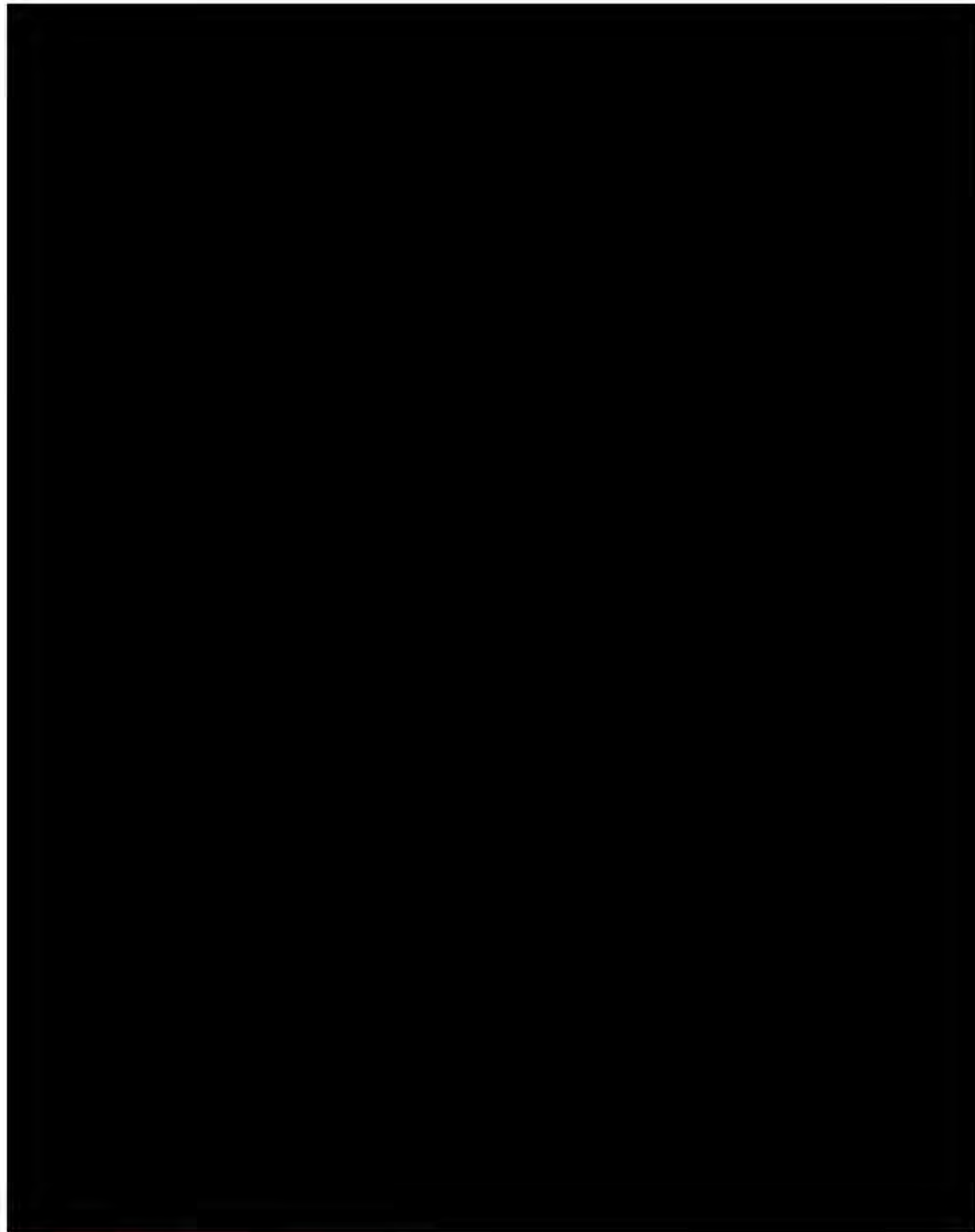
[REDACTED]

Ofc. Stults conducted evidence technician work. See his supplement for further detail.

Det. Marocco #64 and Det. Xu #28 responded to the scene and took over the investigation. See their supplement for further.

The coroner was contacted at approximately 0844 hours. Keri Mederich #412 responded to the scene and [REDACTED]

Investigations to follow up.





Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPR2201938	Supplement Title SUPPLEMENTAL	Supplement Type EVIDENCE RELATED
Offense		Page 1 of 1
Date / Time Supplement 6/13/2022 06:48:00	Date / Time Occurred to	

Reason for Contact	Officer Involved	Officer Firearm	Duty Status
CM Task #	LEADS #	Court Case #	

Elements of the Incident

<input type="checkbox"/> Alcohol	<input type="checkbox"/> CIT	<input type="checkbox"/> Domestic	<input type="checkbox"/> Drug	<input type="checkbox"/> Gang	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Pursuit	<input type="checkbox"/> Transient	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Article 36	<input type="checkbox"/> Forward to Investigations

Administrative Information

Reporting Officer STULTS, CODY	Employee Number 170107	Approving Supervisor ANDLER, HARRY
Assisted By	Assisted By	Assisted By

PROPERTY

Property Tag # DGPR22002686	Quantity 1	Category PROPERTY	Action OTHER	Occurred On Date / Time
Property Type PORTABLE ELECTRONIC COMMUNICATIONS			Related Person	Involvement
Estimated Total Value	Brand	Model	Color	Color 2
Serial Number	NCIC Number	Owner Applied Number		
Recovery Action	Recovery Value	Date / Time Recovered		

Property Address

Street Address			
City	State	Zip	County
Additional Description			
CELL PHONE			
Associated Offenses			

Narrative Information

The following is an ET Supplement and was captured on BWC. The video was not reviewed prior to writing this report. It should be noted, per policy, the BWC was deactivated when the scene transitioned to general ET evidence collection duties.

In summary, on 06/13/22 at approximately 0638 hours, I (ET Ofc. Stults #17) responded to the scene for a [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

End of ET Supplement.



Downers Grove Police Department Department Case Report

Department Case Number: DGPC2201938

Related Case # 's:

Case Information

Case Officer: 7 - RYAN, MATTHEW
Offense Date/Time: 06/13/2022 - 06:48Hrs
Offense Location: [REDACTED] Downers Grove
Offense Type: 9025 - Death Investigation
Expiration Date: 06/12/2025
Jurisdiction: DuPage County
Court Date:
Disposition:
Disposition Date:
Case Comments:

Case Names

Name Type: Owner

Name: Casten, Gwen

Sex: F

Race: W

DOB: [REDACTED]

Home Phone#:

Address: [REDACTED]

ID#:

Additional Name Information:

SSN#:

Case Items

Item Number: 001

Container #:

Process: Hold for investigative purposes

Current Custody: Item Submitted into Property - Temp Locker

Collection Date/Time: 06/13/2022 - 06:48Hrs

Collection Purpose: Evidence

Collected By: 17 - STULTS, CODY

Collection Location: [REDACTED]

Packaging/Quantity/Item Type: [REDACTED]

Detail Description: [REDACTED]

Owner: [REDACTED]

Serial #: [REDACTED]

Make/Model: [REDACTED]

Value: \$0.00

Weight Received:

Weight Disposed:

Item Notes:

OFC [Signature] 17

6/13/22

Case Officer Signature

Date

Supervisor Signature



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INTERVIEW WITH [REDACTED]	Supplement Type INTERVIEW
Offense		Page 1 of 1
Date / Time Supplement 6/15/2022 13:22:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Reason for Contact	Officer Involved	Officer Firearm	Duty Status
CM Task #	LEADS #	Court Case #	

Elements of the Incident

<input type="checkbox"/> Alcohol	<input type="checkbox"/> CIT	<input type="checkbox"/> Domestic	<input type="checkbox"/> Drug	<input type="checkbox"/> Gang	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Pursuit	<input type="checkbox"/> Transient	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Article 36	<input type="checkbox"/> Forward to Investigations

Administrative Information

Reporting Officer XU, MENGLIN MIKE	Employee Number 170088	Approving Supervisor CLARKE, APRIL
Assisted By	Assisted By	Assisted By

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

Narrative Information

This is a supplement report to the original report DGPC2201938.

[REDACTED]

I terminated the interview.



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense	Page 1 of 23	
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Reason for Contact	Officer Involved	Officer Firearm	Duty Status
CM Task #	LEADS #	Court Case #	

Elements of the Incident

<input type="checkbox"/> Alcohol	<input type="checkbox"/> CIT	<input type="checkbox"/> Domestic	<input type="checkbox"/> Drug	<input type="checkbox"/> Gang	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Pursuit	<input type="checkbox"/> Transient	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Article 36	<input type="checkbox"/> Forward to Investigations

Administrative Information

Reporting Officer MAROCCO.ALESSIA	Employee Number 170096	Approving Supervisor CLARKE.APRIL
Assisted By XU.MENGLIN MIKE	Assisted By	Assisted By

OTHER PERSON	Person Type [REDACTED]	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address

Street Address [REDACTED]			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address [REDACTED]			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address

Street Address [REDACTED]			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address [REDACTED]			
City	State	Zip	County



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 2 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]
Home Phone	Mobile Phone [REDACTED]	Other Phone [REDACTED] Work Phone [REDACTED] Email Address [REDACTED]
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED] County [REDACTED]
Other Person Employment Information		
Employer / School	Occupation / Grade	Work Schedule [REDACTED] Linked Date/Time [REDACTED]
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED] County [REDACTED]

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]
Home Phone	Mobile Phone [REDACTED]	Other Phone [REDACTED] Work Phone [REDACTED] Email Address [REDACTED]
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED] County [REDACTED]
Other Person Employment Information		
Employer / School	Occupation / Grade	Work Schedule [REDACTED] Linked Date/Time [REDACTED]
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED] County [REDACTED]

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 3 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address
Social Media 1				
Social Media 2				
Social Media 3				
Other Person Home Address				
Street Address				
City	State	Zip	County	
Other Person Employment Information				
Employer / School	Occupation / Grade		Work Schedule	Linked Date/Time
Street Address				
City	State	Zip	County	

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
Race	SSN	Date of Birth
Age	AgeAtTimeOfIncident	
Details		
Height	Weight	Hair Color
Hair Length	Eye Color	Glasses
Build	Facial Hair	Complexion
Resident	Place of Birth	License Class
Driver's License #	DL State	Transported To
Transported By	Home Phone	Mobile Phone
Other Phone	Work Phone	Email Address
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address		
City	State	Zip
County	Other Person Employment Information	
Employer / School	Occupation / Grade	Work Schedule
Linked Date/Time	Street Address	
City	State	Zip
County		

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
Race	SSN	Date of Birth
Age	AgeAtTimeOfIncident	
Details		
Height	Weight	Hair Color
Hair Length	Eye Color	Glasses
Build	Facial Hair	Complexion
Resident	Place of Birth	License Class
Driver's License #	DL State	Transported To
Transported By	Home Phone	Mobile Phone
Other Phone	Work Phone	Email Address
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address		
City	State	Zip
County	Other Person Employment Information	
Employer / School	Occupation / Grade	Work Schedule
Linked Date/Time	Street Address	



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 4 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

City	State	Zip	County
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OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
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Name (Last, First Middle)

Suffix **Nickname** **Sex** **Race** **SSN** **Date of Birth** **Age** **AgeAtTimeOfIncident**

Details

Height **Weight** **Hair Color** **Hair Length** **Eye Color** **Glasses** **Build**

Facial Hair **Complexion** **Resident** **Place of Birth** **License Class**

Driver's License # **DL State** **Transported To** **Transported By**

Home Phone **Mobile Phone** **Other Phone** **Work Phone** **Email Address**

Social Media 1 **Social Media 2** **Social Media 3**

Other Person Home Address

Street Address

City **State** **Zip** **County**

Other Person Employment Information

Employer / School **Occupation / Grade** **Work Schedule** **Linked Date/Time**

Street Address

City **State** **Zip** **County**

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
---------------------	-----------------------------	---

Name (Last, First Middle)

Suffix **Nickname** **Sex** **Race** **SSN** **Date of Birth** **Age** **AgeAtTimeOfIncident**

Details

Height **Weight** **Hair Color** **Hair Length** **Eye Color** **Glasses** **Build**

Facial Hair **Complexion** **Resident** **Place of Birth** **License Class**

Driver's License # **DL State** **Transported To** **Transported By**

Home Phone **Mobile Phone** **Other Phone** **Work Phone** **Email Address**

Social Media 1 **Social Media 2** **Social Media 3**

Other Person Home Address

Street Address

City **State** **Zip** **County**

Other Person Employment Information

Employer / School **Occupation / Grade** **Work Schedule** **Linked Date/Time**

Street Address

City **State** **Zip** **County**

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
---------------------	-----------------------------	---

Name (Last, First Middle)

Suffix **Nickname** **Sex** **Race** **SSN** **Date of Birth** **Age** **AgeAtTimeOfIncident**

Details

Height **Weight** **Hair Color** **Hair Length** **Eye Color** **Glasses** **Build**



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 5 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Facial Hair	Complexion	Resident	Place of Birth	License Class
Driver's License #	DL State	Transported To	Transported By	
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address
Social Media 1	Social Media 2	Social Media 3		
Other Person Home Address				
Street Address				
City	State	Zip	County	
Other Person Employment Information				
Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time	
Street Address				
City	State	Zip	County	

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL					
Name (Last, First Middle)							
Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
Details							
Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build	
Facial Hair	Complexion	Resident	Place of Birth	License Class			
Driver's License #	DL State	Transported To	Transported By				
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address			
Social Media 1	Social Media 2	Social Media 3					
Other Person Home Address							
Street Address							
City	State	Zip	County				
Other Person Employment Information							
Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time				
Street Address							
City	State	Zip	County				

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL					
Name (Last, First Middle)							
Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
Details							
Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build	
Facial Hair	Complexion	Resident	Place of Birth	License Class			
Driver's License #	DL State	Transported To	Transported By				
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address			
Social Media 1	Social Media 2	Social Media 3					
Other Person Home Address							
Street Address							
City	State	Zip	County				



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 6 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		



Incident Supplement Report

DOWNS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 7 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
--------	----------	-----	------	-----	---------------	-----	---------------------

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				

Other Person Home Address

Street Address	
City	State Zip County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State Zip County		

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
--------------	----------------------	--------------------------------------

Name (Last, First Middle)

Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
--------	----------	-----	------	-----	---------------	-----	---------------------

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				

Other Person Home Address

Street Address	
City	State Zip County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State Zip County		

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
--------------	----------------------	--------------------------------------

Name (Last, First Middle)

Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
--------	----------	-----	------	-----	---------------	-----	---------------------

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 8 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
Race	SSN	Date of Birth
Age	AgeAtTimeOfIncident	

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
Race	SSN	Date of Birth
Age	AgeAtTimeOfIncident	

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 9 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]
Home Phone	Mobile Phone [REDACTED]	Other Phone [REDACTED] Work Phone [REDACTED] Email Address [REDACTED]
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED] County [REDACTED]
Other Person Employment Information		
Employer / School	Occupation / Grade	Work Schedule [REDACTED] Linked Date/Time [REDACTED]
Street Address		
City	State	Zip [REDACTED] County [REDACTED]

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]
Home Phone	Mobile Phone [REDACTED]	Other Phone [REDACTED] Work Phone [REDACTED] Email Address [REDACTED]
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED] County [REDACTED]
Other Person Employment Information		
Employer / School	Occupation / Grade	Work Schedule [REDACTED] Linked Date/Time [REDACTED]
Street Address		
City	State	Zip [REDACTED] County [REDACTED]

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]



Incident Supplement Report

DOWNS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 10 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address
Social Media 1				
Social Media 2				
Social Media 3				
Other Person Home Address				
Street Address				
City	State	Zip	County	
Other Person Employment Information				
Employer / School		Occupation / Grade	Work Schedule	Linked Date/Time
Street Address				
City	State	Zip	County	

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL		
Name (Last, First Middle)				
Suffix	Nickname	Sex	Race	SSN
Date of Birth				
Age				
AgeAtTimeOfIncident				
Details				
Height	Weight	Hair Color	Hair Length	Eye Color
Glasses		Build		
Facial Hair		Complexion	Resident	Place of Birth
License Class				
Driver's License #		DL State	Transported To	Transported By
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address
Social Media 1				
Social Media 2				
Social Media 3				
Other Person Home Address				
Street Address				
City	State	Zip	County	
Other Person Employment Information				
Employer / School		Occupation / Grade	Work Schedule	Linked Date/Time
Street Address				
City	State	Zip	County	

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL		
Name (Last, First Middle)				
Suffix	Nickname	Sex	Race	SSN
Date of Birth				
Age				
AgeAtTimeOfIncident				
Details				
Height	Weight	Hair Color	Hair Length	Eye Color
Glasses		Build		
Facial Hair		Complexion	Resident	Place of Birth
License Class				
Driver's License #		DL State	Transported To	Transported By
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address
Social Media 1				
Social Media 2				
Social Media 3				
Other Person Home Address				
Street Address				
City	State	Zip	County	
Other Person Employment Information				
Employer / School		Occupation / Grade	Work Schedule	Linked Date/Time
Street Address				



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 11 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

City	State	Zip	County
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OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
---------------------	-----------------------------	---

Name (Last, First Middle)

Suffix **Nickname** **Sex** **Race** **SSN** **Date of Birth** **Age** **AgeAtTimeOfIncident**

Details

Height **Weight** **Hair Color** **Hair Length** **Eye Color** **Glasses** **Build**

Facial Hair **Complexion** **Resident** **Place of Birth** **License Class**

Driver's License # **DL State** **Transported To** **Transported By**

Home Phone **Mobile Phone** **Other Phone** **Work Phone** **Email Address**

Social Media 1 **Social Media 2** **Social Media 3**

Other Person Home Address

Street Address

City **State** **Zip** **County**

Other Person Employment Information

Employer / School **Occupation / Grade** **Work Schedule** **Linked Date/Time**

Street Address

City **State** **Zip** **County**

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
---------------------	-----------------------------	---

Name (Last, First Middle)

Suffix **Nickname** **Sex** **Race** **SSN** **Date of Birth** **Age** **AgeAtTimeOfIncident**

Details

Height **Weight** **Hair Color** **Hair Length** **Eye Color** **Glasses** **Build**

Facial Hair **Complexion** **Resident** **Place of Birth** **License Class**

Driver's License # **DL State** **Transported To** **Transported By**

Home Phone **Mobile Phone** **Other Phone** **Work Phone** **Email Address**

Social Media 1 **Social Media 2** **Social Media 3**

Other Person Home Address

Street Address

City **State** **Zip** **County**

Other Person Employment Information

Employer / School **Occupation / Grade** **Work Schedule** **Linked Date/Time**

Street Address

City **State** **Zip** **County**

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
---------------------	-----------------------------	---

Name (Last, First Middle)

Suffix **Nickname** **Sex** **Race** **SSN** **Date of Birth** **Age** **AgeAtTimeOfIncident**

Details

Height **Weight** **Hair Color** **Hair Length** **Eye Color** **Glasses** **Build**



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 12 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Facial Hair	Complexion	Resident	Place of Birth	License Class
Driver's License #	DL State	Transported To	Transported By	
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address
Social Media 1	Social Media 2	Social Media 3		
Other Person Home Address				
Street Address				
City	State	Zip	County	
Other Person Employment Information				
Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time	
Street Address				
City	State	Zip	County	

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address		
City	State	Zip
		County
Other Person Employment Information		
Employer / School	Occupation / Grade	Work Schedule
		Linked Date/Time
Street Address		
City	State	Zip
		County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address		
City	State	Zip
		County



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 13 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
		Race
		SSN
		Date of Birth
		Age
		AgeAtTimeOfIncident
Details		
Height	Weight	Hair Color
		Hair Length
		Eye Color
		Glasses
		Build
Facial Hair	Complexion	Resident
		Place of Birth
		License Class
Driver's License #	DL State	Transported To
		Transported By
Home Phone	Mobile Phone	Other Phone
		Work Phone
		Email Address
Social Media 1	Social Media 2	Social Media 3

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 14 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
--------	----------	-----	------	-----	---------------	-----	---------------------

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				

Other Person Home Address

Street Address	
City	State Zip County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State Zip County		

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
--------------	----------------------	--------------------------------------

Name (Last, First Middle)

Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
--------	----------	-----	------	-----	---------------	-----	---------------------

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				

Other Person Home Address

Street Address	
City	State Zip County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State Zip County		

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
--------------	----------------------	--------------------------------------

Name (Last, First Middle)

Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
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Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 15 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
Race	SSN	Date of Birth
Age	AgeAtTimeOfIncident	

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
Race	SSN	Date of Birth
Age	AgeAtTimeOfIncident	

Details

Height	Weight	Hair Color	Hair Length	Eye Color	Glasses	Build
Facial Hair	Complexion	Resident	Place of Birth	License Class		
Driver's License #	DL State	Transported To	Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address		
Social Media 1	Social Media 2	Social Media 3				

Other Person Home Address

Street Address			
City	State	Zip	County

Other Person Employment Information

Employer / School	Occupation / Grade	Work Schedule	Linked Date/Time
Street Address			
City	State	Zip	County



Incident Supplement Report

DOWNS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 16 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]
Home Phone	Mobile Phone [REDACTED]	Other Phone [REDACTED] Work Phone [REDACTED] Email Address [REDACTED]
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED] County [REDACTED]
Other Person Employment Information		
Employer / School	Occupation / Grade	Work Schedule [REDACTED] Linked Date/Time [REDACTED]
Street Address		
City	State	Zip [REDACTED] County [REDACTED]

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]
Home Phone	Mobile Phone [REDACTED]	Other Phone [REDACTED] Work Phone [REDACTED] Email Address [REDACTED]
Social Media 1	Social Media 2	Social Media 3
Other Person Home Address		
Street Address [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip [REDACTED] County [REDACTED]
Other Person Employment Information		
Employer / School	Occupation / Grade	Work Schedule [REDACTED] Linked Date/Time [REDACTED]
Street Address		
City	State	Zip [REDACTED] County [REDACTED]

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle) [REDACTED]		
Suffix	Nickname	Sex [REDACTED] Race [REDACTED] SSN [REDACTED] Date of Birth [REDACTED] Age [REDACTED] AgeAtTimeOfIncident [REDACTED]
Details		
Height	Weight	Hair Color [REDACTED] Hair Length [REDACTED] Eye Color [REDACTED] Glasses [REDACTED] Build [REDACTED]
Facial Hair	Complexion	Resident [REDACTED] Place of Birth [REDACTED] License Class [REDACTED]
Driver's License #	DL State	Transported To [REDACTED] Transported By [REDACTED]



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 17 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address
Social Media 1				
Social Media 2				
Social Media 3				
Other Person Home Address				
Street Address				
City				
State				
Zip				
County				
Other Person Employment Information				
Employer / School		Occupation / Grade		Work Schedule
Linked Date/Time				
Street Address				
City				
State				
Zip				
County				

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
Race	SSN	Date of Birth
Age	AgeAtTimeOfIncident	
Details		
Height	Weight	Hair Color
Hair Length	Eye Color	Glasses
Build		
Facial Hair	Complexion	Resident
Place of Birth	License Class	
Driver's License #	DL State	Transported To
Transported By		
Home Phone	Mobile Phone	Other Phone
Work Phone	Email Address	
Social Media 1		
Social Media 2		
Social Media 3		
Other Person Home Address		
Street Address		
City		
State		
Zip		
County		
Other Person Employment Information		
Employer / School		Occupation / Grade
Work Schedule		Linked Date/Time
Street Address		
City		
State		
Zip		
County		

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
Name (Last, First Middle)		
Suffix	Nickname	Sex
Race	SSN	Date of Birth
Age	AgeAtTimeOfIncident	
Details		
Height	Weight	Hair Color
Hair Length	Eye Color	Glasses
Build		
Facial Hair	Complexion	Resident
Place of Birth	License Class	
Driver's License #	DL State	Transported To
Transported By		
Home Phone	Mobile Phone	Other Phone
Work Phone	Email Address	
Social Media 1		
Social Media 2		
Social Media 3		
Other Person Home Address		
Street Address		
City		
State		
Zip		
County		
Other Person Employment Information		
Employer / School		Occupation / Grade
Work Schedule		Linked Date/Time
Street Address		



Incident Supplement Report

DOWNS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 18 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

City	State	Zip	County
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OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
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Name (Last, First Middle)

Suffix **Nickname** **Sex** **Race** **SSN** **Date of Birth** **Age** **AgeAtTimeOfIncident**

Details

Height **Weight** **Hair Color** **Hair Length** **Eye Color** **Glasses** **Build**

Facial Hair **Complexion** **Resident** **Place of Birth** **License Class**

Driver's License # **DL State** **Transported To** **Transported By**

Home Phone **Mobile Phone** **Other Phone** **Work Phone** **Email Address**

Social Media 1 **Social Media 2** **Social Media 3**

Other Person Home Address

Street Address

City **State** **Zip** **County**

Other Person Employment Information

Employer / School **Occupation / Grade** **Work Schedule** **Linked Date/Time**

Street Address

City **State** **Zip** **County**

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL
---------------------	-----------------------------	---

Name (Last, First Middle)

Suffix **Nickname** **Sex** **Race** **SSN** **Date of Birth** **Age** **AgeAtTimeOfIncident**

Details

Height **Weight** **Hair Color** **Hair Length** **Eye Color** **Glasses** **Build**

Facial Hair **Complexion** **Resident** **Place of Birth** **License Class**

Driver's License # **DL State** **Transported To** **Transported By**

Home Phone **Mobile Phone** **Other Phone** **Work Phone** **Email Address**

Social Media 1 **Social Media 2** **Social Media 3**

Other Person Home Address

Street Address

City **State** **Zip** **County**

Other Person Employment Information

Employer / School **Occupation / Grade** **Work Schedule** **Linked Date/Time**

Street Address

City **State** **Zip** **County**

VEHICLE	LEADS #	Plate	State Illinois	Plate Type PASSENGER CAR	Tag Year 2023
----------------	----------------	--------------	--------------------------	------------------------------------	-------------------------

VIN ☐ VIN Validation Off **Make** **Model** **Model (Other)** **Year** **Odometer**

Vehicle Condition **Color** **Color 2** **Style** **Type** **City Sticker Number**

GOOD **AUTOMOBILES**

Involvement **Involvement Date** **NICB Reference #** **Vehicle Value** **State Tax Number**

NONE(1) **06/15/2022**

Comments



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 19 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Accessories

Vehicle Inventory

Insurance Information

Insurance Company	Policy Number	Insurance Title
--------------------------	----------------------	------------------------

Registered Owner Info

Registered Owner Name (Last, First, MI) <input type="checkbox"/> Business	Sex	Race	DOB
--	------------	-------------	------------

Street Address

City	State	Zip	County
-------------	--------------	------------	---------------

Vehicle Elements

☐ Stolen ☐ Recovered ☐ Towed

Value When Stolen	Lost Date
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Recovered Date	Value When Recovered	Recovery Code
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Recovery Address

Street Address

City	State	Zip	County
-------------	--------------	------------	---------------

VEHICLE	LEADS #	Plate	State	Plate Type	Tag Year
VIN	<input type="checkbox"/> VIN Validation Off	Make	Model	Model (Other)	Year
Vehicle Condition	Color	Color 2	Style	Type	City Sticker Number
Involvement	Involvement Date	NICB Reference #	Vehicle Value	State Tax Number	

Comments

Accessories

Vehicle Inventory

Insurance Information

Insurance Company	Policy Number	Insurance Title
--------------------------	----------------------	------------------------

Registered Owner Info

Registered Owner Name (Last, First, MI) <input type="checkbox"/> Business	Sex	Race	DOB
--	------------	-------------	------------

Street Address

City	State	Zip	County
-------------	--------------	------------	---------------

Vehicle Elements

☐ Stolen ☐ Recovered ☐ Towed

Value When Stolen	Lost Date
--------------------------	------------------



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 20 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Recovered Date	Value When Recovered	Recovery Code
Recovery Address		
Street Address		
City	State	Zip County

VEHICLE	LEADS #	Plate	State	Plate Type	Tag Year
VIN	<input type="checkbox"/> VIN Validation Off	Make	Model	Model (Other)	Year Odometer
Vehicle Condition	Color	Color 2	Style	Type	City Sticker Number
GOOD			PASSENGER CAR	AUTOMOBILES	
Involvement	Involvement Date	NICB Reference #	Vehicle Value	State Tax Number	
NONE(1)	06/15/2022				
Comments					
Accessories					
Vehicle Inventory					
Insurance Information					
Insurance Company	Policy Number		Insurance Title		
Registered Owner Info					
Registered Owner Name (Last, First, MI)	<input type="checkbox"/> Business	Sex	Race	DOB	
Street Address					
City	State	Zip	County		
Vehicle Elements					
<input type="checkbox"/> Stolen	<input type="checkbox"/> Recovered	<input type="checkbox"/> Towed			
Value When Stolen	Lost Date				
Recovered Date	Value When Recovered	Recovery Code			
Recovery Address					
Street Address					
City	State	Zip	County		

PROPERTY				
Property Tag #	Quantity	Category	Action	Occurred On Date / Time
DGPR22002709	1	PROPERTY	OTHER	



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 21 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Property Type [REDACTED]		Related Person Other Person: [REDACTED]		Involvement OWNER
Estimated Total Value \$15.00	Brand [REDACTED]	Model	Color BLACK	Color 2
Serial Number	NCIC Number	Owner Applied Number		
Recovery Action		Recovery Value	Date / Time Recovered	
Property Address				
Street Address [REDACTED]				
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	County	
Additional Description [REDACTED]				
Associated Offenses				

Narrative Information

On 06/13/22, Det. Xu #28 and I (Det. Marocco #64) were called out to the above incident location for a death investigation. Upon our arrival, Sgt. Andler #97 advised us patrol units were called [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNERS GROVE, IL 60515
(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 22 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

DuPage County Coroner Keri Mederich arrived on scene [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT

825 BURLINGTON AVE

DOWNERS GROVE, IL 60515

(630) 434-5600

Incident # DGPC2201938	Supplement Title INVESTIGATIONS SUPPLEMENTAL	Supplement Type FOLLOW-UP / OTHER
Offense		Page 23 of 23
Date / Time Supplement 6/15/2022 09:07:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Investigation continues.

the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported to be the most common serotype of *Shigella* isolated from children with shigellosis [11]. In the United Kingdom, *S. flexneri* serotype 3 is the most common serotype isolated from children with shigellosis [12].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1980s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [13]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [14].

The purpose of this study was to determine the prevalence of *S. flexneri* in children with shigellosis in the United Kingdom. The study was conducted in the United Kingdom, where *S. flexneri* is the most common serotype of *Shigella* isolated from children with shigellosis [12].

The study was conducted in the United Kingdom, where *S. flexneri* is the most common serotype of *Shigella* isolated from children with shigellosis [12]. The study was conducted in the United Kingdom, where *S. flexneri* is the most common serotype of *Shigella* isolated from children with shigellosis [12].

The study was conducted in the United Kingdom, where *S. flexneri* is the most common serotype of *Shigella* isolated from children with shigellosis [12]. The study was conducted in the United Kingdom, where *S. flexneri* is the most common serotype of *Shigella* isolated from children with shigellosis [12].

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The study was conducted in the United Kingdom, where *S. flexneri* is the most common serotype of *Shigella* isolated from children with shigellosis [12]. The study was conducted in the United Kingdom, where *S. flexneri* is the most common serotype of *Shigella* isolated from children with shigellosis [12].



Downers Grove Police Department Department Case Report

Department Case Number: DGPC2201938

Related Case # 's:

Case Information

Case Officer: 7 - RYAN, MATTHEW
Offense Date/Time: 06/13/2022 - 06:48Hrs
Offense Location: [REDACTED]
Offense Type: 9025 - Death Investigation
Expiration Date: 06/12/2025
Jurisdiction: DuPage County
Court Date:
Disposition:
Disposition Date:
Case Comments: Straight to Detective Bylls

Case Names

Name Type: Owner

Name: Casten, Gwen Sex: F Race: W DOB: [REDACTED] Home Phone#: [REDACTED]
Address: [REDACTED] ID#: [REDACTED]

Additional Name Information:

SSN#: [REDACTED]

Name: [REDACTED] Sex: M Race: W DOB: [REDACTED] Home Phone#: [REDACTED]
Address: [REDACTED] ID#: [REDACTED]

Additional Name Information:

SSN#: [REDACTED]

Case Items

Item Number: 001

Container #: [REDACTED] Process: Hold for investigative purposes

Current Custody: Item Submitted into Property - Temp Locker

Collection Date/Time: 06/13/2022 - 06:48Hrs

Collection Purpose: Evidence

Collected By: 17 - STULTS, CODY

Collection Location: [REDACTED]

Packaging/Quantity/Item Type: [REDACTED]

Detail Description: [REDACTED]

Owner: [REDACTED]

Serial #: [REDACTED]

Make/Model: [REDACTED]

Value: \$0.00

Weight Received:

Weight Disposed:

Item Notes:

Item Number: 002

Container #: [REDACTED] Process: Hold for investigative purposes

Current Custody: Item Submitted into Property - Temp Locker

Collection Date/Time: 06/15/2022 - 17:14Hrs

Collection Purpose: Evidence

Collected By: 64 - MAROCCO, ALESSIA

Collection Location: 825 BURLINGTON AV

Packaging/Quantity/Item Type: [REDACTED]

Detail Description: [REDACTED]

Owner: [REDACTED]

Make/Model: [REDACTED]

Value: \$0.00

Weight Received:

Weight Disposed:

Item Notes:

Case Officer Signature

Date

Supervisor Signature



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNERS GROVE, IL 60515
(630) 434-5600

Incident # DGPC2201938	Supplement Title INTERVIEW WITH [REDACTED]	Supplement Type INTERVIEW
Offense		Page 1 of 2
Date / Time Supplement 6/27/2022 08:09:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Reason for Contact	Officer Involved	Officer Firearm	Duty Status		
CM Task #	LEADS #	Court Case #			
Elements of the Incident					
<input type="checkbox"/> Alcohol	<input type="checkbox"/> CIT	<input type="checkbox"/> Domestic	<input type="checkbox"/> Drug	<input type="checkbox"/> Gang	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Pursuit	<input type="checkbox"/> Transient	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Article 36	<input type="checkbox"/> Forward to Investigations
Administrative Information					
Reporting Officer XU, MENGLIN MIKE	Employee Number 170088	Approving Supervisor THAYER, JEREMY			
Assisted By	Assisted By	Assisted By			

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL					
Name (Last, First Middle) [REDACTED]							
Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
Details							
Height 5'6"	Weight 97	Hair Color BROWN	Hair Length LONG	Eye Color	Glasses NO	Build THIN	
Facial Hair	Complexion	Resident	Place of Birth	License Class D			
Driver's License #	DL State Illinois	Transported To		Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address			
Social Media 1	Social Media 2	Social Media 3					
Other Person Home Address							
Street Address [REDACTED]							
City	State	Zip	County				
Other Person Employment Information							
Employer / School	Occupation / Grade			Work Schedule	Linked Date/Time		
Street Address							
City	State	Zip	County				

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL					
Name (Last, First Middle) [REDACTED]							
Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
Details							
Height 5'07"	Weight 115	Hair Color BLONDE	Hair Length LONG	Eye Color	Glasses NO	Build THIN	
Facial Hair	Complexion	Resident	Place of Birth	License Class D			
Driver's License #	DL State Illinois	Transported To		Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address			
Social Media 1	Social Media 2	Social Media 3					
Other Person Home Address							
Street Address [REDACTED]							
City	State	Zip	County				
Other Person Employment Information							
Employer / School	Occupation / Grade			Work Schedule	Linked Date/Time		
Street Address							
City	State	Zip	County				



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNERS GROVE, IL 60515
(630) 434-5600

Incident # DGPC2201938	Supplement Title INTERVIEW WITH [REDACTED]	Supplement Type INTERVIEW
Offense		Page 2 of 2
Date / Time Supplement 6/27/2022 08:09:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Narrative Information

This is a supplement report to the original report DGPC2201938.



I terminated the interview. The interview was recorded on my body-worn camera (BWC).



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNERS GROVE, IL 60515
(630) 434-5600

Incident # DGPC2201938	Supplement Title INTERVIEW WITH [REDACTED]	Supplement Type INTERVIEW
Offense		Page 1 of 2
Date / Time Supplement 6/27/2022 08:20:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Reason for Contact	Officer Involved	Officer Firearm	Duty Status		
CM Task #	LEADS #	Court Case #			
Elements of the Incident					
<input type="checkbox"/> Alcohol	<input type="checkbox"/> CIT	<input type="checkbox"/> Domestic	<input type="checkbox"/> Drug	<input type="checkbox"/> Gang	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Pursuit	<input type="checkbox"/> Transient	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Article 36	<input type="checkbox"/> Forward to Investigations
Administrative Information					
Reporting Officer XU, MENGLIN MIKE	Employee Number 170088	Approving Supervisor THAYER, JEREMY			
Assisted By	Assisted By	Assisted By			

OTHER PERSON	Person Type OTHER	Other Person Name Type INDIVIDUAL					
Name (Last, First Middle)							
Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
Details							
Height 5'8"	Weight 120	Hair Color BROWN	Hair Length LONG	Eye Color	Glasses	Build	
Facial Hair	Complexion	Resident	Place of Birth			License Class D	
Driver's License #	DL State Illinois	Transported To		Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address			
Social Media 1	Social Media 2		Social Media 3				
Other Person Home Address							
Street Address							
City	State	Zip	County				
Other Person Employment Information							
Employer / School	Occupation / Grade			Work Schedule	Linked Date/Time		
Street Address							
City	State	Zip	County				

OTHER PERSON	Person Type MOTHER	Other Person Name Type INDIVIDUAL					
Name (Last, First Middle)							
Suffix	Nickname	Sex	Race	SSN	Date of Birth	Age	AgeAtTimeOfIncident
Details							
Height 5'09"	Weight 140	Hair Color BROWN	Hair Length MEDIUM/AVERAGE	Eye Color	Glasses NO	Build	
Facial Hair	Complexion	Resident	Place of Birth			License Class D	
Driver's License #	DL State Illinois	Transported To		Transported By			
Home Phone	Mobile Phone	Other Phone	Work Phone	Email Address			
Social Media 1	Social Media 2		Social Media 3				
Other Person Home Address							
Street Address							
City	State	Zip	County				
Other Person Employment Information							
Employer / School	Occupation / Grade			Work Schedule	Linked Date/Time		
Street Address							
City	State	Zip	County				



Incident Supplement Report

DOWNS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNS GROVE, IL 60515
(630) 434-5600

Incident # DGPC2201938	Supplement Title INTERVIEW WITH [REDACTED]	Supplement Type INTERVIEW
Offense		Page 2 of 2
Date / Time Supplement 6/27/2022 08:20:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Narrative Information

This is a supplement report to the original report DGPC2201938.




I terminated the interview. The interview was recorded on my body-worn camera (BWC).

Downers Grove Police Department

Custody Receipt

On 08/04/2022 at 11:18 am the following item was transferred so that the current custody reads as follows; "Returned To Owner". This custody update was processed by WENNERSTROM, MARY.

Case #: DGPC2201938

Item #	Description
001	<div></div>
	Serial #: <div></div>
	Item Notes:

Total # of Items Transferred: 1
Comments:

WENNERSTROM, MARY

Released By



Released To

08/04/2022 - 11:18 am

Date/Time



Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNERS GROVE, IL 60515
(630) 434-5600

Incident # DGPC2201938	Supplement Title [REDACTED]	Supplement Type OTHER / MISCELLANEOUS
Offense		Page 1 of 2
Date / Time Supplement 8/2/2022 00:00:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00

Reason for Contact	Officer Involved	Officer Firearm	Duty Status		
CM Task #	LEADS #	Court Case #			
Elements of the Incident					
<input type="checkbox"/> Alcohol	<input type="checkbox"/> CIT	<input type="checkbox"/> Domestic	<input type="checkbox"/> Drug	<input type="checkbox"/> Gang	<input type="checkbox"/> Hate Crime
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Pursuit	<input type="checkbox"/> Transient	<input type="checkbox"/> Use of Force	<input type="checkbox"/> Article 36	<input type="checkbox"/> Forward to Investigations
Administrative Information					
Reporting Officer BYLLS, ROBERT	Employee Number 170014	Approving Supervisor CLARKE, APRIL			
Assisted By	Assisted By	Assisted By			

Narrative Information

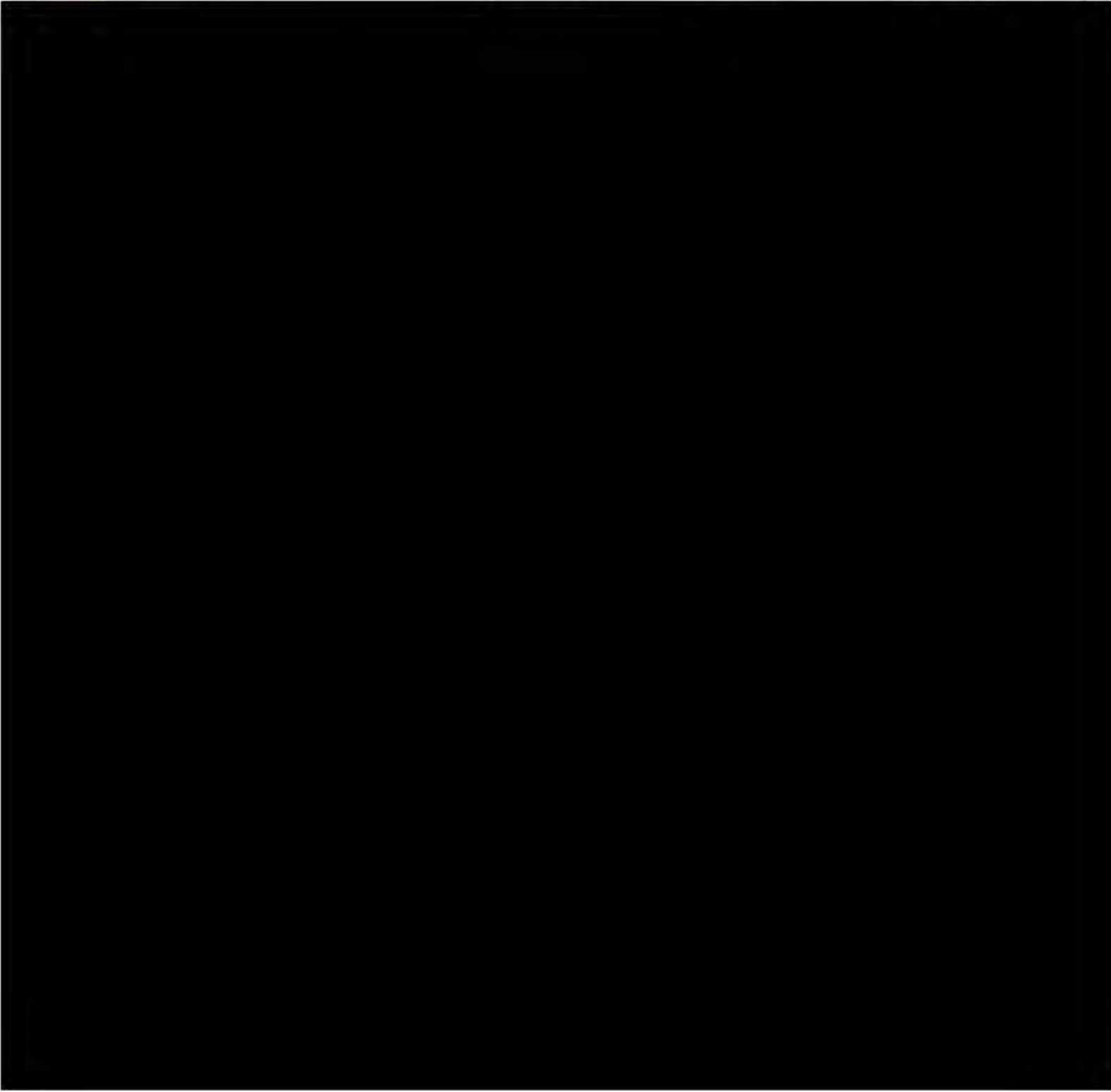
[REDACTED]

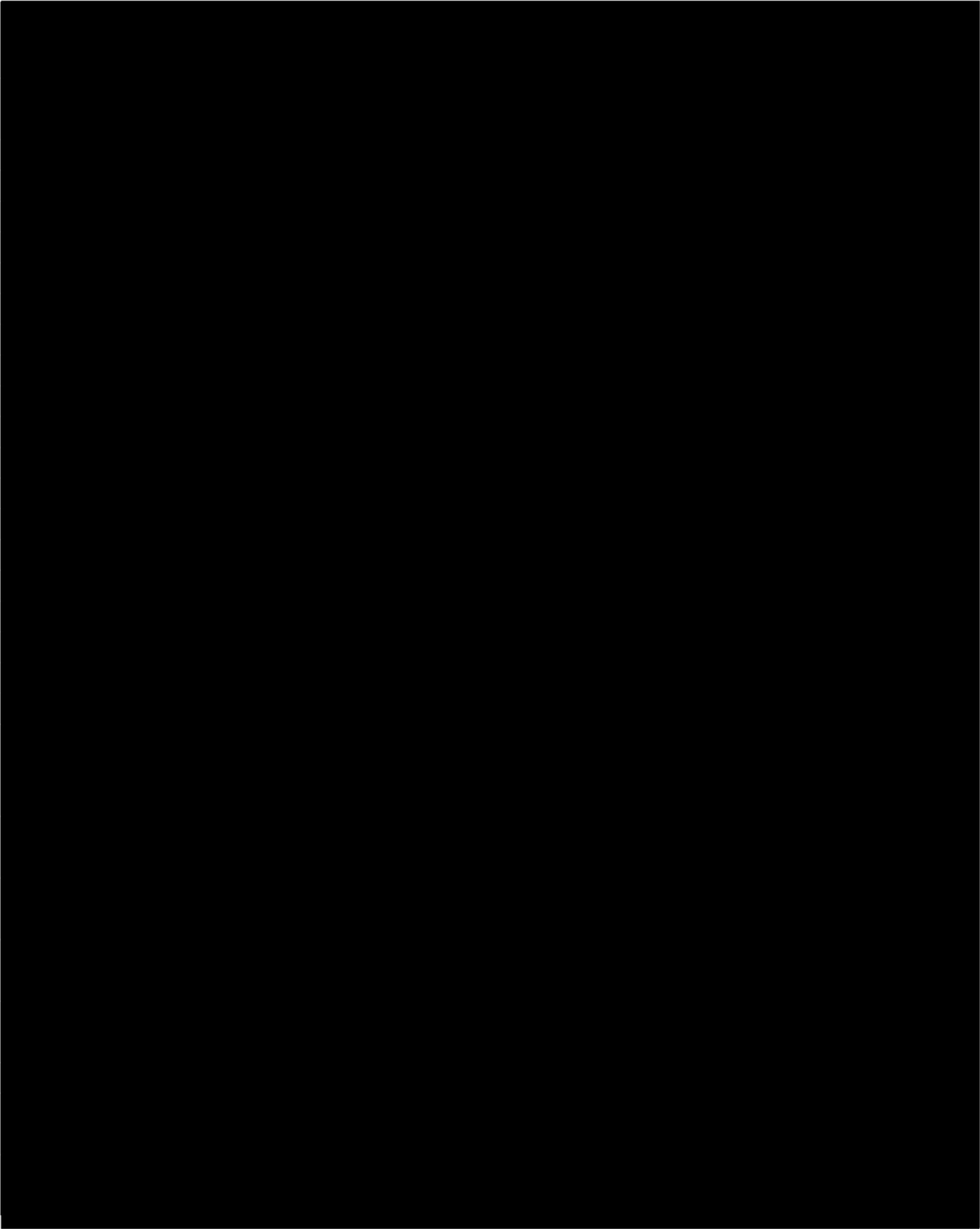


Incident Supplement Report

DOWNERS GROVE POLICE DEPARTMENT
825 BURLINGTON AVE
DOWNERS GROVE, IL 60515
(630) 434-5600

Incident # DGPC2201938	Supplement Title [REDACTED]	Supplement Type OTHER / MISCELLANEOUS
Offense		Page 2 of 2
Date / Time Supplement 8/2/2022 00:00:00	Date / Time Occurred 6/12/2022 22:30:00	to 6/13/2022 06:48:00





A FDID <input type="text"/> IL <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> Station <input type="text"/> Incident Number <input type="text"/> Exposure <input type="text"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS-1 Basic	
B Location Type <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.					
<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid					
Census Tract <input type="text"/> - <input type="text"/> Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> AVE <input type="text"/> APT./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>					
Cross Street, Directions or National Grid, as applicable					
C Incident Type <input type="text"/> <input type="text"/> Medical assist, assist... Incident Type		E1 Dates and Times Midnight is 0000 Month Day Year Hour Min Alarm <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Controlled <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> Last Unit Cleared <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		E2 Shifts and Alarms Local Option <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Shift or Platoon Alarms District	
D Aid Given or Received <input type="checkbox"/> <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>		E3 Special Studies Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>	
F Actions Taken <input type="text"/> Provide advanced life support (ALS) Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		G1 Resources <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text"/> Personnel <input type="text"/> Suppression <input type="text"/> <input type="text"/> EMS <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/> <input type="checkbox"/> Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/> <input type="checkbox"/>	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire <input type="text"/> <input type="text"/> Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/> H2 Detector Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)	
I Mixed Use Property <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use		J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input checked="" type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/Divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard			
Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.					
Property Use <input type="text"/> Code <input type="text"/> Property Use Description					

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option

☐ Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs.

First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

ZIP Code

L**Remarks:****Jason Slager****June 13, 2022 08:58:30**

DGFD companies responded for a 17 y/o female found [REDACTED] S-101 arrived and found pt. [REDACTED] Prior to FD arrival, DGPD officers had [REDACTED] S-101B contacted GSAM and [REDACTED] Scene turned over to DGPD and all DGFD companies returned in service.

☐ More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☐

246
Officer in charge ID

Signature

Position or rank

B-100
Assignment

06
Month

13
Day

2022
Year

260
Member making report ID

Signature

Position or rank

S-101
Assignment

06
Month

13
Day

2022
Year

A	FDID <input type="text"/>	IL <input type="text"/>	MM <input type="text"/>	DD <input type="text"/>	YYYY <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	0002200 <input type="text"/>	000 <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1) Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text"/> B100 ★Type <input type="text"/> 91	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0648 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0656 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0707	Sent <input checked="" type="checkbox"/>	<input type="text"/> 1		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/> 246	Bradley Cummings		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text"/> E103 ★Type <input type="text"/> 11	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0648 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0655 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0703	Sent <input checked="" type="checkbox"/>	3 <input type="text"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/> 280	Nicholas Gilbert		<input checked="" type="checkbox"/>				
<input type="text"/> 295	Kevin Schrader		<input checked="" type="checkbox"/>				
<input type="text"/> 267	Kevin O'Leary		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text"/> MI03 ★Type <input type="text"/> 76	Dispatch <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0648 Arrival <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0655 Clear <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> 0706	Sent <input checked="" type="checkbox"/>	2 <input type="text"/>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/> 317	Megan Bacon		<input checked="" type="checkbox"/>				
<input type="text"/> 261	Quinn Triplett		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> Check if same date as Alarm date on the Basic Module (Block E1) Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="3"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="S101"/> ★Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="0648"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="0653"/> Clear <input checked="" type="checkbox"/> <input type="text" value="0708"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="3"/>		

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="260"/>	Jason Slager		<input checked="" type="checkbox"/>				
<input type="text" value="281"/>	Patrick Jagger		<input checked="" type="checkbox"/>				
<input type="text" value="318"/>	Christopher Wilkas		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	FDID <input type="text"/>	State <input type="text" value="IL"/>	Incident Date <input type="text" value="06"/> <input type="text" value="13"/>	Year <input type="text" value="2022"/>	Station <input type="text"/>	Incident Number <input type="text" value="0002200"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	ESO-1 Non-NFIRS Fields
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E₁ Additional Incident Times

PSAP Recieved	Month	Day	Year	Hour	Min	Dispatch Notified	Month	Day	Year	Hour	Min
	<input type="text" value="06"/>	<input type="text" value="13"/>	<input type="text" value="2022"/>	<input type="text" value="06"/>	<input type="text" value="48"/>		<input type="text" value="06"/>	<input type="text" value="13"/>	<input type="text" value="2022"/>	<input type="text" value="06"/>	<input type="text" value="48"/>

B	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	ID	En Route
		Month Day Year Hour/Min	Type	District
<input type="text" value="1"/>	ID <input type="text" value="B100"/> Type <input type="text"/>	En Route <input type="text" value="06"/> <input type="text" value="13"/> <input type="text" value="2022"/> <input type="text" value="0650"/> District <input type="text" value="06"/> <input type="text" value="13"/> <input type="text" value="2022"/> <input type="text"/>	<input type="text" value="5"/> ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text" value="2"/>	ID <input type="text" value="E103"/> Type <input type="text"/>	En Route <input type="text" value="06"/> <input type="text" value="13"/> <input type="text" value="2022"/> <input type="text" value="0650"/> District <input type="text" value="06"/> <input type="text" value="13"/> <input type="text" value="2022"/> <input type="text"/>	<input type="text" value="6"/> ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text" value="3"/>	ID <input type="text" value="M103"/> Type <input type="text"/>	En Route <input type="text" value="06"/> <input type="text" value="13"/> <input type="text" value="2022"/> <input type="text" value="0650"/> District <input type="text" value="06"/> <input type="text" value="13"/> <input type="text" value="2022"/> <input type="text"/>	<input type="text" value="7"/> ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text" value="4"/>	ID <input type="text" value="S101"/> Type <input type="text"/>	En Route <input type="text" value="06"/> <input type="text" value="13"/> <input type="text" value="2022"/> <input type="text" value="0650"/> District <input type="text" value="06"/> <input type="text" value="13"/> <input type="text" value="2022"/> <input type="text"/>	<input type="text" value="8"/> ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			<input type="text" value="9"/> ID <input type="text"/> Type <input type="text"/>	En Route <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> District <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>