JEFFERSON COUNTY SHERIFF					New York State			3. ORI NY0220000		Orig	5. Case No. 15S002057		6. Incident 15-01		
7	7. Report Day SUN	8. Date 02/0	01/2015	9. Repor 15:16		Occurred On/From:	10. Day SUN	11. Date 02/0	1/2015	12. Time 15:15:35		SUN	14. Date 02/01/201	5	15. Tim 15: 1
16. Incident Type AIRCRAFT INCDNT 17. Business Name 18. Weapon(s)											1				
19. Incklant Address (Street No., Street Name, Bldg. No., Apt. No.) 20. City, State, Zip ( C 🛛 T 🗌 V) 21. Location Code													-		
ś	; GAMBLE				E DISTRIBUTOR			(	W	LNA(T), N	.NA(T), NY 23				
22. OFF. NO. LAW SECTION SU		SUB	UB CL CAT		DEG ATT		1.1.1.2	NAME OF C	OF OFFENSE		CTS 23. No. of Victim O		Actims		
	2											-	24. N 0	lo. of S	Suspects
2	3 25. Person Typ	ia: CO = Com	plainent OT	= Other Pl =	Person	Interviewed	PR = Per	son Reporting	WI = Witne	ss NI = Not Inte	rviewed VI = 1	Victim 26	. Victim also complai	inant [	N N
2	TYPE/NO	NAME (LA	AST, FIRST, M	IDDLE, TITL	E)	Date of Birth	h STR	EET NO., STR	Salar according	BLDG NO., APT	and a second	PORT PROVIDE	and the first state of the second state	HONE	NO,
CO1 JOHNSON, GARY, R								WEST CARTHAGE, NY, 13619							
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					-	-			_			() -	-		
OT2 INTORCIA, ZACHA			CHAR						JARTI	HAGE(\	/), IN 1	() -			
	OT3	ROHR,	MICH	AEL, R		195	ł		CAR	THAGE(	V), NY,	1361	9		
2	27. Date of Birt	h	28. Age	29. Sex	30. Ra	nce hite 🗆 Black		31. Ethn	lo Inic 🗆 Unk.	32. Handicap	33. Residen		Temp. Res F		Nat. her
3	4. Victim DID	receive informa	ation on Victim	U	Indi	lian 🗌 Asiar	n 🗌 Un	k. Non-I					itary 🗌 Homeless		
	34. Victim DID receive information on Victim's Rights 35. Type/No. 36. Name (Last, First, Middle)									(Last, First, Middl	o) <u>3</u>		t Condition	Dis E	Tuok
Address (Street No., Street Name, Bldg, No., Apt. No., City, State, Zip))     Address (Street No., Street Name, Bldg, No., Apt. No., City, State, Zip))															
3	58. Addides (5)	active no., once	A HAINO, DIOY	. Hot opt in	, ouy, or	and, zip/)				or theme the	Home Work		a dudany rio.		
42. Date of Birth 43. Age 44. Sex			44. Sex	45. Ra	ito 🗌 Black			anic 🗌 Unk		Dark Du	18. 48	. Occupation		-	
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5	57. Scars/Mark	s/Tattoos (Des	icribe)			No No			lium						
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DCJS-3205 (11/06) \*FALSE STATEMENTS ARE PUNISHABLE AS A CRIME, PURSUANT TO THE NEW YORK STATE PENAL LAW.

ŀ	1. Agency JEFFERSON COUNTY SHERIFF						New York State			3. ORI NY0220000		4. 🔀 Orig		5. Case No. 15S002057	
	7. Report Day SUN		01/2015	9. Repo 15:16		Decurred Dr/From:	10. Day SUN	11. Date 02/0	01/2015		Time Occurred	13. Day SUN	14. Date 02/01	/2015	15. Time 15:15
16. Incident Type 17. Business Name 18. Wasser(e)												1'			
	19. Jacklant Address (Street No. Street Name, Bldg, No., Apt. No.) 20. City, State, Zip ( C X T V) 21. Location Code GAMBLE DISTRIBUTORS 2370												E		
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1	3 25. Person Ty	pe: CO = Com	plainant OT =	Other Pla	Person	Interviewed	PR = Pe	rson Reportin	9 WI = Witne	955 NI =	Not Interviewed	VI = Victim 2	6. Victim also c	U	
100000	TYPE/NO OTA		KEITH		E)	Date of Birth		EET NO., ST	REET NAME.	BLDG.	NO., APT. NO., CIT	and a stand of the stand of the stand	Contra to Section	ELEPHONE	NO.
OT4 BUSH, KEITH, W												AGHAN	N, IN T		
-	OT5	PACEI	LA, CC	JLE, V		199	4 CA	RTHAC	3E(V),	NY,	13619				G
	OT6	LACAT	NINA,	PETER	<b>२</b> , Ј		FA	FAA INSPECTOR							н
2	27. Date of Bir	th	28. Age	29. Sex	30. Ro	ce ito 🗌 Black an 🗌 Asian	Oth	ar 31. Ethn er Hispa k. Non-	anic Unk.	32. Ha		idento Statu	s Temp. F ourist Stude ilitary Home	Res Foreigr	ther
-		receiva inferm		's Rights and			New Yor	k State Law	C YES			and the second	Intary LJ Home	eless 🗌 U	nk. K.
1	15. Type/No.		st, First, Middle				37. Ab	as/Nickname/				Impaire	d Drugs 🛛 M d Alco 🗍 Inj	ental Dis I / III	
3	39. Address (S	treat No., Stree	l Name, Bidg.	No., Apt. No	., City, St	ato, Zip))			4	0. Phone		me	ial Security No.		M
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57. Scars/Marks/Tattoos (Describe)								56. Ma	A REAL PROPERTY AND ADDRESS OF THE OWNER.						
-	59. Victim or Suspect No	Property	Property Type	Quantity/ Measure		Make or Drug Type	1.71	Model	Seri	al No.		Descri	ption	V	aluo
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	60. Vehicle	61. Lio	nse Plate No.		-	62. State	6	3. Exp. Yr	64. Plate Tv	/08	65. Value				
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DCJS-3205 (11/06) 'FALSE STATEMENTS ARE PUNISHABLE AS A CRIME, PURSUANT TO THE NEW YORK STATE PENAL LAW.

JEFFÉRSON COUNTY SHERIFF     PAT     supplementation       5. Date     6. Time of Report     7. Complainant Name       02/01/2015     15:16:56     7. Complainant Name       Block No.     9. Narrative (Indicate Block No. in left margin)       ice without any further incident.	rk State Supplement 3. Incident No. 4. Art TAL REPORT To: 155002057 15-010250	rest No.
Block No. 9. Narrative (Indicate Block No. in left margin)	B.	
10. Inquiries (Check all that apply)     11. NYSPIN Message No.       DMV     Want/Warrant     Scofflaw       Crim. History     Storp Property     Other       13. Resolution Officer Simplifying (Include Resk)     14. ID No.	12.	1 2 3 4 5 6 7 8 9 10 11 12 13 TOTAL 20, 3 Pa
13. Reporting Officer Signature (Include Rank)     14. ID No.       17. Case Status     Open       I7. Case Status     Open	15. Supervisor's Signature (Include Rank) Untounded 18. Status Date 19. Notified/TOT	Pa 6 <sup>0</sup> Pag

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