

18-020037

INCIDENT/OFFENSE REPORT										Report Number		MCSO-18-020037			
IL0560000 <b>MCHENRY COUNTY SHERIFF'S OFFICE</b> 2200 N SEMINARY AVE WOODSTOCK IL 60098 815-338-2144 <div style="text-align: center; margin-top: 10px;">JUL 31 2018</div>										CAD Number					
										Occurred From Date		06/29/2018		Time: 02:26 PM	
										Occurred To Date		06/29/2018		Time: 02:26 PM	
										Reported Date		06/29/2018		Time: 02:26 PM	
ADMIN	Nature of Complaint THEFT					CAD CODE		Related Incidents		School Incident <input type="checkbox"/>					
	Location of Incident 3702 Northwest Hwy CRYSTAL LAKE IL 60014					Location Name		Offense Tract AREA 2							
OFFENSE	ILCS Description THEFT UNAUTHORIZED CONTROL PERSON = OR < \$500					UCR Code 0825	F/M	Counts 1							
	Offense Status 02	Offense Location 05	Structure	Premise Type G	Forcible	Point of Entry		Method of Entry							
	Weapon Used NONE		School Incident Firearms <input type="checkbox"/>	Situation		Bias Motivation NONE		Charge Statute 720-5.0/16-1-A-1							
	Victim Name ALGONQUIN TOWNSHIP	Victim is Complainant <input type="checkbox"/>	Victim of Intimidation <input type="checkbox"/>	Home Phone		Cell Phone									
VICTIM	Address 3702 NORTHWEST HY CARY IL										Email				
	Sex	Race	Date Born	Age	To Age	Height	Weight 0	Eye Color	Hair Color	Hair Length	Complexion				
	Ethnicity	SSN	DLN License		DLN State	Employer		Employer Phone							
	SMT		Nickname			Additional									
	Relative		Relative Address				Relative Phone								
	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer	Injured? <input type="checkbox"/>	Injury Code	Nature of Injuries											
	Victim Type S	Victim to Offender		Victim Challenged / Act	Victim Location		Agg Assault Circum 1		Agg Assault Circum 2						
	Offense 1 0825	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	LEO Activity	LEO Vehicle			
	Offender/Suspect Name UNKNOWN										Phone	Cell Phone			
	Address										Work Phone	Email			
Sex U	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style					
SSN		DLN		DLN State	Employer		Employer Phone		Occupation						
Complexion		Ethnicity UNKNOWN	Facial Hair	General Appearance		Glasses Type		Hand Dominance							
Miscellaneous		Speech		Teeth		Build		Demeanor		Nickname/Streetname					
Relative			Relative Address					Relative Phone							
Additional			Injured <input type="checkbox"/>	Injury Code	Nature of Injuries										
Suspect Forced Victim	Suspect Action	Suspect Solicited Victim		Suspect Force Used		SMTs									
Offense 1 0825	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer					
Related To				Type		VIN		Hull Number							
Owner Name				Owner Address				Owner Phone							
Make		Model		Color		Year	Style	Status							
License Plate		Plate State	Plate Year	Plate Expires	Comments										
Date Recovered		Veh Recovered	Initial Value		Rec Value		Stored At								
Where Recovered			Who Recovered			Towed By									
Vehicle Condition			Vehicle Damage				Insured By								
ADMIN	Child / DV / School UCR <input type="checkbox"/>	Contributing Factors <input type="checkbox"/>	Alcohol <input type="checkbox"/>	Crimes Against Children <input type="checkbox"/>	Gang <input type="checkbox"/>	Satanic <input type="checkbox"/>	Drug <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Hate <input type="checkbox"/>	Traffic <input type="checkbox"/>					
	Exceptional Clearance Code				Date		Internal Clearance Code CASE CLOSED		Date 09		6/29/2018 2:26:00 PM				
	Reporting Officer Name HARPER THERESA				Date SO6260 6/29/2018 4:07:51 PM		Investigating Officer Name								
	Reviewing Officer Name				Date		Approving Officer Name PATENAUE DANIEL		Date SO6299		6/29/2018 7:40:28 PM				

<b>ORI #</b> IL0560000	<b>MCHENRY COUNTY SHERIFF'S OFFICE</b> <b>SUSPECTS</b>	<b>REPORT #</b> MCSO-18-020037
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SUSPECT	Offender/Suspect Name EDGAR WATCH BLOG										Home Phone		Cell Phone		
	Address										Work Phone		Email		
	Sex U	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer			Employer Phone		Occupation				
	Complexion		Ethnicity UNKNOWN		Facial Hair		General Appearance		Glasses Type		Hand Dominance				
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries						
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1 0825	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug	Alcohol	Computer		

  

SUSPECT	Offender/Suspect Name										Home Phone		Cell Phone		
	Address										Work Phone		Email		
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer			Employer Phone		Occupation				
	Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance				
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries						
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug	Alcohol	Computer		

  

SUSPECT	Offender/Suspect Name										Home Phone		Cell Phone		
	Address										Work Phone		Email		
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Hair Style				
	SSN		DLN		DLN State	Employer			Employer Phone		Occupation				
	Complexion		Ethnicity		Facial Hair		General Appearance		Glasses Type		Hand Dominance				
	Miscellaneous			Speech		Teeth		Build		Demeanor		Nickname/Street Name			
	Relative					Relative Address					Relative Phone				
	Additional					Injured <input type="checkbox"/>	Injury Code		Nature of Injuries						
	Suspect Forced Victim		Suspect Action		Suspect Solicited Victim		Suspect Force Used		SMTs						
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense 7	Offense 8	Offense 9	Offense 10	Used: Drug	Alcohol	Computer		

  

Reporting Officer Name HARPER THERESA				Date 6/29/2018 4:07:51 PM		SO6260				Approving Officer Name PATENAUE DANIEL				Date 6/29/2018 7:40:28 PM		SO6299	
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ORI # IL0560000		MCHENRY COUNTY SHERIFF'S OFFICE <b>OTHER PERSONS</b>				REPORT # MCSO-18-020037					
OTHER PERSONS	Involvement Type REPORTEE		Name LUKASIK, KAREN E				Home Phone		Cell Phone		
	Address										
	Email										
	Sex F	Race W	Date Born	Age 53	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity N		SSN	DLN License		DLN State	Employer		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries					
OTHER PERSONS	Involvement Type OTHER		Name PROVENZANO, RYAN				Home Phone		Cell Phone		
	Address UNKNOWN										
	Email										
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries					
OTHER PERSONS	Involvement Type OTHER		Name LUTZO, CHUCK				Home Phone		Cell Phone		
	Address										
	Email										
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer ALGONQUIN TOWNSHIP SUPERVISOR		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries					
OTHER PERSONS	Involvement Type OTHER		Name GASSER, ANDREW				Home Phone		Cell Phone		
	Address 3702 NORTHWEST HWY CARY IL										
	Email										
	Sex M	Race U	Date Born	Age	To Age	Height	Weight	Eye Color	Hair Color	Hair Length	Complexion
	Ethnicity U		SSN	DLN License		DLN State	Employer ALGONQUIN TOWNSHIP HIGHWAY		Employer Phone		
	Scars/Marks/Tattoos					Nickname		Additional			
	Relative			Relative Address				Relative Phone			
Used: <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer		Injured? <input type="checkbox"/>		Injury Code		Nature of Injuries					
Reporting Officer Name HARPER THERESA			Date SO6260 6/29/2018 4:07:51 PM		Approving Officer Name PATENAUDE DANIEL			Date SO6299 6/29/2018 7:40:28 PM			

<b>ORI #</b> IL0560000		<b>MCHENRY COUNTY SHERIFF'S OFFICE</b>				<b>REPORT #</b> MCSO-18-020037		
<b>PROPERTY/VEHICLE/DRUG</b>								
<b>PROPERTY</b>	Related To VICTIM , ALGONQUIN TOWNSHIP				LEADS Number		Date Entered	
	Description TOWNSHIP RECORDS					Quantity 1	Value \$0.00	
	Make		Model		Color	Serial Number		
	Class OTHER			Type MISC		Status STOLEN	UCR Code 0825	
<b>PROPERTY</b>	Related To				LEADS Number		Date Entered	
	Description					Quantity	Value	
	Make		Model		Color	Serial Number		
	Class			Type		Status	UCR Code	
<b>PROPERTY</b>	Related To				LEADS Number		Date Entered	
	Description					Quantity	Value	
	Make		Model		Color	Serial Number		
	Class			Type		Status	UCR Code	
<b>VEHICLE</b>	Related To			Type	VIN		Hull Number	
	Owner Name			Owner Address			Owner Phone	
	Make		Model		Color	Year	Style	Status
	License Plate		Plate State	Plate Year	Plate Expires	Comments		
	Date Recovered	Veh Recovered	Initial Value		Rec Value	Stored At		
	Where Recovered		Who Recovered			Towed By		
	Vehicle Condition			Vehicle Damage			Insured By	
	Related To			Type	VIN		Hull Number	
	Owner Name			Owner Address			Owner Phone	
	Make		Model		Color	Year	Style	Status
License Plate		Plate State	Plate Year	Plate Expires	Comments			
Date Recovered	Veh Recovered	Initial Value		Rec Value	Stored At			
Where Recovered		Who Recovered			Towed By			
Vehicle Condition			Vehicle Damage			Insured By		
<b>DRUG</b>	Code		Description	QTY	Measure	Est Value	Status	
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using							
<b>DRUG</b>	Code		Description	QTY	Measure	Est Value	Status	
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using							
<b>DRUG</b>	Code		Description	QTY	Measure	Est Value	Status	
	Activity <input type="checkbox"/> Buying <input type="checkbox"/> Cultivating <input type="checkbox"/> Distributing <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating <input type="checkbox"/> Possessing <input type="checkbox"/> Transporting <input type="checkbox"/> Using							
Reporting Officer Name HARPER THERESA		SO6260	Date 6/29/2018 4:07:51 PM	Approving Officer Name PATENAUE DANIEL		SO6299	Date 6/29/2018 7:40:28 PM	

ORI # IL0560000	MCHENRY COUNTY SHERIFF'S OFFICE <b>NARRATIVE</b>	REPORT # MCSO-18-020037	
ORIGINAL			
<p>On Friday, June 29th at 1426 hours, I (Dep.Harper) was dispatched to 3702 Northwest Hwy., Algonquin Township for stolen records.</p> <p>Upon arrival, I spoke with Karen Lukasik. In summary Karen stated, somehow Edgar County Watch Blog has obtained records from the Algonquin Township. They have been blogging and posting the records on their blog site. The records missing are; time cards, training certificates from May 2017, [REDACTED] video's. [REDACTED]</p> <p>Lukasik advised it is unknown how Edgar County Watch Blog have obtained the files. Lukasik requested a report to document the incident. Lukasik had also given me a copy of emails exchanged over missing records.</p> <p>I advised Lukasik the incident will be documented and forwarded to the States Attorney's Office. This incident is not the first report of missing records and is already being investigated by the States Attorney's Office. I cleared.</p>			
Exceptional Clearance Code	Date	Internal Clearance Code	Date
		CASE CLOSED	6/29/2018 2:26:00 PM
Reporting Officer Name	Date	Investigating Officer Name	
HARPER THERESA	6/29/2018 4:07:51 PM		
SO6260		Approving Officer Name	Date
Reviewing Officer Name	Date	PATENAUE DANIEL	6/29/2018 7:40:28 PM
		SO6299	