		INCIDE	NT/OFFEI	NSE REPO	ORT						T		Page 1	of 3
()	IL056	560000						Report Number MCSO-19-001260						
\sim	2200	MCHENRY COUNTY SHERIFF'S OFFICE 2200 N SEMINARY AVE WOODSTOCK IL 60098 815-338-2144 JAN 2 2 2019						CAD Number			r		•	
Y	NAME OF THE PERSON							Occurred From Date 01/09			01/09/2	/09/2019 Time: 10:15 PM		0:15 PM
								Occurred To Date 01/1			e 01/11/2	019	Time: 1	2:58 PM
<u> </u>		Nature of Complaint			77	1	CAD COL) =	Repor		e 01/11/2		Time: 1	2:58 PM School
1	Z	THREATS COMPLAINT					Location		- 19-			se Tract		Incident
	ADMIN	3702 U.S. HIGHWAY 14					Location	Name	Tue-		ARE		Floor	Room
		Evidence Victim	Scene ET	n/Referrals:	yo Msw	Name V			Misi	cellaneous			100000	Room
()	SE	THREATEN A PUBLIC O									UCR Code 5000	F/M	Counts 1	
$\succ \prec$	OFFENSE	Offense Status Offens 02 11	se Location	Structure	Premise G	Туре	31	Forcible		Point of	Entry		ethod of Entry	
	9	Weapon Used OTHER	a to	School Incident Fi	irearms Sit	tuation			Bias Motiva UNKNO			Charge S 720-5.0	latute 0/12-9-A	
		Victim Name VICTOR, MELISSA L	8	E.			Victim is Complai		Victim of Intimidatio		ome Phone		Cell Phone	a s
۱ حــــــــــــــــــــــــــــــــــــ		Address		35				7.			E	mail	# #	
$\overline{)}$		Sex Race Date		ge To Age	e Heigh	t Weight	E	ye Color	1	Hair Color	Ha	ir Length	Comp	lexion
	E	Ethnicity SSN		DLN License		- 1	DLN Sta	te E	Employer	-			Employer	Phone
	VICTIM	SMT .					Nickna	me.			Ad	ditional	46	
	>	Relative		Rela	ative Address	5			* *		Re	lative Phone	12	
		Used:	П.		njured?	Injury Code	9	1	Nature of Injur	ries	8 1			
		D1000000000000000000000000000000000000	Compu lictim to Offender E		Challenged /	1 12	m Locatio	on .		Agg A	Assault Circur	n 1	Agg Assault C	ircum 2
			ense 3 Offens	se 4 Offense	5 Offens	se 6 Offen	se 7	Offense 8	Offense	e 9 Offer	nse 10 LE	O Activity	LEO	/ehicle
	SUSPECT	Offender/Suspect Name		- 4	1		1			1	Phone		Cell Phon	
. 1		GASSER, ANDREW							V	Nork Phone		Email	850-866	j-0155
$\int_{S_{\epsilon}}^{S_{\epsilon}}$		\$25,530 Feb. (1997)	e Bom - A	ge To Age	e Heigh	t Weigh	t E	ye Color	- 1	Hair Color	Ha	ir Length	Hair S	Style
*		M W 6/1	1/1972 4	6	DLN State	Employer			Į.	Employer Ph	one	Occupation		
9		Complexion	Ethnicity		Facial Hair	L.,	Gener	al Appear	rance	G	lasses Type	OTHER	Hand Domina	ENT SERVICE
5.5		Miscellaneous	NOT HISPAN	Speech	1	Teeth -		В	uild	20	Demeanor		Nickname	e/Streetname
88 F1		Relative	-			Relative Addre	ess	3 N	4:	4			Relative	Phone
		Additional	4			Injured Injury	Code	Nat	ture of Injurie:	s		-		
		Suspect Forced Victim Si	uspect Action	Suspect Sol	licited Victim	Susp	ect Force	Used	SMTs			197		
		09 2 Offense 1 Offense 2		06 Offense 4	Offense 5	Offense 6	Offe	nse 7	Offense 8	Offen	se 9 Of	fense 10	Used: Drug Al	Icohol Computer
*		5000 Related To			Туре		VIN					Huli Numbe		
						Address	VIIV				15) 	Owner Pho	8	
E e		Owner Name Make	Mod	47	Owner	Color		lv	ear Sh	4-		Statu	dite.	
	当				n Inlet		Towns		ear Joh	yle		Siatu	15	
	VEHICL	License Plate	Plate State		ar Plat	e Expires	Comm	ients	le v					
	>	Date Recovered	Veh Recovered	The state of the s	,	Rec Value			Stored At					
		Where Recovered		Who Recovered					Towed By					
=		Vehicle Condition		Vehicle Damage	e					l'n	sured By			Yi Yi
		Child / DV / School UCR	Contributing Factors	Alcohol	A-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	gainst Children		Gang		ic Dru	g Dom	estic Violence		Traffic .
	ADMIN	Exceptional Clearance Code	1	Date			CA	SE CL		A.	09		ate /11/2019 12:	58:00 PM
	AD	Reporting Officer Name JUAREZ MICHAEL Reviewing Officer Name	SO694	Date Date Date	2/2019 7:1	7:56 AM	1		Officer Name	o,			ate	
		reviewing Officer Ivarne		Date			App	MOOR O	fficer Name	DEIDIO	00000		ate (40/2040 404	04.00.414

ORI	1#			MCHENR	Y COUNTY	SHERIFF	'S OFFIC	E			<u></u>	REPOR	Page 2	of 3	
	50000					VICTIMS						MCSO-19-001260			
VICTIM	Victim Name - Victim is - Victim is							Victim of Intimidat							
	Addmine	Addmine										Email			
	Sex F	Race W	Date Born	Age 35	To Age	Height	Weight	Eye Col	_	Hair C	Color	Hair Length	Compl	-200-200	
	Ethnicity N SMT		SSN	Di	N License	=	8	LN State	Emplo	byer		Additional	Employer	Phone	
	Relative	▼ ∃ 1									Relative Phone				
	ECONOMIC CONTROL OF THE PROPERTY OF THE PROPER		1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 0 1		ler e			Treative Filotic			
	Used: Injury Code Nature of Injuries Drug Alcohol Computer N							,							
	Victim Type		Victim to C	ffender	Victim Cha	llenged / Act	Victim I	ocation			Agg Assault	Circum 1	Agg Assault Ci	rcum 2	
	Offense 1 5000	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense	7 Offens	e 8	Offense 9	Offense 10	LEO Activity	LEO V	ehicle	
	Victim Name		¥2	12 N				Victim is Complain	ant	Victim of Intimidati		ome Phone	Cell Phon	e	
	Address														
	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Col	or	Hair C	olor	Hair Length	Comple	exion	
M	Ethnicity	72	SSN	DL	N License		DI	.N State	Emplo	oyer		98	Employer	Phone	
VICTIM								Additional	Additional						
2000	Relative	Relative Relative Address Relative Phone													
	Used: Injured? Injury Code Nature of Injuries Drug Alcohol Computer						(1) 								
38	Victim Type	Victim Type Victim to Offender \					Victim Challenged / Act Victim L				Agg Assault	Circum 1	Agg Assault Ci	rcum 2	
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense	Offense	e 8	Offense 9	Offense 10	LEO Activity	LEO V	ehicle	
	Victim Name Victim is Victim of Home Phone Cell Phon Complainant Intimidation								Cell Phone						
	Address								Email						
VICTIM	Sex	Race	Date Born	Age	To Age	Height	Weight	Eye Col	or	Hair C	olor	Hair Length	Comple	exion	
	Ethnicity		SSN	DL	N License		DL	N State	Emplo	oyer	N.		Employer I	Phone	
	SMT	SMT Nickname							Additional						
	Relative	Relative Address								Relative Phone					
	Used: Drug	Alc	cohol	Computer	Injur	ed?	njury Code		Natur	e of Injuries					
					Victim Cha	Victim Challenged / Act Victim L			nest recent			Agg Assault Circum 1		Agg Assault Circum 2	
	Offense 1	Offense 2	Offense 3	Offense 4	Offense 5	Offense 6	Offense	Offense	8 8	Offense 9	Offense 10	LEO Activity	LEO Ve	ehicle	
	Reporting Of JUAREZ			SO6946	Date 1/12/20	Date 1/12/2019 7:17:56 AM			Approving Officer Name CAMPOS-CRUZ PORFIRIO SO				Date (1/19/2019 10:24:38 AM)		

Page 3 of

ORI # MCHENRY COUNTY SHERIFF'S OFFICE REPORT # MCSO-19-001260

.
On 01/11/19 at approximately 1258hrs, I Deputy Juarez was dispatched to threats complaint.

for a report for a

Upon my arrival, I met and spoke with Melissa L. Victor and Rachael K. Lawrence, who stated in summary that they wanted to file a complaint against Andrew Gasser. Melissa stated that the complaint she wanted to file against Andrew was for intimidation and extortion of a public official. I was further informed that Melissa and Rachael were both trustee's of the Algonquin Township.

Melissa advised that Andrew Gasser was the Commissioner of the Algonquin township, and that he has been in office since May of 2017. Melissa stated that she was threatened on 01/09/19 at 2215hrs, during the executive board meeting that took place at the Algonquin Township. Rachael stated that both her and Melissa were present during the meeting and both heard the threats that Andrew had made.

Melissa advised that during the executive board meeting, a list of demands were brought up regarding a tax settlement. While discussing such demands, Andrew stated in summary that the only way that he would agree to their demands was by paying his bills, restoring/changing his budget, and by settling law suits. Rachael informed me that the demands Andrew was asking for were illegal and that she could not deny or approve of them, due to the legality of the demands. Melissa stated that the entirety of the conversation at the Algonquin township was recorded and on record.

During my conversation with Melissa, both herself and Rachael wanted to strongly advise information regarding Andrew's mental health. Rachael stated that on 09/18/18, while speaking with Andrew he had admitted to being on several different types of pain and anxiety medications. Rachael further advised that Andrew claimed that he is always carrying a concealed weapon on him as well. Melissa stated that due to his comments about the medication and firearm, both Rachael and Melissa are concerned for their safety.

I advised Melissa and Rachael that I would be documenting this by filing a report. I provided both party's with a business card with report number 19-001260. I also informed Melissa that I would be in touch with her and keep he updated with information on the case develops.

On 01/15/19 at approximately 0923hrs, I was able to speak with Andrew over the phone. I informed Andrew about the situation and asked him for a statement about what had occurred. Andrew stated that he was never at the board meeting, and only spoke with his lawyer that evening about the board meeting. Andrew further advised that he did not wish to speak to me without an attorney present, and I informed Andrew that if I needed to arrange for a time for us to meet I would call him back.

A copy of this report was submitted to the assistant states attorneys office for further review.

Nothing Further.

Exceptional Clearance Code		Date	Internal Clearance Code CASE CLOSED	Date 1/11/2019 12:58:00 PM	
Reporting Officer Name JUAREZ MICHAEL	SO6946	Date 1/12/2019 7:17:56 AM	Investigating Officer Name		
Reviewing Officer Name		Date	Approving Officer Name	SO6236	Date 1/19/2019 10:24:38 AM

			*	
· · · · · · · · · · · · · · · · · · ·			ž.	
			*	
			e *	
		â		
* * * * * * * * * * * * * * * * * * * *				
par 3		**	2	
	E.		*	
			#	
			= 9	
		*		
		g (5)		N.
	Đ			
*				
ži.				
			*	Section 1
*	v +			
4	2	**		
*				
		*		
	16			
			:8	
	V 4			
		34	¥	
(4)				
	9 m. R			
	*			
		**	(#Z	
2				