



# Incident Report

The City of  
**OKLAHOMA CITY**  
Police

|   |   |
|---|---|
| <b>Incident Number</b><br>2023-0057226                          | <b>CAD Incident #</b><br>202308-0021502       |
| <b>Report Type</b><br>Incident Report                           | <b>Page</b> 1 of 9                            |
| <b>Date / Time Occurred</b><br>8/5/2023 03:15 to 8/5/2023 03:50 | <b>Date / Time Reported</b><br>8/8/2023 15:30 |

|                   |                     |                  |         |               |          |       |                |       |
|-------------------|---------------------|------------------|---------|---------------|----------|-------|----------------|-------|
| Arrested Suspects | Additional Suspects | Unknown Suspects | Victims | Other Persons | Vehicles | Items | Evidence Count | Leoka |
|                   |                     | 1                | 1       | 1             | 2        | 1     |                |       |

|                    |                                     |  |  |
|--------------------|-------------------------------------|--|--|
| Related Incident # | <input type="checkbox"/> Hate Crime | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Drive by Shooting |
|--------------------|-------------------------------------|--|--|

### Incident Details

|  |                            |
|--|----------------------------|
| Cleared by Exception<br>NOT APPLICABLE (NOT EXCEPTIONAL CLEARED) | Exceptional Clearance Date |
|--|----------------------------|

Situation

|                   |                                 |               |
|-------------------|---------------------------------|---------------|
| Cargo Theft<br>NO | Incident Type<br>PROPERTY CRIME | Leoka<br>NONE |
|-------------------|---------------------------------|---------------|

### Incident Address

Street Address  
9528 W I-40 SERVICE RD

|                       |                   |              |                       |
|-----------------------|-------------------|--------------|-----------------------|
| City<br>Oklahoma City | State<br>OKLAHOMA | Zip<br>73128 | Division<br>SOUTHWEST |
|-----------------------|-------------------|--------------|-----------------------|

### Administrative Info

|                                      |                           |                                       |                           |
|--------------------------------------|---------------------------|---------------------------------------|---------------------------|
| Reporting Officer<br>RICHARDS, TITUS | Commission Number<br>2283 | Approving Supervisor<br>ALLEN, ROBERT | Commission Number<br>1640 |
|--------------------------------------|---------------------------|---------------------------------------|---------------------------|

### OFFENSE

|   |  |                                  |                 |
|---|--|----------------------------------|-----------------|
| <input checked="" type="checkbox"/> Primary Offense | Offense Code<br>220 GROUP A - BURGLARY / BREAKING AND ENTERING (STRUCTURE) |                                  |                 |
| Offense Code Value<br>10400.0                       | Severity<br>FELONY   | Attempted/Completed<br>COMPLETED |                 |
| Premise Type<br>INDUSTRIAL SITE                     | Circumstances  |                                  |                 |
| Bias 1<br>NONE SUSPECTED                            | Bias 2   | Bias 3                           |                 |
| Bias 4  | Bias 5   |                                  |                 |
| Criminal Activity 1                                 | Criminal Activity 2  | Criminal Activity 3              |                 |
| Offender Using 1<br>UNKNOWN                         | Offender Using 2   | Offender Using 3                 |                 |
| # Premise Entered                                   | Home Invasion  | Domestic Violence                | Gang Activity   |
| Gang Type #1  | Gang Name #1   |                                  |                 |
| Gang Type #2  | Gang Name #2   |                                  |                 |
| Drug Related  | Drug Type  | Drug Origin                      | Drug Precursors |
| MO Panel<br>Entry Type                              | Entry Area   | Entry Method<br>FORCE USED       |                 |
| Entry Point 1                                       | Entry Point 2  |                                  |                 |
| Exit Point 1  | Exit Point 2   |                                  |                 |
| Target Area   | Property Target 1  |                                  |                 |



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| <b>Report Type</b><br>Incident Report                           | <b>Page</b> 2 of 9                            |
| <b>Date / Time Occurred</b><br>8/5/2023 03:15 to 8/5/2023 03:50 | <b>Date / Time Reported</b><br>8/8/2023 15:30 |

|                      |               |                     |  |
|----------------------|---------------|---------------------|--|
| Property Target 2    |               | Property Target 3   |  |
| Time of Day          | Victim Target | Victim Activity     |  |
| Action 1 to Premises |               | Action 2 to         |  |
| Action 3 to          |               | Action 1 on Victim  |  |
| Action 2 on Victim   |               | Action 3 on Victim  |  |
| Other Action 1       |               | Other Action 2      |  |
| Other Action 3       |               | Solicited Offered 1 |  |
| Solicited Offered 2  |               | Solicited Offered 3 |  |
| Weapon 1             |               | Weapon 1 Auto       |  |
| Weapon 2             |               | Weapon 2 Auto       |  |
| Weapon 3             |               | Weapon 3 Auto       |  |
| Arson                | Precipitating | Instrument Used     |  |
| Comments             |               |                     |  |

## OFFENSE

|  |   |                                  |                 |
|--|---|----------------------------------|-----------------|
| <input type="checkbox"/> Primary Offense | Offense Code<br>240 GROUP A - MOTOR VEHICLE THEFT |                                  |                 |
| Offense Code Value<br>10500.0            | Severity<br>FELONY                                | Attempted/Completed<br>COMPLETED |                 |
| Premise Type<br>INDUSTRIAL SITE          | Circumstances                                     |                                  |                 |
| Bias 1<br>NONE SUSPECTED                 | Bias 2  | Bias 3                           |                 |
| Bias 4                                   | Bias 5  |                                  |                 |
| Criminal Activity 1                      | Criminal Activity 2                               | Criminal Activity 3              |                 |
| Offender Using 1<br>UNKNOWN              | Offender Using 2                                  | Offender Using 3                 |                 |
| # Premise Entered                        | Home Invasion                                     | Domestic Violence                | Gang Activity   |
| Gang Type #1                             | Gang Name #1                                      |                                  |                 |
| Gang Type #2                             | Gang Name #2                                      |                                  |                 |
| Drug Related                             | Drug Type   | Drug Origin                      | Drug Precursors |
| MO Panel                                 |   |                                  |                 |



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| Report Type<br>Incident Report                           | Page 3 of 9                            |
| Date / Time Occurred<br>8/5/2023 03:15 to 8/5/2023 03:50 | Date / Time Reported<br>8/8/2023 15:30 |

|                      |               |                     |
|----------------------|---------------|---------------------|
| Entry Type           | Entry Area    | Entry Method        |
| Entry Point 1        |               | Entry Point 2       |
| Exit Point 1         |               | Exit Point 2        |
| Target Area          |               | Property Target 1   |
| Property Target 2    |               | Property Target 3   |
| Time of Day          | Victim Target | Victim Activity     |
| Action 1 to Premises |               | Action 2 to         |
| Action 3 to          |               | Action 1 on Victim  |
| Action 2 on Victim   |               | Action 3 on Victim  |
| Other Action 1       |               | Other Action 2      |
| Other Action 3       |               | Solicited Offered 1 |
| Solicited Offered 2  |               | Solicited Offered 3 |
| Weapon 1             |               | Weapon 1 Auto       |
| Weapon 2             |               | Weapon 2 Auto       |
| Weapon 3             |               | Weapon 3 Auto       |
| Arson                | Precipitating | Instrument Used     |
| Comments             |               |                     |

**SUSPECT**
 Known     Unknown     Arrested

Name (Last, First Middle)

|               |          |                         |                         |     |
|---------------|----------|-------------------------|-------------------------|-----|
| Suffix        | Nickname | Race                    | Sex                     | SSN |
|               |          | BLACK/ AFRICAN AMERICAN | MALE                    |     |
| Date of Birth | Age      | Age Range               | Age At Time Of Incident |     |
|               |          | 25 to 30                |                         |     |

**Details**

|                   |             |            |                |                    |          |            |
|-------------------|-------------|------------|----------------|--------------------|----------|------------|
| Height            | Max Height  | Weight     | Max Weight     | Driver's License # | DL State | Local BR # |
| 5'07"             | 5'10"       | 150        | 180            |                    |          |            |
| SID               | FBI #       | SBI #      | SBI State      |                    |          |            |
| Place of Birth    | Citizenship | Ethnicity  | Marital Status |                    |          |            |
|                   |             | UNKNOWN    |                |                    |          |            |
| Hair Color        | Hair Length | Glasses    | Eye Color      | Build              |          |            |
| BLACK             | MEDIUM      | NO         |                | THIN               |          |            |
| Facial Hair Color | Facial Hair | Voice      | Complexion     | Hand Preference    |          |            |
| BLACK             | GOATEE      |            |                |                    |          |            |
| Preferred         | Home        | Cell Phone | Other Phone    | Email Address      |          |            |

Suspect Home Address



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Street Address

|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

**Suspect Employment Information**

|                                  |            |            |
|----------------------------------|------------|------------|
| <input type="checkbox"/> Student | Employer / | Occupation |
|----------------------------------|------------|------------|

Street Address

|      |       |     |            |                     |
|------|-------|-----|------------|---------------------|
| City | State | Zip | Work Phone | Hours of Employment |
|------|-------|-----|------------|---------------------|

Additional Clothing Description  
WHITE SHIRT AND BACKPACK

Trademarks of Suspect

Injury 1 Injury 2 Injury 3

Injury 1 Location Injury 2 Location Injury 3 Location

Injury 4 Injury 5

Injury 4 Location Injury 5 Location

|                                       |                   |                 |
|---------------------------------------|-------------------|-----------------|
| <input type="checkbox"/> Hospitalized | Hospital Facility | Resident Status |
|---------------------------------------|-------------------|-----------------|

|  |                      |                      |
|--|----------------------|----------------------|
| <input type="checkbox"/> Guardian Notified | Guardian Notified On | Guardian Notified By |
|--|----------------------|----------------------|

MO Panel Entry Type Entry Area

Entry Method Entry Point

Exit Point Target Area

Property Target 1 Property Target 2

Property Target 3 Victim Target

Time of Day Victim Activity

Action 1 on Victim Action 2 on Victim

Action 3 on Victim Action 1 to Premises

Action 2 to Premises Action 3 to Premises

Other Action 1 Other Action 2

Other Action 3 Solicited Offered 1

Solicited Offered 2 Solicited Offered 3

Weapon 1 Weapon 2



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|                  |                            |                 |
|------------------|----------------------------|-----------------|
| Weapon 3         | Weapon 1 Type              |                 |
| Weapon 2 Type    | Weapon 3 Type              |                 |
| Weapon 1 Caliber | Weapon 2 Caliber           |                 |
| Weapon 3 Caliber | Weapon 1 Color             |                 |
| Weapon 2 Color   | Weapon 3 Color             |                 |
| Arson            | Precipitating Circumstance | Instrument Used |
| Comments         |                            |                 |

### Associated Offenses

|  |  |
|--|--|
| <b>Offense</b><br>220 GROUP A - BURGLARY / BREAKING AND ENTERING (STRUCTURE) | <input checked="" type="checkbox"/> <b>Associated With Suspect</b> |
| <b>Offense</b><br>240 GROUP A - MOTOR VEHICLE THEFT                          | <input checked="" type="checkbox"/> <b>Associated With Suspect</b> |

|                                    |                         |              |             |                         |
|------------------------------------|-------------------------|--------------|-------------|-------------------------|
| <b>VICTIM</b>                      | Victim Type<br>BUSINESS |              |             |                         |
| Name (Last, First Middle)<br>CANOO |                         |              |             |                         |
| Suffix                             | Nickname                | Race         | Sex         | SSN                     |
| Date of Birth                      | Age                     | Age Range to | Infant Type | Age At Time Of Incident |

### Details

|                |             |                            |                 |                    |          |
|----------------|-------------|----------------------------|-----------------|--------------------|----------|
| Height         | Max Height  | Weight                     | Max Weight      | Driver's License # | DL State |
| FBI #          | SBI #       | SBI State                  |                 |                    |          |
| Place of Birth | Citizenship | Ethnicity                  | Marital Status  |                    |          |
| Hair Color     | Eye Color   | Build                      | Resident Status |                    |          |
| Preferred      | Home Phone  | Cell Phone<br>248-321-1767 | Other Phone     | Email Address      |          |

### Victim Address

|  |                   |              |
|--|-------------------|--------------|
| Street Address<br>9528 W I-40 SERVICE RD |                   |              |
| City<br>Oklahoma City                    | State<br>OKLAHOMA | Zip<br>73128 |

### Victim Employment Information

|                                  |  |            |            |                     |
|----------------------------------|--|------------|------------|---------------------|
| <input type="checkbox"/> Student | Employer / School  | Occupation |            |                     |
| College Name                     | <input type="checkbox"/> On Campus<br><input type="checkbox"/> Yes <input type="checkbox"/> No |            |            |                     |
| Street Address                   |  |            |            |                     |
| City                             | State  | Zip        | Work Phone | Hours of Employment |

|          |          |          |
|----------|----------|----------|
| Injury 1 | Injury 2 | Injury 3 |
|----------|----------|----------|



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|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Injury 1 Location  |  | Injury 2 Location  |  | Injury 3 Location  |  |
| Injury 4   |  | Injury 5   |  |  |  |
| Injury 4 Location  |  | Injury 5 Location  |  |  |  |
| Injury   |  |  |  |  |  |
| Victim Condition   |  |  |  |  |  |
| A. Assault/Homicide<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | A. Assault/Homicide Circumstance 1                       |  | A. Assault/Homicide Circumstance 2                                     |  |
| Justifiable Homicide<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Justifiable Homicide Circumstance                        |  |  |  |
| <input type="checkbox"/> Victim Hospitalized                                     |  | Hospital Facility  |  | Cohabitant<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Under Influence?   | Domestic Disturbance                                     | Domestic Violence  | Victim Transported                                       | Violation of Protective Order  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No               |  |

### Associated Offenses

|  |   |
|--|---|
| <b>Offense</b><br>220 GROUP A - BURGLARY / BREAKING AND ENTERING (STRUCTURE) | <input checked="" type="checkbox"/> <b>Associated With Victim</b> |
| <b>Offense</b><br>240 GROUP A - MOTOR VEHICLE THEFT                          | <input checked="" type="checkbox"/> <b>Associated With Victim</b> |

|  |                                 |             |             |  |                      |                      |              |
|--|---------------------------------|-------------|-------------|--|----------------------|----------------------|--------------|
| <b>OTHER PERSON</b>                        | Person Type<br>REPORTING PERSON |             |             |  |                      |                      |              |
| Name (Last, First Middle)                  |                                 |             |             |  |                      |                      |              |
| [REDACTED]                                 |                                 |             |             |  |                      |                      |              |
| Suffix                                     | Nickname                        | Race        | Sex         | SSN  | Date of Birth        | Age                  | Age Range to |
|  |                                 | [REDACTED]  | MALE        | [REDACTED]                                 | [REDACTED]           | 47                   | [REDACTED]   |
| <b>Details</b>                             |                                 |             |             |  |                      |                      |              |
| Height                                     | Max Height                      | Weight      | Max Weight  | <input type="checkbox"/> Guardian Notified | Guardian Notified On | Guardian Notified By |              |
| [REDACTED]                                 | [REDACTED]                      | [REDACTED]  | [REDACTED]  |  | [REDACTED]           | [REDACTED]           |              |
| Guardian                                   |                                 | Guardian Of |             |  |                      |                      |              |
| Driver's License #                         |                                 | DL State    | FBI #       | SBI #                                      | SBI State            |                      |              |
| [REDACTED]                                 |                                 | [REDACTED]  | [REDACTED]  | [REDACTED]                                 | [REDACTED]           |                      |              |
| Place of Birth                             |                                 | Citizenship | Ethnicity   | Marital Status                             |                      |                      |              |
| [REDACTED]                                 |                                 | [REDACTED]  | [REDACTED]  | [REDACTED]                                 |                      |                      |              |
| Hair Color                                 |                                 | Hair Length | Glasses     | Eye Color                                  |                      |                      |              |
| [REDACTED]                                 |                                 | [REDACTED]  | [REDACTED]  | [REDACTED]                                 |                      |                      |              |
| Build                                      |                                 | Facial Hair | Voice       | Complexion                                 |                      | Resident             |              |
| [REDACTED]                                 |                                 | [REDACTED]  | [REDACTED]  | [REDACTED]                                 |                      | [REDACTED]           |              |
| Preferred                                  | Home Phone                      | Cell Phone  | Other Phone | Email Address                              |                      |                      |              |
| [REDACTED]                                 | [REDACTED]                      | [REDACTED]  | [REDACTED]  | [REDACTED]                                 |                      |                      |              |
| <b>Other Person Home Address</b>           |                                 |             |             |  |                      |                      |              |
| Street Address                             |                                 |             |             |  |                      |                      |              |
| [REDACTED]                                 |                                 |             |             |  |                      |                      |              |
| City                                       |                                 |             | State       | Zip  |                      |                      |              |
| [REDACTED]                                 |                                 |             | [REDACTED]  | [REDACTED]                                 |                      |                      |              |
| <b>Other Person Employment Information</b> |                                 |             |             |  |                      |                      |              |
| <input type="checkbox"/> Student           | Employer / School               |             |             | Occupation                                 |                      |                      |              |
|  | [REDACTED]                      |             |             | [REDACTED]                                 |                      |                      |              |



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| <b>Report Type</b><br>Incident Report                           | <b>Page</b> 7 of 9                            |
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|                                     |                            |                          |                                 |  |
|-------------------------------------|----------------------------|--------------------------|---------------------------------|--|
| <b>Street Address</b><br>[REDACTED] |                            |                          |                                 |  |
| <b>City</b><br>[REDACTED]           | <b>State</b><br>[REDACTED] | <b>Zip</b><br>[REDACTED] | <b>Work Phone</b><br>[REDACTED] | <b>Hours of Employment</b><br>[REDACTED] |

|  |                                      |                                  |  |                                  |
|--|--------------------------------------|----------------------------------|--|----------------------------------|
| <b>VEHICLE</b>                         | <b>Plate</b><br>[REDACTED]           | <b>State</b><br>[REDACTED]       | <b>Plate Year</b><br>[REDACTED]                    | <b>Plate Month</b><br>[REDACTED] |
| <b>Plate Type</b><br>[REDACTED]        | <b>Decal #</b><br>[REDACTED]         | <b>VIN</b><br>[REDACTED]         | <input type="checkbox"/> <b>VIN Validation Off</b> |                                  |
| <b>Make</b><br>[REDACTED]              | <b>Model</b><br>[REDACTED]           |                                  | <b>Year</b><br>[REDACTED]                          |                                  |
| <b>Color</b><br>[REDACTED]             | <b>Secondary Color</b><br>[REDACTED] |                                  | <b>Style</b><br>[REDACTED]                         |                                  |
| <b>Type</b><br>AUTOMOBILE (PASSENGER)  |                                      | <b>Involvement</b><br>[REDACTED] | <b>NIC</b><br>[REDACTED]                           |                                  |
| <b>Other Identifiers</b><br>[REDACTED] |                                      |                                  |  |                                  |

| Insurance Information                  |                                    |   |  |
|--|------------------------------------|---|--|
| <b>Insurance Company</b><br>[REDACTED] | <b>Policy Number</b><br>[REDACTED] | <b>Insurance Expiration</b><br>[REDACTED] | <b>Financed By/Titleholder</b><br>[REDACTED] |

| Registered Owner Info  |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| <b>Registered Owner Name</b> <input type="checkbox"/> Business<br>[REDACTED] | <b>Sex</b><br>[REDACTED]   | <b>Race</b><br>[REDACTED] | <b>DOB</b><br>[REDACTED] |
| <b>Street Address</b><br>[REDACTED]  |                            |                           |                          |
| <b>City</b><br>[REDACTED]  | <b>State</b><br>[REDACTED] | <b>Zip</b><br>[REDACTED]  |                          |

| Vehicle Elements   |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| <input checked="" type="checkbox"/> <b>Stolen</b>  | <input checked="" type="checkbox"/> <b>Recovered</b>                                       | <input type="checkbox"/> <b>Stolen in Officer's Jurisdiction</b>                             | <input type="checkbox"/> <b>Seized</b>   | <input type="checkbox"/> <b>Vandalized</b>   | <input type="checkbox"/> <b>Theft From</b>   | <b>Area Stolen</b><br>BUSINESS  |  |
| <b>Keys in Ignition</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Doors Locked</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Windows Closed</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Ignition Locked</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      | <b>Trunk Locked</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Radio In Car</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       | <b>Repo. Check</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Tow List Check</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Stolen Value</b><br>200000.00   | <b>How Vehicle Entered</b><br>VEHICLE LEFT UNLOCKED  | <b>How Vehicle Taken</b><br>OTHER  |  |  | <b>Area Recovered</b><br>BUSINESS  |   |  |
| <b>Recovered By</b><br>RICHARDS, TITUS - 2283  |  | <b>Recovery Date &amp; Time</b><br>08/08/2023 18:30  | <b>Recovered Value</b><br>\$ [REDACTED]  | <b>Recovery Code</b><br>[REDACTED]   |  |   |  |
| <b>Recovering Agency ORI</b><br>OK0550600  | <b>Disposition</b><br>RECOVERED- RETURN TO OWNER   |  | <b>Battery in Car</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                       | <b>Spare Tire in Car</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No       | <b>Evidence Recovered</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| <b>Damage To Vehicle</b><br>NONE - NO DAMAGE   |  |  | <b>Owner Notified By Recovering Officer</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |   |  |
| <b>Reason Owner Was Not Notified</b><br>[REDACTED]   |  |  |  |  |  |   |  |

| Recovery Address                          |  |                                     |                                      |   |   |
|---|--|-------------------------------------|--------------------------------------|---|---|
| <b>Street Address</b><br>[REDACTED]       |  |                                     |                                      |   |   |
| <b>City</b><br>[REDACTED]                 | <b>State</b><br>[REDACTED]             | <b>Zip</b><br>[REDACTED]            |                                      |   |   |
| <input type="checkbox"/> <b>Impounded</b> | <input type="checkbox"/> <b>Towed</b>  | <b>Impound Number</b><br>[REDACTED] | <b>Wrecker Service</b><br>[REDACTED] | <b>Date Wrecker Arrived</b><br>[REDACTED] | <b>Time Wrecker Arrived</b><br>[REDACTED] |
| <b>Location Towed From</b><br>[REDACTED]  | <b>Location Towed To</b><br>[REDACTED] | <b>Impounded By</b><br>[REDACTED]   |                                      |   | <b>Mileage</b><br>[REDACTED]              |
| <b>Wrecker</b><br>[REDACTED]              |  |                                     |                                      |   |   |



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|                             |                 |       |   |             |
|-----------------------------|-----------------|-------|---|-------------|
| <b>VEHICLE</b>              | Plate           | State | Plate Year                                  | Plate Month |
| Plate Type                  | Decal #         | VIN   | <input type="checkbox"/> VIN Validation Off |             |
| Make                        | Model           | Year  |   |             |
| Color                       | Secondary Color | Style |   |             |
| Type<br>OTHER MOTOR VEHICLE | Involvement     | NIC   |   |             |
| Other Identifiers           |                 |       |   |             |

| Insurance Information |               |                      |                         |
|-----------------------|---------------|----------------------|-------------------------|
| Insurance Company     | Policy Number | Insurance Expiration | Financed By/Titleholder |

| Registered Owner Info                                   |       |      |     |
|---|-------|------|-----|
| Registered Owner Name <input type="checkbox"/> Business | Sex   | Race | DOB |
| Street Address  |       |      |     |
| City  | State | Zip  |     |

| Vehicle Elements   |  |  |   |  |  |   |  |
|--|--|--|---|--|--|---|--|
| <input type="checkbox"/> Stolen  | <input type="checkbox"/> Recovered                                       | <input type="checkbox"/> Stolen in Officer's Jurisdiction  | <input type="checkbox"/> Seized   | <input type="checkbox"/> Vandalized  | <input type="checkbox"/> Theft From                                      | Area Stolen   |  |
| Keys in Ignition<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Doors Locked<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Windows Closed<br><input type="checkbox"/> Yes <input type="checkbox"/> No                       | Ignition Locked<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Trunk Locked<br><input type="checkbox"/> Yes <input type="checkbox"/> No       | Radio In Car<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Repo. Check<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Tow List Check<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stolen Value   | How Vehicle Entered  | How Vehicle Taken  | Area Recovered  |  |  |   |  |
| Recovered By   | Recovery Date & Time   | Recovered Value  | Recovery Code   |  |  |   |  |
| Recovering Agency ORI  | Disposition  | Battery in Car<br><input type="checkbox"/> Yes <input type="checkbox"/> No                       | Spare Tire in Car<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Evidence Recovered<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |
| Damage To Vehicle  |  | Owner Notified By Recovering Officer<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |  |   |  |
| Reason Owner Was Not Notified  |  |  |   |  |  |   |  |

| Recovery Address  |                   |                 |                      |                      |  |
|---|-------------------|-----------------|----------------------|----------------------|--|
| Street Address  |                   |                 |                      |                      |  |
| City  | State             | Zip             |                      |                      |  |
| <input type="checkbox"/> Impounded <input type="checkbox"/> Towed | Impound Number    | Wrecker Service | Date Wrecker Arrived | Time Wrecker Arrived |  |
| Location Towed From   | Location Towed To | Impounded By    | Mileage              |                      |  |
| Wrecker   |                   |                 |                      |                      |  |





**Incident Report**  
**The City of**  
**OKLAHOMA CITY**  
**Police**

|   |   |
|---|---|
| <b>Incident Number</b><br>2023-0057226                          | <b>CAD Incident #</b><br>202308-0021502       |
| <b>Report Type</b><br>Incident Report                           | <b>Page</b> 9 of 9                            |
| <b>Date / Time Occurred</b><br>8/5/2023 03:15 to 8/5/2023 03:50 | <b>Date / Time Reported</b><br>8/8/2023 15:30 |

|                  |                           |                |                     |  |
|------------------|---------------------------|----------------|---------------------|--|
| <b>PROPERTY</b>  | Property Tag #<br>0339878 | Quantity<br>1  | Category<br>VEHICLE | Type of Property Loss<br>STOLEN / ILLEGALLY OBTAINED |
| Property Type    | Owner<br>Victim:          |                | Total Value<br>\$   |  |
| Brand            | Model                     | Color          | Serial Number       |  |
| SRN/NIC          | Owner Applied Number      | UCR Code       |                     |  |
| Secondary Action | Secondary Value           | Date Recovered |                     |  |

Additional Description

Associated Offenses

|   |  |
|---|--|
| Offense<br>220 GROUP A - BURGLARY / BREAKING AND ENTERING (STRUCTURE) | <input checked="" type="checkbox"/> Associated With Property |
| Offense<br>240 GROUP A - MOTOR VEHICLE THEFT                          | <input type="checkbox"/> Associated With Property            |

**Narrative Information**

BWC ACTIVATED

On 8/8/2023 at approximately 1615 hours, I was riding as 2A75. I responded to a stolen vehicle report at 9528 W I-40 Service Rd. Upon arrival, I made contact with RP [REDACTED] RP stated he was advised a vehicle on site was being driven around the parking lot on Monday 8/7/2023. RP started checking the cameras and verified the vehicle was still in the main building. RP stated a security guard approached him today and asked if he knew a vehicle was missing from an external garage. RP checked the cameras and realized a vehicle was stolen. RP explained he did not know vehicles were left in this garage. [REDACTED]

RP checked the cameras and observed a black male (later identified as SU) wearing a white shirt and a backpack walking on the site. SU walked up to the garage and checked several doors walking around the building. SU eventually broke in through a double glass door on the second floor. SU broke the lock. SU made entry into the building.

The camera footage shows SU walking around the garage checking out the 2 vehicles inside. SU checked several rooms. SU attempted to make entry into one of the vehicle and did not have success. SU got one of the vehicles to open and unplugged it. SU flipped the switch on the rear of the vehicle and it turned on. SU opened the garage door and leaves with the vehicle.

I contacted Lt. Rhynes (#1637) and advised him of the call. Lt. Rhynes contacted on call detectives. I contacted PCS to assist in processing the scene.

Detectives were advised and arrived on scene. CSI arrived on scene.

The vehicle was located [REDACTED]

The scene was processed by CSI.

EOR