Witness Statement Form

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Incident Date: 01/17/24 Time: 1900							
Address of Occurrence: Spafford / Canton				Incide	nt #_ 2024	1-0158	839
Officer Name: P.O. Jon Selleny		1070	_District:_	4	_Zone:	1	
Citizen Name:	Badge#	1873	_Bureau/D	istrict F	atrol / 3 Pla	toon_	D
Witness Statement On Wednesday January 17, 2024 I was connection with a vehicle break-in detail conduciting various patrols, I was given to Spafford and Canton to assist with a star arrived, we proceeded to assist with bloc Canton Ave. Shortly before 0300 hours o heard being discharged from the residence after the gun shots, there was mention the gunfire. Shortly after this update, an addit broadcast. I did not observe any uses of f	he directive ndoff involving off the hanaury 1 ce the suspect one of the	to reps interse 8th, se ect ma	ond to Earmed machine of the control	wntov 4 in t ale. W Spaffe es rou ccupy	vn area. he area then we ord PI an unds cou	of d ld be	
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Signature: 1873	D 1					-	
Address/Agency Name: 4501 Chester Ave.	Badge#		icable)		873	_	
Phone Number: 216-623 - 5300		D	Pate:	19/	24		
	Email ad	dress)	sellenge	clear	land on io		