## **Witness Statement Form**

Incident Date: 1/17/202	24_ <sub>Time:</sub> 1833			Inc	cident #_	2024-015839
Address of Occurrence: 77	02 Canton Ave.			_District:	4	one: 1
Officer Name: P.O. Karli	Ayers	Badge#	635	Bureau/Dist	rict4	Platoon C
Citizen Name: Robert Pe	rkins			4		
Lyberger #1547, w	anuary 17, 2024, while a re responded to the area rat the address of 7702	a of E. 75				
Ave., to provide po	ded to the Command Cossible background infor ecurity in the area of E.	mation fo	r the st	uspect. We		
SWAT team attemphetore it was stated happen, I was notified behind a zone care behind the zone care concealment and pif the shots were from broadcast over the	the incident, I was deta pt to contact Robert Per d that the front door had fied about it and moved on Canton Ave., I did ha ar. When it was safe and cossible cover and, once om the suspect or the S District 4 TAC channel d for further instructions	rkins over I been bro into a be- ear multip I feasible e again, h WAT tear that the s	their lose the control of the contro	oudspeake I did not o sition. While s being fire ed to a loca hots being en stood by t male was	r multi directly e posi ad and ation v fired. v until in cus	iple times y see this tioned I took cover with better I did not see it was
Signature: MV Address/Agency Name:	#U3 9333 Kinsman Rd./Clevela	B		f applicable)		635
Phone Number:	(216) 623-5400				@cleve	elandohio.gov