



## Officer Report

A ducinintention			
Administrative			
Case Number	CCSO2024-000134	Verification	Verified
Officer Report Number	2024050300527	Verification Level	
Subject	DEPARTMENTAL	Latitude	
	INFORMATIION	Longitude	
Disposition	Active	Jurisdiction	
Entered On	5/3/2024 9:59:00 AM	Grid	1
Entered By	Divis, Randy	Sector	¥
Reported On	1/18/2024	Map	
Reporting Officer	Divis, Randy	Beat	CCSO
Reporting Agency	CCSO - CUYAHOGA	Census/Geo Code	
	COUNTY SHERIFF'S DEPARTMENT	Call Source	
Report Type		Related Cases	
Assisted By		Means	
Occurred On (Date and	01/18/2024 0300AM	Other Means	
Time)		Motives	
Or Between (Date and		Other Motives	
Time)		Vehicle Activity	
Location	7702 Spafford Rd	Direction Vehicle Traveli	ng
CSZ	CLEVELAND, OH 44105	Cross Street	
Location Name		Notified	
		2)	
	A STATE OF THE PARTY OF THE PAR		
For Exceptional Clearances			
	100		
Clearance Basis			
Exceptional Clearance Date			
Narrative			
	7		

## Arrestee Name: Perkins, Robert





Photo Date:

Photo Date:

#### **Aliases**

Alias	Alias DOB	Alias SSN	

Alerts

#### Addresses

Address Type	Address	CSZ	County	Country
Phones			1	

**Phone Number** Phone Type

## Emails

**Email Address** 

Sex Male Race White Unknown

Ethnicity

DOB

33 Age

Eye Color Unknown Hair Color Brown

Hair Style Hair Length Facial Hair

Complexion

Teeth

Build

Height 6' 0" Weight 175

Resident

Resident POB

DLN

**DL** State DL Country

SSN

Scars/Marks/Tattoos

Attire

Employer/School **Employer Address** Employer CSZ Occupation/Grade

MO

Other MO

Habitual Offender

Status

Marital Status Registered Sex

Offender

EXP Date (RSO)

Hand



Languages Spoken

Fluency	Language
riuericy	Language

#### **Arrest Information**

Arrest For

Arrest Number

Arrest Type

Armed With

Multi-Clearance

Multi-Clearance Offense

FBI Number

State Number

Arrest Date

Arrest Location

Force Level

Date/Time Booked

**Booked Location** 

Date/Time Released

Released Location

Released By

Release Reason

Held For

Fingerprints

Photos

Miranda Read

Miranda Waived

Number of Warrants

Juvenile Dispo.

Adult Present (Name)

Detention Name

**Notified Name** 

Notes

**Victims** 

Witnesses

Witness Name: Ayers, Karli

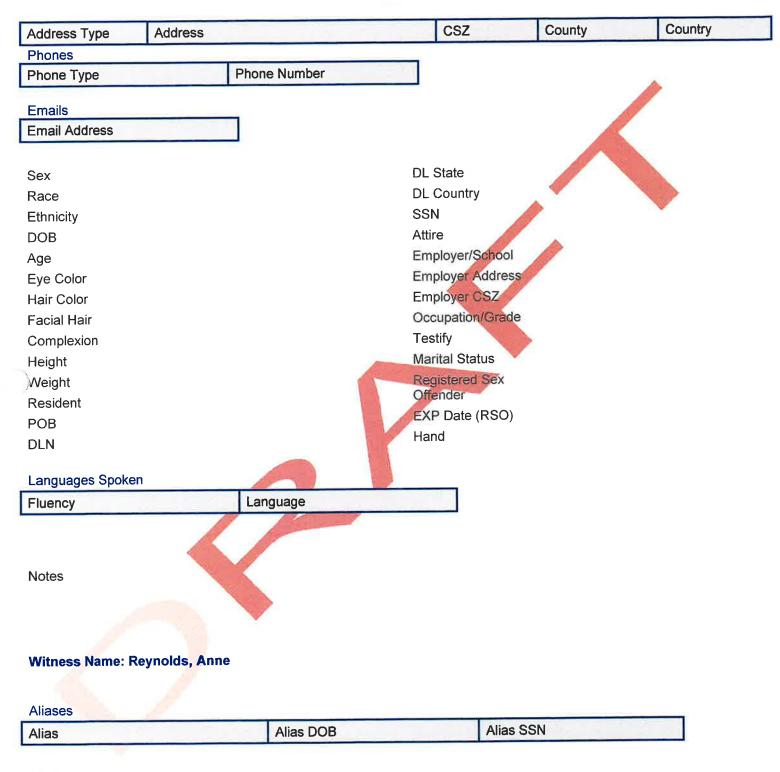
#### Aliases

Alias	Alias DOB	Alias SSN
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Alerts







**Alerts** 



#### Addresses

Address Type	Address		CSZ	County	Country
Phones					
Phone Type		Phone Number			
Emails					
Email Address					
Email Address					
Sex			DL State		
Race			DL Country		
Ethnicity			SSN		
DOB			Attire		
Age			Employer/School	ol	
Eye Color			Employer Addre		
Hair Color			Employer CSZ		
Facial Hair			Occupation/Gra	ade	
Complexion	*		Testify		
Height			Marital Status		
Weight			Registered Sex		
Resident			Offender		
POB			EXP Date (RSC	D)	
DLN			Hand		
Languages Spoke	en		¥		
Fluency		Language			
	-				
	100				
Notes					
Notes					
		*			
Witness Name: I	vherger Dana		(8)		
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Aliases	<u> </u>	An		00N	
Alias		Alias DOB	Alia	as SSN	

Alerts



Addresses CSZ Country Address County Address Type **Phones Phone Number** Phone Type **Emails Email Address DL State** Sex **DL** Country Race SSN **Ethnicity** Attire DOB Employer/School Age **Employer Address** Eye Color Employer CSZ Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language **Fluency Notes** Witness Name: #2177, Detective Little **Aliases** Alias SSN Alias DOB Alias



Alerts

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Address Type	Address		CSZ	County	Country
Phones					
Phone Type		Phone Number			
Emails					
Email Address					
Sex Race Ethnicity DOB Age Eye Color Hair Color Facial Hair			DL State DL Country SSN Attire Employer/School Employer Addre Employer CSZ Occupation/Gra	ess	
Complexion Height			Marital Status		
Weight			Registered Sex Offender		
Resident			EXP Date (RSC	))	
POB DLN			Hand		
Languages Spoke	en			¥.	
Fluency		Language			

Notes

Witness Name: Kane, Michael Jr.

## Aliases

	Alias	Alias DOB	Alias SSN
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## Alerts

Address Type	Address			CSZ	County	Country
Phones						
Phone Type		Phone Number				
Emails						
Email Address						
Sex			D	L State		
Race			D	L Country		
Ethnicity			S	SN 🔨	7	
DOB			Α	ttire 📉		
Age			E	mployer/School	lo	
Eye Color				mployer Addre		
Hair Color			E	mployer CSZ		
Facial Hair			C	ccupation/Gra	de	
Complexion				estify		
Height			N	larital Status		
Weight				egistered Sex		
Resident			The state of the s	ffender		
РОВ			The second secon	XP Date (RSO	9)	
DLN			H	and		
Languages Spoke	n 🍊					
Fluency		Language				

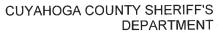
Notes

Witness Name: McCartney, John

## **Aliases**



Alias	F	Alias DOB	Alias	s SSN	
Alerts					
Addresses					
Address Type Addre	ess	1	CSZ	County	Country
Phones					
Phone Type	Phone	Number			The same of the sa
Emails					
Email Address			_		
Sex Race Ethnicity DOB Age Eye Color Hair Color Facial Hair Complexion Height Weight Resident POB DLN		2	DL State DL Country SSN Attire Employer/School Employer Addre Employer CSZ Occupation/Grad Testify Marital Status Registered Sex Offender EXP Date (RSO Hand	de	
Languages Spoken	To A				
Fluency	Lange	uage	1 Sec. 19		
Notes					
Witness Name: Morrison	, David				





Aliases

Alias DOB Alias SSN

Alerts

Addresses

Address Type Address CSZ County Country

**Phones** 

Phone Type Phone Number

**Emails** 

Email Address

Sex DL State

Race DL Country

Ethnicity SSN DOB Attire

Age Employer/School

Eye Color

Hair Color

Facial Hair

Employer Address

Employer CSZ

Occupation/Grade

Complexion Testify

Height Marital Status
Weight Registered Sex

Resident Offender
POB EXP Date (RSO)

DLN

Languages Spoken

Fluency Language

Notes

Witness Name: Bloxton, David



Aliases Alias DOB Alias SSN Alias Alerts Addresses CSZ County Country **Address** Address Type **Phones Phone Number** Phone Type Emails **Email Address** DL State Sex DL Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language Fluency Notes



Aliases Alias SSN Alias DOB Alias Alerts Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN **Ethnicity** Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language Fluency

Notes

Aliases



Alias DOB Alias SSN Alias **Alerts** Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair

Complexion

Height

Weight

Resident

POB

DLN

Testify

Marital Status

Registered Sex

Offender

EXP Date (RSO)

Hand

## Languages Spoken

Fluency Language

Notes

#### Witness Name: Schneider, Lt. Vincent



**Aliases** Alias DOB Alias SSN Alias Alerts Addresses Country CSZ County Address Type Address **Phones Phone Number** Phone Type Emails **Email Address** DL State Sex **DL** Country Race SSN **Ethnicity** Attire DOB Employer/School Age Employer Address Eye Color Employer CSZ Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language Fluency

Notes

Witness Name: #2569, Detective Myers



**Aliases** Alias SSN Alias DOB Alias Alerts Addresses CSZ County Country Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN **Ethnicity** Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language Fluency

Notes

## Witness Name: #1863, Officer Foster



#### Aliases

Alerts

Address Type	Address		CSZ	County	Country
Phones				*	1000
Phone Type		Phone Number			
Emails					
Email Address			1		
Sex			DL State		
Race			DL Country		
Ethnicity			SSN		
DOB			Attire		
Age		No.	Employer/School	ol	
Eye Color			Employer Addre	ess	
Hair Color			Employer CSZ		
Facial Hair			Occupation/Gra	de	
Complexion			Testify		
Height			Marital Status		
Weight			Registered Sex		
Resident	A		Offender		
POB			EXP Date (RSC	))	
DLN			Hand		
DEN					
Languages Spok	en				
Fluency		Language			

Notes

## Witness Name: Corrigan, Kara



**Aliases** Alias SSN Alias DOB Alias **Alerts** Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN **Ethnicity** Attire DOB Employer/School Age **Employer Address** Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language Fluency

## Witness Name: Potchatek, Kenneth

Notes



Aliases

Alias DOB Alias SSN

Alerts

Addresses

Address Type Address CSZ County Country

**Phones** 

Phone Type Phone Number

Emails

Email Address

Sex DL State

Race DL Country

Ethnicity SSN

DOB Attire

Age Employer/School
Eye Color Employer Address
Hair Color Employer CSZ

Facial Hair Occupation/Grade

Complexion

Height Marital Status

Weight Registered Sex Offender

POB EXP Date (RSO)

DLN Hand

Languages Spoken

Fluency Language

Notes

Witness Name: Selleny, Jon



**Aliases** Alias SSN Alias DOB Alias Alerts Addresses CSZ County Country **Address** Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language Fluency

# Witness Name: Wright, Wanda

**Notes** 



Aliases Alias SSN Alias DOB Alias **Alerts** Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age **Employer Address** Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language

Notes

**Fluency** 



Aliases

Alias SSN Alias DOB Alias

Alerts

#### Addresses

Phone Type

Address Type	Address		CSZ	County	Country
Phones					
Phone Type		Phone Number			

## **Emails**

## **Email Address**

Sex		DL State
Race		DL Country
Ethnicity		SSN
DOB		Attire
Age		Employer/School
Eye Color		Employer Address
Hair Color		Employer CSZ
Facial Hair		Occupation/Grade
Complexion		Testify
Height		Marital Status
Weight		Registered Sex Offender
Resident		
POB	ACCURATION OF THE PERSON OF TH	EXP Date (RSO)
DLN		Hand
Languages Spoken		
Eluanov	Language	

Fluency Language

Notes

## Witness Name: Tessin, Jacob



**Aliases** 

Alias SSN Alias DOB Alias Alerts **Addresses** Country CSZ County Address Address Type **Phones** Phone Number Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN **Ethnicity** Attire DOB Employer/School Age Employer Address Eye Color Employer CSZ Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken **Fluency** Language

Witness Name: Pierce, Justin

Notes



Aliases Alias SSN Alias DOB Alias Alerts Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex DL Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address Eye Color Employer CSZ Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken

Notes

Fluency

Language



## Aliases

i	Alias	Alias DOB	Alias SSN
	7 1140		

Alerts

Address Type	Address		CSZ	County	Country
Phones					
Phone Type		Phone Number			
Emails					
Email Address					
Sex			DL State		
Race			DL Country		
Ethnicity			SSN		
DOB			Attire		
Age			Employer/School		
Eye Color			Employer Addre	ess	
Hair Color			Employer CSZ		
Facial Hair			Occupation/Grad	de	
Complexion			Testify		
Height			Marital Status		
Weight		A ALOUS A	Registered Sex		
Resident			Offender		
POB			EXP Date (RSO	))	
DLN			Hand		
Languages Spoke	en				
Fluency		Language			

Notes

## Witness Name: Goon, Hunter



## Aliases

Alias	Alias DOB	Alias SSN

Alerts

#### **Addresses**

Phone Type

Address Type	Address	CSZ	County	Country
Phones				
Phone Type	Phone Number			

## **Emails**

## **Email Address**

Sex	DL State
Race	DL Country
Ethnicity	SSN
DOB	Attire
Age	Employer/School
Eye Color	Employer Address
Hair Color	Employer CSZ
Facial Hair	Occupation/Grade
Complexion	Testify
Height	Marital Status
Weight	Registered Sex
Resident	Offender
РОВ	EXP Date (RSO)
DLN	Hand

Languages Spoken

Fluency	Language

Notes

## Witness Name: Hannon, Timothy





Aliases

Alias DOB Alias SSN

Alerts

Addresses

Address Type Address CSZ County Country

**Phones** 

Phone Type Phone Number

**Emails** 

Email Address

Sex DL State

Race DL Country

Ethnicity SSN Attire

DOB

Age Employer/School
Eye Color Employer Address
Hair Color Employer CSZ

Facial Hair Occupation/Grade

Complexion

Height Marital Status
Weight Registered Sex

Resident

POB EXP Date (RSO)

DLN Hand

Languages Spoken

Fluency Language

Notes

## Witness Name: Kaloczi, Ray



## Aliases

Alias		Alias DOB	Alia	s SSN	
Alerts					
Addresses					
Address Type	Address		CSZ	County	Country
Phones				-	1
Phone Type		Phone Number	1.0		
Emails					
Email Address					
Email / Idai ooo					
Sex			DL State		
Race			DL Country		
Ethnicity			SSN		
DOB			Attire		
Age			Employer/School	ol	
Eye Color			Employer Addre	ess	
Hair Color			Employer CSZ		
Facial Hair			Occupation/Gra	ide	
Complexion			Testify		
Height		A A	Marital Status		
Weight		A STATE OF THE PARTY OF THE PAR	Registered Sex Offender		
Resident	4		EXP Date (RSC	))	
POB			Hand	· )	
DLN			Tana		
Languages Spoke	n		•		
Fluency		Language			

Notes

## Witness Name: Blaine, Mark



**Aliases** Alias DOB Alias SSN Alias Alerts Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type Emails **Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language Fluency

Notes



Aliases

Alias	Alias DOB	Alias SSN
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Alerts

#### Addresses

Address Type	Address		CSZ	County	Country
Phones					
Phone Type		Phone Number			

#### **Emails**

# Email Address

Sex	DL State
Race	DL Country
Ethnicity	SSN
DOB	Attire
Age	Employer/School
Eye Color	Employer Address
Hair Color	Employer CSZ
Facial Hair	Occupation/Grade
Complexion	Testify
Height	Marital Status
Weight	Registered Sex
Resident	Offender
РОВ	EXP Date (RSO)
DLN	Hand

## Languages Spoken

Fluency	Language

Notes

## Witness Name: Onofrei, Ion

Aliases



Alias DOB

Alias SSN

Alias Alerts Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address

Employer CSZ

Marital Status

Registered Sex

EXP Date (RSO)

Testify

Offender

Hand

Occupation/Grade

DLN

Eye Color

Hair Color

Facial Hair

Complexion

Height

Weight

POB

Resident

Languages Spoken Language Fluency

Notes

Witness Name: Bartlebaugh, Charles



Aliases Alias SSN Alias DOB Alias Alerts Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB

Languages Spoken

Fluency Language

Notes

DLN

## Witness Name: Ramey, Nicholas

Hand



Aliases

Alias	Alias DOB	Alias SSN	

#### **Alerts**

Address Type	Address			CSZ	County	Country
Phones						
Phone Type		Phone Number				
				A		
Emails					1	
Email Address						
0			DI	State		
Sex				Country		
Race			SS			
Ethnicity DOB			Att		*	
				ployer/School	al.	
Age			THE REAL PROPERTY.	ployer Addre		
Eye Color Hair Color			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	nployer CSZ	,33	
Facial Hair				cupation/Gra	ıde	
			1000000	stify		
Complexion			100	arital Status		
Height				gistered Sex		
Weight Resident	A		Of	fender		
POB			EΣ	(P Date (RSC	D)	
			Ha	ind		
DLN		A STATE OF THE PARTY OF THE PAR				
Languages Spoke	en					
Fluency		Language				

Notes

## Witness Name: Morley, Nicholas



Aliases Alias SSN Alias DOB Alias Alerts Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language Fluency

# Witness Name: Readinger, Michael

Notes



Aliases

Alias DOB Alias SSN

Alerts

Addresses

Address Type Address CSZ County Country

**Phones** 

Phone Type Phone Number

**Emails** 

Email Address

Sex DL State

Race DL Country Ethnicity SSN

DOB Attire

Age Employer/School
Eye Color Employer Address

Hair Color Employer CSZ
Facial Hair Occupation/Grade

Complexion Testify

Height Marital Status
Weight Registered Sex

Resident Offender EXP Date (RSO)

POB LAT I

Languages Spoken

Fluency Language

Notes

Witness Name: Gelske, Michael



**Aliases** Alias SSN Alias DOB Alias Alerts Addresses Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age **Employer Address** Eye Color Employer CSZ Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) POB Hand DLN Languages Spoken Language **Fluency** 

Notes

## Witness Name: Miller, Chris



**Aliases** Alias SSN Alias DOB Alias Alerts **Addresses** Country CSZ County Address Address Type **Phones Phone Number** Phone Type **Emails Email Address** DL State Sex **DL** Country Race SSN Ethnicity Attire DOB Employer/School Age Employer Address Eye Color **Employer CSZ** Hair Color Occupation/Grade Facial Hair Testify Complexion Marital Status Height Registered Sex Weight Offender Resident EXP Date (RSO) **POB** Hand DLN Languages Spoken Fluency Language

**Notes** 

## Witness Name: Moskowitz, Nicholas



#### Aliases

Alias DOB Alias SSN
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Alerts

## Addresses

Address Type	Address	CSZ	County	Country
Phones				
Phone Type	Phone Number			

## Emails

# Email Address

Sex	DL State
Race	DL Country
Ethnicity	SSN
DOB	Attire
Age	Employer/School
Eye Color	Employer Address
Hair Color	Employer CSZ
Facial Hair	Occupation/Grade
Complexion	Testify
Height	Marital Status
Weight	Registered Sex
Resident	Offender
POB	EXP Date (RSO)
DLN	Hand
Languages Spoken	

#### Languages Spoken

Fluency	Language

Notes

## Witness Name: Massey, Matthew



Alias		Alias DOB	Alia	as SSN	
Alerts					
Addresses					
Address Type	Address		CSZ	County	Country
Phones					100
Phone Type		Phone Number			
Emails			A.		
Email Address					
				1	
Sex			DL State		
Race			DL Country		
Ethnicity			SSN		
DOB			Attire		
Age			Employer/Scho	ool	
Eye Color			Employer Addr	ess	
Hair Color			Employer CSZ		
Facial Hair			Occupation/Gra	ade	
Complexion			Testify		
Height			Marital Status		
Weight			Registered Sex Offender	(	
Resident				<b>3</b> \	
POB			EXP Date (RS) Hand	<i>J</i> )	
DLN			пани		
Languages Spok	en				
Fluency		Language			

Other Entities -

Notes



Properties |

