

BLENDON TWP PD OFFICIAL INVESTIGATIVE NOTES

6340 Hempstead Rd Westerville OH 43081

*Time of Dispatch 12:16:00 *Time On Scene 12:16:00 *Time Of Clearance 12:44:00

CALL INFORMATION

CAD Call No: 91020084	Call Date Time: 2021-02-25 12:16:00	Call Type: Traffic Offense	Detective Assigned (Name, Badge #):	Incident Report No: 01-21-020084	Related Incident No: -
TOD* 2021-02-25 12:16:00	TOS** 2021-02-25 12:16:00	TOC*** 2021-02-25 12:44:00	Incident Status: Cleared Adult Arrest	Clearance Date: 2021-02-25	Cleared By: BL-281 - Joey, Moeller
Clearances					
A <input type="checkbox"/> Death of Offender		D <input type="checkbox"/> Victim Refused to Coop		G <input type="checkbox"/> Arrest - Juvenile	
B <input type="checkbox"/> Prosecution Denied		E <input type="checkbox"/> Juvenile/No Custody		H <input checked="" type="checkbox"/> Warrant Issued	
C <input type="checkbox"/> Extradition Denied		F <input type="checkbox"/> Arrest - Adult		I <input type="checkbox"/> Invest - Pending	
				J <input type="checkbox"/> Closed	
				K <input type="checkbox"/> Unfounded	
				U <input type="checkbox"/> Unknown	
Occurred From (Military Time) Date: 2021-02-25 Time: 12:14:00		Occurred To (Military Time) Date: 2021-02-25 Time: 12:15:00		Report Date/Time Date: 2021-02-25 Time: 13:23:00	
Reporting Officer, Badge # James, Glasure, BL-290					
House/Apt No 5996	Direction	Street Location Name Westerville		Street Sfx Road	Direction
City Westerville	State Ohio	Zip Code 43081	Beat BLENDON TWP	Location Code (B)	

NARRATIVE

Offender fled from victim out of a traffic stop.

OFFENSE INFORMATION

Offense 2921.31 - Obstructing Official Business	Crime Against Society	A/C C	F/M Degree Felony-5	Type Of Criminal Activity	
Location of Offense 1. Street	Hate Bias No Bias/Not Applicable	Explain Other Hate Bias		Larceny Type -	
Method of Entry No Force	No. of Premises Entered 0	Type Weapon / Force Used 1. Personal Weapons (hands, feet, teeth, etc.)		Suspected of Using Not Applicable	
Method of Entry - Motor Vehicle Theft			Method of Entry - Burglary / B&E Entry: Unknown - Unknown - Unknown Exit: Unknown - Unknown - Unknown		
Method of Operation					
Method of Attack Not Applicable					

OFFENSE INFORMATION

Offense 2921.331B - Failure to Comply with P.O. _ elude or flee	Crime Against Society	A/C C	F/M Degree Felony-3	Type Of Criminal Activity	
Location of Offense 1. Street	Hate Bias No Bias/Not Applicable	Explain Other Hate Bias		Larceny Type -	
Method of Entry No Force	No. of Premises Entered 0	Type Weapon / Force Used 1. Personal Weapons (hands, feet, teeth, etc.)		Suspected of Using Not Applicable	
Method of Entry - Motor Vehicle Theft			Method of Entry - Burglary / B&E Entry: Unknown - Unknown - Unknown Exit: Unknown - Unknown - Unknown		
Method of Operation					
Method of Attack Not Applicable					

VICTIM INFORMATION

Victim Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, Describe Injuries			Phone		
Last Name State of Ohio	First Name	Middle	Sfx	Sex	Race	Age -
Alias	SSN	DOB		Ht 0 - 0	Wt -	
Victim Type Society/Public						
Hair		Eyes		Marital Status		Resident Status
House/Apt No	Direction	Street Location Name		Street Sfx	Direction	Suite
City	State	Zip Code	Beat		Location Code (B)	
Employer / School Name				Employer Phone		Occupation
House / Apt No	Direction	Street Location Name		Street Sfx	Direction	Suite
City	State	Zip Code	Beat		Location Code (B)	

BLENDON TWP PD OFFICIAL INVESTIGATIVE NOTES

6340 Hempstead Rd Westerville OH 43081

Incident Report No: 01-21-020084	Related Incident No: --
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Agg. Asslt/Homicide Circum.	Neg. Asslt/Homicide Circum.	Victim Suspect Link (Name - Relationship)	Victim Linked to Offense No(s) 2921.31 - Obstructing Official Business 2921.331B - Failure to Comply with P.O. _ elude or flee
Eye Wear	Facial Hair	Hair Style	Piercing(s)
Scars	Clothing Description		Jewelry Description
Mental Condition	Sick/Injured No		Medication Type/Reason
Victim Can ID Offender Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Victim will Prosecute Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Referred to Prosecutor's Office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Referred to Other? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Detective Notified? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Detective Number	Method of Notification	Insurance Company Name

MISSING PERSON INFORMATION

Juvenile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Missing Person Code	Entered NCIC / LEADS No	Records Technician Name
Dental Records Yes	Dentist Name	Dentist Address	Dentist Telephone
Date Last Seen	Last Seen Location	Last Seen With	
Possible Destination	Likely to Contact	Legal Custodian	
RP's Relationship to Victim		General Broadcast Date	

RETURNED MISSING PERSON INFORMATION

Date Missing Date: Time:	Remove from NCIC / LEADS No. Explain:	Records Technician Name
Recovery Location	Recovered By	Turned Over To
Found With Whom		

VICTIM VEHICLE INFORMATION

License Number	Lic. State	Year	Make	Model	Color
Vehicle Disposition			Impound Location		

SUSPECT INFORMATION

Suspect No. 1	Per Type Offender	Last Name Teague	First Name Andrew	Middle	Sfx	Sex Male	Age 43 -
Juvenile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Birth 1977-09-18	Alias	SSN [REDACTED]	Phone Num		Ht 511 - 0	Wt 180 -
House/Apt No: 624	Direction	Street Location Name Reynolds	Street Sfx Avenue	Direction	Suite		
City Columbus	State Ohio	Zip Code 43201	Beat BLENDON TWP	Location Code (B)			
Race Black	Hair Bald	Eyes Brown	Marital Status	Resident Status			
Eye Wear	Facial Hair	Hair Style		Piercing			
Scars and Tattoos				Jewelry Description			
Clothing Description				Medication Type/ Reason			
Sick/Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Additional Description							
Employer / School Name:			Employer Phone			Occupation	
Employer Street No	Direction	Street Location Name		Street Sfx	Direction	Suite	
City	State	Zip Code	Beat	Location Code (B)			
Parole/Probation		Officer First Name		Officer Last Name		Phone #	
Charge 2921.31 - Obstructing Official Business		Arrest Date 2021-02-25	Arrest Time (Military) 12:22:00	Arrest Location			

BLENDON TWP PD OFFICIAL INVESTIGATIVE NOTES

6340 Hempstead Rd Westerville OH 43081

Incident Report No: 01-21-020084	Related Incident No: --
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ITN #	Multiple Arrestee Segments Indicator Not Applicable	Arrest Type Warrant
Arrest/Offense Description	Arrest/Offense Code	Arrest Larceny Type
Obstructing Official Business	2921.31	
Arrestee Was Armed With 1.		
Emotional Condition		Mental Condition

SUSPECT VEHICLE INFORMATION

License Number jct8343	Lic. State Ohio	Year 2016	Make Chevrolet	Model Malibu	Color BLK
Vehicle Disposition			Impound Location		

PROGRESS NOTES

Detective: Officer James, Glasure	Date: 3/4/2021
<p>ON 02-25-21 AT APPROX. 1216 HRS A BLK VEHICLE WAS CLOCKED BY RADAR TRAVELING 51 MPH IN A POSTED 35 MPH ZONE. THE VIOLATION OCCURRED AS THE VEHICLE TRAVELED W/B ON DEMPSEY RD. NEAR CAIRO DR. THE VEHICLE PULLED INTO THE GLENGARY SHOPPING CENTER IN FRONT OF THE ALDI GROCERY STORED LOCATED AT 5996 WESTERVILLE RD. THE VEHICLE WAS A BLK. CHEVY MALIBU, OH LIC. JCT8343. THE DRIVER WAS IDENTIFIED AS THE DEFENDANT, ANDREW E. TEAGUE. MR. TEAGUE PROVIDED HIS DRIVERS LICENSE AND WAS ADVISED TO REMAIN IN THE VEHICLE. MS. NICHEL CHRISOLM WAS THE FRONT SEAT PASSENGER AND EXITED THE VEHICLE WITH HER CHILD TO SHOP AT THE MENTIONED ALDI STORE. A LEADS CHECK REVEALED MR. TEAGUE HAD A FELONY WARRANT THRU COLUMBUS POLICE FOR FELONIOUS ASSAULT, F-2, CASE# 2021CRA1382. THE VEHICLE BEGAN TO MOVE AND THIS OFFICER APPROACHED THE DRIVER'S SIDE AND INSTRUCTED MR. TEAGUE TO PLACE THE VEHICLE IN PARK. MR. TEAGUE THEN DROVE AWAY TO THE SOUTH THRU THE PARKING LOT AT A HIGH RATE OF SPEED. OFFICER RICKER AND I BEGAN TO PURSUE THRU THE PARKING LOT UNTIL MR. TEAGUE TURN SOUTHBOUND ONTO WESTERVILLE RD. FROM THE SHOPPING CENTER. MR. TEAGUE PASSED A VEHICLE WHILE EXITING THE SHOPPING CENTER AND NEARLY STRUCK OTHER VEHICLES WHEN EXITING THE SHOPPING CENTER. MR. TEAGUE FLED SOUTH ON WESTERVILLE RD. AT A VERY HIGH RATE OF SPEED AND I TERMINATED THE PURSUIT DUE TO THE VOLUME OF TRAFFIC AND THE RECKLESS DRIVING OF MR. TEAGUE. OFFICERS RETURNED TO THE ALDI STORE AND LOCATED MS. CHRISOLM. SHE CONFIRMED MR. TEAGUE'S IDENTITY AND INDICATED SHE HAD BEEN DATING MR. TEAGUE FOR A FEW MONTHS. SHE ALSO DESCRIBED HIS ADDRESS AS BEING THE LISTED ADDRESS. OTHER OFFICERS AIRED OVER THE RADIO THAT MR. TEAGUE WAS OBSERVED LEAVING IN THE AREA OF WESTERVILLE RD. AND MORSE RD. STILL DRIVING AT A HIGH RATE OF SPEED.</p>	

Franklin County Sheriff's Office Official Report
369 S. High Street, Columbus, Ohio 43215

Entered 1. Report Number
9610218

2. Offense Code 3. Classification Assault 4. Detective Assigned SC

5. Place of Occurrence 2460 Jackson Pike 6. Date Occurred 10-27-96 To 7. Time Occurred 0030 To App. 8. District Where Occurred 33

9. Last Name (Or Firm Name) First Middle Sex Race Age 14. Person Reporting (Same As 3 Relationship) Sex Race Age
Teague, Andrew E. MB 19 SAME AS #9

10. Address Zip 15. Address Zip
863 E. 12TH AVE Col. Oh 43211

11. Residence Phone 12. Business Phone 13. DOB 9/18/77 16. Residence Phone 17. Business Phone 18. DOB 1/1
SSN [REDACTED] SSN [REDACTED]

19. Victim Taken To 20. Transported By 21. Treated/Pronounced By Bob Emmell (RN) Coroner Notified Yes No 22. Doctor in Attendance - Sign Death Certificate Yes No

23. DOA MISSING PERSON Height Weight Eyes Hair Identifying Scars / Tattoos Missing Before? Clothing Description Reason for Absence Possible Destination Cause of Death Funeral Home

24. VEHICLE SUSPECT STOLEN Model Body Style VIN License No. State Year
Year Make Color Top Color Bottom Value Keys with Unit Yes No Doors Locked Yes No Insured Yes No
25. Recovered By Date Time Location Impounded Yes No

26. NARRATIVE On the above date and time the reporting subject stated subject 1 struck him several times with a closed fist.

27. STOLEN/DES/IMP PROPERTY	S	D	I	Brand	Serial Number	Value	R
EXCEPTIONAL							
<i>[Signature]</i> 10-28-96							

Property Released To: X Total Value

28. Will Prosecute? Yes 29. Call # of Detective Notified On Scene Same as 5. 30. Referred to: Prosecutor 31. This Report is True and Correct to the Best of My Knowledge X
If No - Victim Initial 32. Location of Dispatched Run 33. Report Date 10-27-96 Report Time 0045 hrs. 34. Insurance Company

37. TARGET OF OFFENSE

- | | | | | | |
|---|---|--|--|---|---|
| 101 <input type="checkbox"/> An Individual | 107 <input type="checkbox"/> Bank/S&L | 117 <input type="checkbox"/> Drug Store | 125 <input type="checkbox"/> Pawn Shop | 133 <input type="checkbox"/> Utility | 141 <input type="checkbox"/> Mailbox |
| 102 <input type="checkbox"/> Single Family Dwelling | 110 <input type="checkbox"/> Bar/Restaurant | 118 <input type="checkbox"/> Fast Food | 126 <input type="checkbox"/> Public Transportation | 134 <input type="checkbox"/> Warehouse/Factory | 142 <input type="checkbox"/> Cemetery |
| 103 <input type="checkbox"/> Multi-Family Dwelling | 111 <input type="checkbox"/> Carry Out/Conv. Store | 119 <input type="checkbox"/> Gas Station | 127 <input type="checkbox"/> Retail Sales | 135 <input type="checkbox"/> Automobile | 143 <input type="checkbox"/> Alarm |
| 104 <input type="checkbox"/> Hotel/Motel | 112 <input type="checkbox"/> Church | 120 <input type="checkbox"/> Government Facility | 128 <input type="checkbox"/> Retail Service | 136 <input type="checkbox"/> Bicycle/Moped | 144 <input type="checkbox"/> Fence |
| 105 <input type="checkbox"/> House Trailer | 113 <input type="checkbox"/> Vending Machine | 121 <input type="checkbox"/> Grocery | 129 <input type="checkbox"/> Safe | 137 <input type="checkbox"/> Boat | 145 <input type="checkbox"/> Yard/Field |
| 106 <input type="checkbox"/> Garage/Shop | 114 <input type="checkbox"/> Construction Equipment | 122 <input type="checkbox"/> Medical Facility | 130 <input type="checkbox"/> School | 138 <input type="checkbox"/> Commercial Trailer | 146 <input type="checkbox"/> Animal |
| 107 <input type="checkbox"/> Vacant Structure | 115 <input type="checkbox"/> Construction Site | 123 <input type="checkbox"/> Office Building | 131 <input type="checkbox"/> Storage Facility | 139 <input type="checkbox"/> Motorcycle | 147 <input checked="" type="checkbox"/> Jail Inmate |
| 108 <input type="checkbox"/> Amusement Facility | 116 <input type="checkbox"/> Auto Dealer | 124 <input type="checkbox"/> Deputy/Officer | 132 <input type="checkbox"/> Taxi Cab | 140 <input type="checkbox"/> Truck | |

38. POINT OF ENTRY/EXIT

- | | | | | | | | | | |
|------------------------------------|------------------------------|---|------------------------------|--|------------------------------|--|------------------------------|--|------------------------------|
| ENTRY | EXIT | ENTRY | EXIT | ENTRY | EXIT | ENTRY | EXIT | ENTRY | EXIT |
| 201 <input type="checkbox"/> Front | 251 <input type="checkbox"/> | 204 <input type="checkbox"/> Door | 254 <input type="checkbox"/> | 207 <input type="checkbox"/> Door/Vent | 257 <input type="checkbox"/> | 210 <input type="checkbox"/> Air Garage | 260 <input type="checkbox"/> | 213 <input type="checkbox"/> Wing Vent | 263 <input type="checkbox"/> |
| 202 <input type="checkbox"/> Rear | 252 <input type="checkbox"/> | 205 <input type="checkbox"/> Window | 255 <input type="checkbox"/> | 208 <input type="checkbox"/> Wall | 258 <input type="checkbox"/> | 211 <input type="checkbox"/> Basement | 261 <input type="checkbox"/> | 216 <input type="checkbox"/> Other/Specify | 266 <input type="checkbox"/> |
| 203 <input type="checkbox"/> Side | 253 <input type="checkbox"/> | 206 <input type="checkbox"/> Sliding Door | 256 <input type="checkbox"/> | 209 <input type="checkbox"/> Floor/Ceiling | 259 <input type="checkbox"/> | 212 <input type="checkbox"/> Overhead Door | 262 <input type="checkbox"/> | 219 <input type="checkbox"/> North | 269 <input type="checkbox"/> |
| | | | | | | | | 223 <input type="checkbox"/> East | 273 <input type="checkbox"/> |
| | | | | | | | | 224 <input type="checkbox"/> South | 274 <input type="checkbox"/> |
| | | | | | | | | 225 <input type="checkbox"/> West | 275 <input type="checkbox"/> |

39. METHOD OF ATTACK

- | | | | | | | |
|--|--|---|---|--|---|--|
| 221 <input checked="" type="checkbox"/> Bodily Force | 224 <input type="checkbox"/> Cut | 227 <input type="checkbox"/> Key | 230 <input type="checkbox"/> Open to Public | 233 <input type="checkbox"/> Punch | 236 <input type="checkbox"/> Tape/Wire | 239 <input type="checkbox"/> Shot |
| 222 <input type="checkbox"/> Bomb/Explosive | 225 <input type="checkbox"/> Deception | 228 <input type="checkbox"/> No Visible Force | 231 <input type="checkbox"/> Pistol/Vice Grip | 234 <input type="checkbox"/> Saw/Drill | 237 <input type="checkbox"/> Wind. or Scrambled | 240 <input type="checkbox"/> Other Specify |
| 223 <input type="checkbox"/> Bomb/Explosive | 226 <input type="checkbox"/> Hit in Building | 229 <input type="checkbox"/> Not Locked | 232 <input type="checkbox"/> Fryed | 235 <input type="checkbox"/> Screwdriver | 238 <input type="checkbox"/> Kicked Door | |

40. SUSPECT 1 Name - Last, First

Clark, Michael							Clothing/Additional Information		DOB: 7/15/71		Arrested By	
M							SNAIL ISSUE		SSN: [REDACTED]		IN CUSTODY	
Sex	Race	Age	Height	Weight	Hair	Eyes	Address		WH/BL/OL		Stated	<input checked="" type="checkbox"/>
M	W	25 to	5'11 to	144 to	BRN	BLU	4970 WINGLOW DR. 43				Summons	<input type="checkbox"/>
SUSPECT 2 Name - Last, First							Clothing/Additional Information		DOB: / /		Arrested By	
									SSN: -		Stated	
Sex	Race	Age	Height	Weight	Hair	Eyes	Address				Summons	<input type="checkbox"/>
											Citation	<input type="checkbox"/>

41. SUSPECT DESCRIPTORS

- | | | | | | |
|--|---|--|--|--|---|
| 301 <input type="checkbox"/> Short Hair | 311 <input type="checkbox"/> Mustache | 322 <input type="checkbox"/> Eye Missing | 333 <input type="checkbox"/> Speech Stutter | 344 <input type="checkbox"/> Scar/Mask Head/Neck | 355 <input type="checkbox"/> Unusual Clothes |
| 302 <input type="checkbox"/> Medium Hair | 312 <input type="checkbox"/> Sideburns | 323 <input type="checkbox"/> Eyes Affected | 334 <input type="checkbox"/> Deep/Raspy Voice | 345 <input type="checkbox"/> Scar/Mask Chest/Back | 356 <input type="checkbox"/> Unusual Jewelry |
| 303 <input type="checkbox"/> Long Hair | 313 <input type="checkbox"/> Wire Fr Glasses | 324 <input type="checkbox"/> Gold/Silver Teeth | 335 <input type="checkbox"/> High Voice | 346 <input type="checkbox"/> Scar/Mask Arms | 357 <input type="checkbox"/> Intoxicated |
| 304 <input type="checkbox"/> Balding | 314 <input type="checkbox"/> Plastic Fr Glasses | 325 <input type="checkbox"/> Tooth Missing | 336 <input type="checkbox"/> Lip | 347 <input type="checkbox"/> Scar/Mask Legs/Foot | 358 <input type="checkbox"/> Body Fr Missing |
| 305 <input type="checkbox"/> Afro Style | 315 <input type="checkbox"/> Sunglasses | 326 <input type="checkbox"/> Tooth Decayed/Dirty | 337 <input type="checkbox"/> Tattoo Chest/Back | 348 <input type="checkbox"/> Thin Build | 359 <input type="checkbox"/> Deformities |
| 306 <input type="checkbox"/> Wavy Hair | 316 <input type="checkbox"/> Clear Lenses | 327 <input type="checkbox"/> Tooth Broken/Chip | 338 <input type="checkbox"/> Tattoo Arms | 349 <input type="checkbox"/> Medium Build | 360 <input type="checkbox"/> Cast/Bands on |
| 307 <input type="checkbox"/> Straight Hair | 317 <input type="checkbox"/> Light Complexion | 328 <input type="checkbox"/> Tooth Very White | 339 <input type="checkbox"/> Tattoo Hands/Finger | 350 <input type="checkbox"/> Heavy Build | 361 <input type="checkbox"/> Right Handed |
| 308 <input type="checkbox"/> Braided Hair | 318 <input type="checkbox"/> Medium Complexion | 329 <input type="checkbox"/> Abusive Speech | 340 <input type="checkbox"/> Tattoo Legs/Foot | 351 <input type="checkbox"/> Muscular Build | 362 <input type="checkbox"/> Left Handed |
| 309 <input type="checkbox"/> Full Beard | 319 <input type="checkbox"/> Dark Complexion | 330 <input type="checkbox"/> Polite Speech | 341 <input type="checkbox"/> Tattoo Pictures | 352 <input type="checkbox"/> Neatly Dressed | 363 <input type="checkbox"/> Body Odor |
| 310 <input type="checkbox"/> Goatee | 320 <input type="checkbox"/> Arms | 331 <input type="checkbox"/> Apologetic Speech | 342 <input type="checkbox"/> Tattoo Symbols | 353 <input type="checkbox"/> Dirty/Ragged | 364 <input type="checkbox"/> Mentally Dimwitted |
| | 321 <input type="checkbox"/> Freckled | 332 <input type="checkbox"/> Speech Anore | 343 <input type="checkbox"/> Tattoo Names/Initials | 354 <input type="checkbox"/> Wreck Clothes/Uniform | 300 <input type="checkbox"/> Other/Specify |

42. SUSPECT ACTIONS

- | | | | | | |
|---|--|---|---|---|---|
| 401 <input type="checkbox"/> Deceive/Distort | 406 <input type="checkbox"/> Bland/fool'd Victim | 412 <input type="checkbox"/> Molested Victim | 418 <input type="checkbox"/> Smoked on Premises | 424 <input type="checkbox"/> Took Large Items | 430 <input type="checkbox"/> Wore Wig |
| 402 <input type="checkbox"/> Demanded Money | 407 <input type="checkbox"/> Bound/Gagged Victim | 413 <input type="checkbox"/> Rip/Cut Clothes | 419 <input type="checkbox"/> Disabled Alarm | 425 <input type="checkbox"/> Took Concealables | 431 <input type="checkbox"/> Displayed Weapon |
| 403 <input type="checkbox"/> Stare Conversation | 408 <input type="checkbox"/> Knew About Victim | 414 <input type="checkbox"/> Maimed/Injured | 420 <input type="checkbox"/> Disabled Telephone | 426 <input type="checkbox"/> Wore Gloves | 432 <input type="checkbox"/> Fired Weapon |
| 404 <input type="checkbox"/> Used Demand Note | 409 <input type="checkbox"/> Knew Victim's Name | 415 <input type="checkbox"/> Suspect Disarmed | 421 <input type="checkbox"/> Knew Location Valuable | 427 <input type="checkbox"/> Wore Ski Mask | 433 <input type="checkbox"/> Imploded Weapon |
| 405 <input type="checkbox"/> Took Victim's Car | 410 <input type="checkbox"/> Made Threats | 416 <input type="checkbox"/> Struck Victim | 422 <input type="checkbox"/> Ransacked/Vandalized | 428 <input type="checkbox"/> Wore Stocking Mask | 434 <input type="checkbox"/> Used Lockout |
| | 411 <input type="checkbox"/> Made Victim Disarm | 417 <input type="checkbox"/> Ate/Drank | 423 <input type="checkbox"/> Used Victim's Tools | 429 <input type="checkbox"/> Wore Other Mask | 435 <input type="checkbox"/> Other/Specify |

43. SUSPECT WEAPONS

- | | | | | | |
|--|--|---|--|---|--|
| 501 <input type="checkbox"/> Handgun | 505 <input type="checkbox"/> Blue Steel | 509 <input type="checkbox"/> Long Barrel | 513 <input type="checkbox"/> Double Barrel | 517 <input type="checkbox"/> Knife | 521 <input type="checkbox"/> Hand/Foot |
| 502 <input type="checkbox"/> Rifle | 506 <input type="checkbox"/> Chrome/Nickel | 510 <input type="checkbox"/> Short Barrel | 514 <input type="checkbox"/> Sawn Off | 518 <input type="checkbox"/> Other Cut/Stub Inst. | 522 <input type="checkbox"/> Explosives |
| 503 <input type="checkbox"/> Shotgun | 507 <input type="checkbox"/> Automatic | 511 <input type="checkbox"/> Pump Action | 515 <input type="checkbox"/> Altered Stock | 519 <input type="checkbox"/> Club/Bludgeon | 523 <input type="checkbox"/> BB/Pellet Gun |
| 504 <input type="checkbox"/> Machine Gun | 508 <input type="checkbox"/> Revolver | 512 <input type="checkbox"/> Bot. Action | 516 <input type="checkbox"/> Muzzle/Rack | 520 <input type="checkbox"/> Misc/Chemicals | 524 <input type="checkbox"/> Ligature |

44. WITNESS 1 Name

Hatmaker, Robert	Sex	Race	Age	Address	Col, #H	Home Phone	Bus Phone	Can I.D.
	M	W	20	2831 Fairview CT	43232			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WITNESS 2 Name	Sex	Race	Age	Address	Col, #H	Home Phone	Bus Phone	Can I.D.
Pack, Gilbert	M	B	21	3702 Kildan CT	43232			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WITNESS 3 Name	Sex	Race	Age	Address	Col, #H	Home Phone	Bus Phone	Can I.D.
Travis, Antonio	M	B	28	811 S. Hamilton	43227			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Franklin County Sheriff's Office

Detective Bureau

Columbus, Ohio 43215

Progress of Investigation

Offense Report # <i>9610218</i>	Detective <i>Scott</i>	Supervisor Approval <i>N</i>	Date of Progress <i>10-28-96</i>
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Contacts Made							
Last Name	First Name	Sex	Race	Age	Address	Time/Date	Phone #

Persons Responsible						
Last Name	First Name	Sex	Race	Age	Address	Charge
<i>Clark</i>	<i>Michael</i>	<i>M</i>	<i>W</i>	<i>25</i>	<i>4970 Winslow</i>	<i>Assault</i>

The above listed person(s) were contacted. No further information was obtained. This report is PENDING.

The above listed person(s) were contacted. The following additional information was obtained. This report is PENDING.

Attempts were made to contact the above listed people. No one has returned our phone calls or responded to our request for further information. This report is cleared EXCEPTIONAL.

The victim does not wish to prosecute any suspect(s) in this incident. This report is cleared EXCEPTIONAL.

Warrants were filed on the above named person(s) by the F. C. S. O. This report is cleared by ARREST.

This incident is a misdemeanor. The victim was directed to the Prosecutor's Office to file charges against the above named person(s). This report is cleared EXCEPTIONAL.

This report is for F.C.S.O. informational purposes only. This report is cleared EXCEPTIONAL.

No criminal offense occurred or occurred in another jurisdiction. Copy of report forwarded. This report is cleared UNFO.

Progress

37. TARGET OF OFFENSE

- | | | | | | |
|---|---|--|--|---|---|
| 101 <input type="checkbox"/> An Individual | 109 <input type="checkbox"/> Bank/SAL | 117 <input type="checkbox"/> Drug Store | 125 <input type="checkbox"/> Pawn Shop | 133 <input type="checkbox"/> Utility | 141 <input type="checkbox"/> Mailbox |
| 102 <input type="checkbox"/> Single Family Dwelling | 110 <input type="checkbox"/> Bar/Restaurant | 118 <input type="checkbox"/> Fast Food | 126 <input type="checkbox"/> Public Transportation | 134 <input type="checkbox"/> Warehouse/Factory | 142 <input type="checkbox"/> Cemetery |
| 103 <input type="checkbox"/> Multi-Family Dwelling | 111 <input type="checkbox"/> Carry Out/Conv. Store | 119 <input type="checkbox"/> Gas Station | 127 <input type="checkbox"/> Retail Sales | 135 <input type="checkbox"/> Automobile | 143 <input type="checkbox"/> Aircraft |
| 104 <input type="checkbox"/> Hotel/Motel | 112 <input type="checkbox"/> Church | 120 <input type="checkbox"/> Government Facility | 128 <input type="checkbox"/> Retail Service | 136 <input type="checkbox"/> Bicycle/Moped | 144 <input type="checkbox"/> Farm |
| 105 <input type="checkbox"/> House Trailer | 113 <input type="checkbox"/> Vending Machine | 121 <input type="checkbox"/> Grocery | 129 <input type="checkbox"/> Safe | 137 <input type="checkbox"/> Boat | 145 <input type="checkbox"/> Yard/Field |
| 106 <input type="checkbox"/> Garage/Shop | 114 <input type="checkbox"/> Construction Equipment | 122 <input type="checkbox"/> Medical Facility | 130 <input type="checkbox"/> School | 138 <input type="checkbox"/> Commercial Trailer | 146 <input type="checkbox"/> Animal |
| 107 <input type="checkbox"/> Vacant Structure | 115 <input type="checkbox"/> Construction Site | 123 <input type="checkbox"/> Office Building | 131 <input type="checkbox"/> Storage Facility | 139 <input type="checkbox"/> Motorcycle | 147 <input checked="" type="checkbox"/> Jail/Inmate |
| 108 <input type="checkbox"/> Amusement Facility | 116 <input type="checkbox"/> Auto Dealer | 124 <input type="checkbox"/> Deputy/Officer | 132 <input type="checkbox"/> Taxi Cab | 140 <input type="checkbox"/> Truck | |

38. POINT OF ENTRY/EXIT

- | | | | | | | | | | | | |
|------------------------------------|------------------------------|---|------------------------------|--|------------------------------|--|------------------------------|--|------------------------------|------------------------------------|------------------------------|
| ENTRY | EXIT | ENTRY | EXIT | ENTRY | EXIT | ENTRY | EXIT | ENTRY | EXIT | ENTRY | EXIT |
| 201 <input type="checkbox"/> Front | 251 <input type="checkbox"/> | 204 <input type="checkbox"/> Door | 254 <input type="checkbox"/> | 207 <input type="checkbox"/> Back/Vent | 257 <input type="checkbox"/> | 210 <input type="checkbox"/> Air Garage | 260 <input type="checkbox"/> | 213 <input type="checkbox"/> Wing Vent | 263 <input type="checkbox"/> | 216 <input type="checkbox"/> Eave | 266 <input type="checkbox"/> |
| 202 <input type="checkbox"/> Rear | 252 <input type="checkbox"/> | 205 <input type="checkbox"/> Window | 255 <input type="checkbox"/> | 208 <input type="checkbox"/> Wall | 258 <input type="checkbox"/> | 211 <input type="checkbox"/> Basement | 261 <input type="checkbox"/> | 219 <input type="checkbox"/> Other/Specify | 264 <input type="checkbox"/> | 218 <input type="checkbox"/> Scaff | 267 <input type="checkbox"/> |
| 203 <input type="checkbox"/> Side | 253 <input type="checkbox"/> | 206 <input type="checkbox"/> Sliding Door | 256 <input type="checkbox"/> | 209 <input type="checkbox"/> Floor/Ceiling | 259 <input type="checkbox"/> | 212 <input type="checkbox"/> Overhead Door | 262 <input type="checkbox"/> | 220 <input type="checkbox"/> Hatch | 265 <input type="checkbox"/> | 217 <input type="checkbox"/> Other | 268 <input type="checkbox"/> |

39. METHOD OF ATTACK

- | | | | | | | |
|--|--|---|---|---|---|--|
| 221 <input checked="" type="checkbox"/> Bodily Force | 224 <input type="checkbox"/> Cut | 227 <input type="checkbox"/> Key | 230 <input type="checkbox"/> Open to Public | 233 <input type="checkbox"/> Punch | 236 <input type="checkbox"/> Tape/Wire | 239 <input type="checkbox"/> Shot |
| 222 <input type="checkbox"/> Bolt Cutter | 225 <input type="checkbox"/> Deception | 228 <input type="checkbox"/> No Visible Force | 231 <input type="checkbox"/> Filers/Vices Grips | 234 <input type="checkbox"/> Saw/Drill | 237 <input type="checkbox"/> Window Scaused | 240 <input type="checkbox"/> Other Specify |
| 223 <input type="checkbox"/> Bomb/Explosive | 226 <input type="checkbox"/> Hid In Building | 229 <input type="checkbox"/> Not Locked | 232 <input type="checkbox"/> Pryed | 235 <input type="checkbox"/> Recrederiver | 238 <input type="checkbox"/> Kicked Door | |

40. SUSPECT 1 Name - Last, First: Teague, Andrew Clothing/Additional Information: Tail Issue DOB: 91.18.1977 Arrested By: FN CARTER

Sex: M Race: B Age: 19 to Height: 5'9" Weight: 170 lbs Hair: Blk Eyes: BRN Address: 813 E. 127th Ave. Col. Off 43211

SUSPECT 2 Name - Last, First: _____ Clothing/Additional Information: _____ DOB: _____ Arrested By: _____

Sex: _____ Race: _____ Age: _____ to Height: _____ to Weight: _____ to Hair: _____ Eyes: _____ Address: _____

41. SUSPECT DESCRIPTORS

- | | | | | | |
|--|---|--|--|--|--|
| 301 <input type="checkbox"/> Short Hair | 311 <input type="checkbox"/> Mustache | 322 <input type="checkbox"/> Eye Making | 333 <input type="checkbox"/> Speech Stutter | 344 <input type="checkbox"/> Scarf/Mask Head/Neck | 355 <input type="checkbox"/> Unusual Clothes |
| 302 <input type="checkbox"/> Medium Hair | 312 <input type="checkbox"/> Sideburns | 323 <input type="checkbox"/> Eyes Affected | 334 <input type="checkbox"/> Deep/Raspy Voice | 345 <input type="checkbox"/> Scarf/Mask Chest/Back | 356 <input type="checkbox"/> Unusual Jewelry |
| 303 <input type="checkbox"/> Long Hair | 313 <input type="checkbox"/> Wire Fr Glasses | 324 <input type="checkbox"/> Gold/Silver Teeth | 335 <input type="checkbox"/> High Voice | 346 <input type="checkbox"/> Scarf/Mask Arms | 357 <input type="checkbox"/> Intoxicated |
| 304 <input type="checkbox"/> Balding | 314 <input type="checkbox"/> Plastic Fr Glasses | 325 <input type="checkbox"/> Tooth Missing | 336 <input type="checkbox"/> Lip | 347 <input type="checkbox"/> Scarf/Mask Legs/Feet | 358 <input type="checkbox"/> Body Pw Missing |
| 305 <input type="checkbox"/> Afro Style | 315 <input type="checkbox"/> Sunglasses | 326 <input type="checkbox"/> Tooth Decayed/Dirty | 337 <input type="checkbox"/> Tattoo Chest/Back | 348 <input type="checkbox"/> Thin Build | 359 <input type="checkbox"/> Deformities |
| 306 <input type="checkbox"/> Wavy Hair | 316 <input type="checkbox"/> Clear Lenses | 327 <input type="checkbox"/> Tooth Broken/Chip | 338 <input type="checkbox"/> Tattoo Arms | 349 <input type="checkbox"/> Medium Build | 360 <input type="checkbox"/> Cuts/Scalds |
| 307 <input type="checkbox"/> Straight Hair | 317 <input type="checkbox"/> Light Complexion | 328 <input type="checkbox"/> Teeth Very White | 339 <input type="checkbox"/> Tattoo Hands/Finger | 350 <input type="checkbox"/> Heavy Build | 361 <input type="checkbox"/> Right Handed |
| 308 <input type="checkbox"/> Braided Hair | 318 <input type="checkbox"/> Medium Complexion | 329 <input type="checkbox"/> Abnormal Speech | 340 <input type="checkbox"/> Tattoo Legs/Feet | 351 <input type="checkbox"/> Muscular Build | 362 <input type="checkbox"/> Left Handed |
| 309 <input type="checkbox"/> Full Beard | 319 <input type="checkbox"/> Dark Complexion | 330 <input type="checkbox"/> Polite Speech | 341 <input type="checkbox"/> Tattoo Pictures | 352 <input type="checkbox"/> Neatly Dressed | 363 <input type="checkbox"/> Body Odor |
| 310 <input type="checkbox"/> Goatee | 320 <input type="checkbox"/> Acne | 331 <input type="checkbox"/> Apologetic Speech | 342 <input type="checkbox"/> Tattoo Symbols | 353 <input type="checkbox"/> Dirty/Ragged | 364 <input type="checkbox"/> Monthly Dimish |
| | 321 <input type="checkbox"/> Freckled | 332 <input type="checkbox"/> Speech Accent | 343 <input type="checkbox"/> Tattoo Names/Initials | 354 <input type="checkbox"/> Work Clothes/Uniform | 365 <input type="checkbox"/> Other Specify |

42. SUSPECT ACTIONS

- | | | | | | |
|---|--|---|---|---|---|
| 401 <input type="checkbox"/> Deceive/Distort | 406 <input type="checkbox"/> Blindfolded Victim | 412 <input type="checkbox"/> Molested Victim | 418 <input type="checkbox"/> Smok of on Personalies | 424 <input type="checkbox"/> Took Large Items | 430 <input type="checkbox"/> Wore Wig |
| 402 <input type="checkbox"/> Demanded Money | 407 <input type="checkbox"/> Bound/Tied Victim | 413 <input type="checkbox"/> Rip/Cut Clothes | 419 <input type="checkbox"/> Disabled Alarm | 425 <input type="checkbox"/> Took Consumables | 431 <input type="checkbox"/> Displayed Weapon |
| 403 <input type="checkbox"/> Stare Conversation | 408 <input type="checkbox"/> Knew About Victim | 414 <input type="checkbox"/> Mutilated | 420 <input type="checkbox"/> Disabled Telephone | 426 <input type="checkbox"/> Wore Gloves | 432 <input type="checkbox"/> Prod Weapon |
| 404 <input type="checkbox"/> Used Demand Note | 409 <input type="checkbox"/> Knew Victim's Name | 415 <input type="checkbox"/> Suspect Disrobed | 421 <input type="checkbox"/> Know Location Valuable | 427 <input type="checkbox"/> Wore Sid Mask | 433 <input type="checkbox"/> Implied Weapon |
| 405 <input type="checkbox"/> Took Victim's Car | 410 <input type="checkbox"/> Made Threats | 416 <input type="checkbox"/> Struck Victim | 422 <input type="checkbox"/> Ransacked/Vandalized | 428 <input type="checkbox"/> Wore Stocking Mask | 434 <input type="checkbox"/> Used Lockout |
| | 411 <input type="checkbox"/> Made Victim Disrobe | 417 <input type="checkbox"/> Ate/Drank | 423 <input type="checkbox"/> Used Victim's Tools | 429 <input type="checkbox"/> Wore Other Mask | 435 <input type="checkbox"/> Other Specify |

43. SUSPECT WEAPONS

- | | | | | | |
|--|--|---|--|--|--|
| 501 <input type="checkbox"/> Handgun | 505 <input type="checkbox"/> Blue Steel | 509 <input type="checkbox"/> Long Barrel | 513 <input type="checkbox"/> Double Barrel | 517 <input type="checkbox"/> Knife | 521 <input type="checkbox"/> Hand/Tent |
| 502 <input type="checkbox"/> Rifle | 506 <input type="checkbox"/> Chrome/Nickel | 510 <input type="checkbox"/> Short Barrel | 514 <input type="checkbox"/> Sawed Off | 518 <input type="checkbox"/> Other Gun/Body Inst | 522 <input type="checkbox"/> Explosives |
| 503 <input type="checkbox"/> Shotgun | 507 <input type="checkbox"/> Automatic | 511 <input type="checkbox"/> Pump Action | 515 <input type="checkbox"/> Altered Stock | 519 <input type="checkbox"/> Club/Bludgeon | 523 <input type="checkbox"/> BB/Tennis Gun |
| 504 <input type="checkbox"/> Machine Gun | 508 <input type="checkbox"/> Revolver | 512 <input type="checkbox"/> Bolt Action | 516 <input type="checkbox"/> Muzzle/Block | 520 <input type="checkbox"/> Mace/Chemicals | 524 <input type="checkbox"/> Ligature |

44. WITNESS 1 Name: Hatmaker, Robert Sex: M Race: W Age: 20 Address: 2831 Faircham Ct. Col. Off 43232 Home Phone: _____ Bus Phone: _____ Can I.D. Yes No

WITNESS 2 Name: Tyler, Gilbert Sex: M Race: B Age: 26 Address: 3702 Kidwood Ct. Col. Off 43232 Home Phone: _____ Bus Phone: _____ Can I.D. Yes No

WITNESS 3 Name: _____ Sex: _____ Race: _____ Age: _____ Address: _____ Home Phone: _____ Bus Phone: _____ Can I.D. Yes No

Franklin County Sheriff's Office

Detective Bureau

Columbus, Ohio 43215

Progress of Investigation

Offense Report # 9616219	Detective Scott	Supervisor Approval H	Date of Progress 10-28-96
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Contacts Made							
Last Name	First Name	Sex	Race	Age	Address	Time/Date	Phone #

Persons Responsible						
Last Name	First Name	Sex	Race	Age	Address	Charge
Teague	Andrew	M	B	19	863 S. 12th Ave.	ASSAULT

<input type="checkbox"/> The above listed person(s) were contacted. No further information was obtained. This report is PENDING.	<input type="checkbox"/> Warrants were filed on the above named person(s) by the P. C. S. O. This report is cleared by ARREST.
<input type="checkbox"/> The above listed person(s) were contacted. The following additional information was obtained. This report is PENDING.	<input checked="" type="checkbox"/> This incident is a Misdemeanor. The victim was directed to the Prosecutor's Office to file charges against the above named person(s). This report is cleared EXCEPTIONAL.
<input type="checkbox"/> Attempts were made to contact the above listed people. No one has returned our phone calls or responded to our request for further information. This report is cleared EXCEPTIONAL.	<input type="checkbox"/> This report is for P.C.S.O. informational purposes only. This report is cleared EXCEPTIONAL.
<input type="checkbox"/> The victim does not wish to prosecute any suspect(s) in this incident. This report is cleared EXCEPTIONAL.	<input type="checkbox"/> No criminal offense occurred or occurred in another jurisdiction. Copy of report forwarded. This report is cleared UNFOUNDED.

Progress

FRANKLIN COUNTY SHERIFF'S DEPARTMENT

N.C.I.C. MISSING PERSON ENTRY FORM

EXCEPTIONAL

PK 12-17-04
[Signature]

EMJ _____ EHO _____ EMD _____ EME _____ EMI _____ REPORT # 9112014

NAME/ Teague Andrew AGE 14
LAST FIRST MIDDLE

ADDR/ 1951 Gantz Road DOB/ 091877 DLC/ 120691 DOB/ 091895
Date Turns 18

PHYSICAL DESCRIPTION

HGT/ 504 WGT/ 125 HAIR/ blk EYE/ bro RAC/ B SEX/ M

MISC. NUMBERS

SOC/ _____ FBI/ _____

ADDITIONAL INFORMATION

PERSON GIVING REPORT - PARENT'S NAME IF OFFICER MAKING REPORT NAME Ray Haynes PHONE # work 275-2535 home _____

ADDRESS 1951 Gantz road

TITLE/RELATIONSHIP TO MISSING Youth Leader

DATE OF REPORT 120691 TIME OF REPORT 16:30

LOCATION LAST SEEN 1951 Gantz road DATE 120691 TIME 16:30

MISC. INFORMATION _____

REPORT TAKEN BY Fout

FRANKLIN COUNTY SHERIFF'S DEPARTMENT

N.C.I.C. MISSING PERSON ENTRY FORM

8

9111955

EMJ XX EMO _____ EMD _____ EME _____ EMI _____ REPORT # _____

NAME TEAGUE, ANDREW AGE 14
LAST FIRST MIDDLE

ADR/ 1951 Gantz Rd DOB/ 09/18/77 DLC/ 120491 DOE/ 1995
Date Terms 18

PHYSICAL DESCRIPTION

HGT/ 504 WGT/ 125 HAIR/ red EYE/ bro RAC/ B SEX/ M

MISC. NUMBERS

SOC/ _____ FBI/ _____

ADDITIONAL INFORMATION

PERSON GIVING REPORT - PARENT'S NAME IF OFFICER MAKING REPORT NAME Andre Graves PHONE # work 275-2565 home _____

ADDRESS same

TITLE/RELATIONSHIP TO MISSING Yough Leader

EXCEPTIONAL

DATE OF REPORT 12/4/91 TIME OF REPORT 1:58Pm

LOCATION LAST SEEN same DATE 12/4/91 TIME 1:50P

MISC. INFORMATION white jacket w/hood, blue jeans, black shoes

REPORT TAKEN BY RMB

LID BE 2188EM NIC M 532 34856/

DAPC 7
5 Dec 91
EX. *[Signature]*

FRANKLIN COUNTY SHERIFF'S DEPARTMENT

N.C.I.C. MISSING PERSON ENTRY FORM

EMJ _____ EMO _____ EMD _____ EME _____ EMH _____ REPORT # 9112481

NAME/ Teague, Andrew AGE 14
LAST FIRST MIDDLE

ADRV 1951 Gantz Road DOB/ 091877 DIC/ 121991 DOC/ 091895
Date Turns 18

PHYSICAL DESCRIPTION

HGT/ 504 WGT/ 125 HAIR/ blk EYE/ brn RAC/ b SEX/ m

MISC. NUMBERS

SOC/ _____ FBI/ _____

ADDITIONAL INFORMATION

PERSON GIVING REPORT - PARENT'S NAME IF OFFICER MAKING REPORT
NAME Betty Jones PHONE # work 275-2635
home

ADDRESS 1951 Gantz Road

TITLE/RELATIONSHIP TO MISSING Youth Leader

DATE OF REPORT 121991 TIME OF REPORT 18:34

LOCATION LAST SEEN 1951 Gantz Road DATE 121991 TIME 18:14

EXCEPTIONAL

MISC. INFORMATION

REPORT TAKEN BY Fout

CAN - SEE ATTACHED

BE40861C

M55570301E

*DAP 07
20 Dec 91 JLD*

FRANKLIN COUNTY SHERIFF'S DEPARTMENT

N.C.I.C. MISSING PERSON ENTRY FORM

EXCEPTIONAL

1-6-92
MD

EMU/ ✓ EMO _____ EMD _____ EME _____ EMU _____ REPORT # 9112552

NAME Teague Andrew AGE _____
LAST FIRST MIDDLE

ADR/ 1951 Gantz Rd DOB/ 9-18-77 DIC/ 12-21-91 DOE/ 9-18-95
Date Times 18

PHYSICAL DESCRIPTION

HGT/ 5'4 WGT/ 125 HAIR/ Blk EYE/ Bro RAC/ B SEX/ M

MISC. NUMBERS

SOC/ _____ FBI/ _____

ADDITIONAL INFORMATION

PERSON GIVING REPORT - PARENT'S NAME IF OFFICER MAKING REPORT NAME McCoy Steven PHONE # work 275-2535 home _____

ADDRESS Same

TITLE/RELATIONSHIP TO MISSING Counselor

DATE OF REPORT 12-21-91 TIME OF REPORT 4:15pm

LOCATION LAST SEEN Same DATE 12-21-91 TIME 8:55pm

MISC. INFORMATION

REPORT TAKEN BY Leadon

BEYSSS IN
M535386675