

INCIDENT REPORT PUBLIC COPY

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| I N C I D E N T D A T A | Agency Name Gainesville Police Department | | Case# 02-16-016758 | | |
| | ORI FL0010100 | | Date / Time Reported 09/10/2016 21:51 Sat | | |
| | Location of Incident 2222 W University Ave, Gainesville FL 32603- | | Premise Type Home Of Vi - Other | Zone/Tract G | Last Known Secure 09/10/2016 19:35 Sat |
| | | | | | At Found 09/10/2016 19:40 Sat |
| #1 | Crime Incident(s) (Com) Battery (simple) BASI | | Weapon / Tools HANDS, FEET, FISTS, SPITTING | | Activity |
| | Entry | | Exit | | Security |
| | | | | | |
| #2 | Crime Incident (Com) Trespass TRES | | Weapon / Tools | | Activity |
| | Entry | | Exit | | Security |
| | | | | | |
| #3 | Crime Incident () | | Weapon / Tools | | Activity |
| | Entry | | Exit | | Security |
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| V I C T I M | # of Victims 1 | Type: INDIVIDUAL | Injury: Not Applicable | | | | Domestic: N | | | | |
| | V1 | Victim/Business Name (Last, First, Middle) LEPPLA, NORMAN ROBERT | | | Victim of Crime # 1,2 | DOB Age 46 | Race W | Sex M | Relationship To Offender | Resident Status Resident | Military Branch/Status |
| | Home Address 6310 NE WALDO RD , Gainesville, FL 32609- | | | | | | | | Home Phone 352-318-1145 | | |
| | Employer Name/Address EW BURCH CONTRACTORS (CONTRACTOR) | | | | | | Business Phone | | Mobile Phone | | |
| | YVR | Make | Model | Style | Color | Lic/Lis | VIN | | | | |
| | CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: INDIVIDUAL Injury: | | | | | | | | | | |

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| O T H E R S I N V O L V E D | IO | Name (Last, First, Middle) BURCH, EARNEST WILLIAM 3 | | | Victim of Crime # | DOB Age 46 | Race W | Sex M | Relationship To Offender | Resident Status Resident | Military Branch/Status |
| | Home Address 2222 W University Ave Gainesville, FL 32603 | | | | | | | | Home Phone 352-372-4515 | | |
| | Employer Name/Address | | | | | | Business Phone | | Mobile Phone | | |
| | Type: Injury: | | | | | | | | | | |
| | | Name (Last, First, Middle) | | | Victim of Crime # | DOB Age | Race | Sex | Relationship To Offender | Resident Status | Military Branch/Status |
| | Home Address | | | | | | | | Home Phone | | |
| Employer Name/Address | | | | | | Business Phone | | Mobile Phone | | | |

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| P R O P E R T Y | L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction) | | | | | | | | | | |
| | VI # | Code | Status Frm/Tc | Value | OJ | QTY | Property Description | Make/Model | Serial Number | | |
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| Officer/ID# ELLIS, T. (0943) | Invest ID# (0) | Supervisor OWENS, C. R. (0661) |
| Status | Complainant Signature | Case Status <i>Sworn Complaint</i> 09/10/2016 |
| | | Case Disposition: |
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