

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name <i>City Of Galveston Police Department</i>			Case# <i>17000111</i>		
	ORI <i>TX0840400</i>			Date / Time Reported <i>01/05/2017 20:55 Thu</i>		
	Location of Incident <i>2100-BLK 59th St, Galveston TX 77551-</i>			Premise Type <i>Residence/home</i>		Zone/Tract
				Last Known Secure <i>01/05/2017 20:55 Thu</i>		At Found <i>01/05/2017 20:55 Thu</i>
#1	Crime Incident(s) (Com) <i>Terroristic Threat PC 22.07</i>			Weapon / Tools		Activity
	Entry		Exit		Security	
#2	Crime Incident ()			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 <i>1</i>		Type: <i>INDIVIDUAL (NOT A LE OFFICER)</i>			Injury: <i>None</i>				
	Victim/Business Name (Last, First, Middle) <i>V1 ONEAL, RYAN ALEXANDER</i>			Victim of Crime # <i>1,</i>	DOB <i>Age 31</i>	Race <i>W</i>	Sex <i>M</i>	Relationship To Offender <i>1ST</i>	Resident Status <i>Non-Reside</i>	Military Branch/Status
	Home Address							Home Phone		
	Employer Name/Address					Business Phone		Mobile Phone		
	VYR	Make	Model	Style	Color	Lic/Lis	VIN			

O T H E R S I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)										
	Type:					Injury:					
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address								Home Phone		
	Employer Name/Address					Business Phone		Mobile Phone			
I N V O L V E D	Type:					Injury:					
	Code	Name (Last, First, Middle)			Victim of Crime #	DOB <i>Age</i>	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address								Home Phone		
	Employer Name/Address					Business Phone		Mobile Phone			

P R O P E R T Y	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)												
	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description			Make/Model		Serial Number	

Officer/ID# <i>SCHIRARD, H. A. (PATL, PTRL) (297935)</i>			Invest ID# <i>(0)</i>			Supervisor <i>GRAVES, H. R. (PATL, PTRL) (297825)</i>			
Status		Complainant Signature			Case Status <i>Inactive 01/06/2017</i>		Case Disposition: <i>Inactive 01/06/2017</i>		Page 1

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Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

Table with 6 columns: IBR, Status, Quantity, Type Measure, Suspected Type, Up to 3 types of activity. Includes vertical text 'DRUGS' on the left side.

Assisting Officers

Suspect Hate / Bias Motivated: None

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NARRATIVE
On 01/5/17 I was dispatched to listed location on a reported threats. A report has been completed. No arrests have been made.