

1997-98 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

*Joint Survey Committee
on Retirement Systems
(JSC-RS)*

Sample:

- Record of Comm. Proceedings
- 97hrAC-EdR_RCP_pt01a
- 97hrAC-EdR_RCP_pt01b
- 97hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤

➤ Clearinghouse Rules ... CRule

➤

➤ Committee Hearings ... CH

➤

➤ Committee Reports ... CR

➤

➤ Executive Sessions ... ES

➤

➤ Hearing Records ... HR

➤

➤ Miscellaneous ... Misc

➤ 97hr_JSC-RS_Misc_pt11b

➤ Record of Comm. Proceedings ... RCP

➤

hearing 2-9-98

CHRONOLOGICAL HISTORY

DATE 09/03/96
#21008
Tom Hisey

CLIENT NAME Thorsgard, Robert CLIENT NUMBER 092281-A PAGE 1 of 2
(Last Name First)

HOME SEARCH SUMMARY

On marginal date, Agent Hisey, Agent West, Deputy Sipher of the Racine County Sheriff's Department and Chief Michael Mehring of the Burlington Township Police Department executed a search upon the home of Robert Thorsgard. This occurred at approximately 11:00 a.m. and was based upon probable cause determination that Mr. Thorsgard possessed firearms as a convicted Felon. Mr. Thorsgard had been placed in custody earlier in the day at 10:00 a.m. and agents secured his house keys.

At the time of our arrival to 34616 Walburg Lane, Burlington, Wisconsin 53105, Mr. Thorsgard's wife, Barbara DOB: 12/15/64, and his younger daughter Kelly, age 7, were present. Agents proceeded to enter Mr. Thorsgard's home and the scene was secured by Deputy Sipher and Chief Mehring.

Search discovered two rifles; a .22 caliber and a 3030 lever action contained in cases and four hand guns all of automatic capacity with .22 caliber bore, one of the hand guns was a .32 caliber revolver. An empty box for a Smith & Wesson "N" frame model 13-1 believed to be a .44 magnum was discovered, however, the weapon remains indeterminate. A description of the weapons and locations were provided by Mr. Thorsgard who cooperated with authorities in securing the weapons in his possession.

Also discovered during the Home Search were green leafy substances contained in two baggies of approximately one ounce in total weight believed to be marijuana and numerous pill bottles containing unidentified capsules marked as amoxicillin but believed to be another substance since several pill bottles not marked amoxicillin contain a similar color capsules. Also contained within the storage bag with the pills were bottles of codeine, prescription medicine made out to various names including Mr. Thorsgard's wife Barbara who denies any participation in usage or possession. One weapon, a .22 caliber Barretta believed to be purchased at Reineman's Hardware Store in Burlington, Wisconsin, was discovered in the purse of Barbara Thorsgard. She admits to purchase and possession of that firearm. It should be noted that all of the firearms located within the Thorsgard home were without trigger locks. All weapons were loaded with full clips. Extra ammunition was discovered along with extra loaded clips in various velcro containers and the weapons were unsecured and accessible to the children.

A decision was made by Deputy Sipher to not charge Barbara Thorsgard at this time. Instead, a report will be referred to the District Attorney's Office for disposition in the matter of her possession of a concealed weapon, possession of

CHRONOLOGICAL HISTORY

DATE

CLIENT NAME Thorsgard, Robert
(Last Name First)

CLIENT NUMBER 092281-A

PAGE 2 of 2

09/03/96
#21008
Tom Hisey

marijuana, possession of switchblade knives and allowing these weapons to possibly fall into the hands of her underage daughter.

A decision was made by Captain and Deputy Sipher within the Racine County Sheriff's Department to charge Robert Thorsgard as a Felon in Possession of Firearms.

Also searched were the garage and basement, common areas within the Thorsgard residence. It should be noted that upon entry Mrs. Thorsgard did cooperate and consent to our search of other areas in the house and it should be noted that all of the weapons described and listed by the offender have been secured by the Racine County Sheriff's Department for serial number checks.

A search of the offender's vehicle, a 1993 gray Toyota \$X\$ sport utility vehicle, resulted in negative outcome.

Photographs of the evidence were taken prior to their movement and unloading.

No damage was caused to the Thorsgard residence or property. Evidence escort for receipting of the weapons will be provided to the offender.

His car keys were returned to Barbara Thorsgard, which included his house and garage keys on a key fob with two plastic snap rings.

The search was concluded at 1430 hours.

cc: File
Supervisor
Chief Mehring
Deputy Sipher

RACINE COUNTY SHERIFFS DEPARTMENT PROPERTY INVENTORY RECORD

No. 11680

COMPLAINT NO. 874606

NATURE OF INCIDENT ASSIST P/P

() RECOVERED (X) EVIDENCE
() FOUND () SAFEKEEPING

1 OF 5

NAME OF <input checked="" type="checkbox"/> ARRESTED OR <input checked="" type="checkbox"/> SUSPECT		SEX/RACE	DOB	CHARGE	ARREST NO.	COURT DATE
ARRESTED - ROBERT E. THORSGARD		M/W	5-26-57	POSS. FIREARM CONV. FELONY	236801	09-05-96
SUSPECT - BARBARA A. THORSGARD		F/W	12-15-64	POSS. MARIJ. POSS. SWITCH BLADE, WEAPON VIOL.		
OWNER NAME: (OR VICTIM): ROBERT E. THORSGARD BARBARA A. THORSGARD		ADDRESS: 34616 WALBERG LANE BUAL. WI. 53105		PHONE NUMBER: 5343432		
DATE: 09-03-96		DATE RECEIVED OR RECOVERED TIME: 1310		BY: DEPUTY M. SIPHER # 3482		
LAW ENFORCEMENT CENTER						
ITEMS PLACED PATROL STATION						
LOCKER NO.	REFRIG. <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	DRY ROOM	LOCKER NO.	REFRIG. <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	DRY ROOM/CAGE	IMPOUND LOT
ITEM	QUANTITY	ARTICLE	DESCRIPTION			
1	1	HANDGUN	BERETTA MOD. 21A-22LR, 22CAL. AUTO PISTOL, NICKEL PLATED, BROWN WOOD GRIPS SR # DAA026153, LOADED WITH 8 RDS. IN CLIP. BLACK NYLON LEG HOLSTER. (LV. RM HUTCH)			
2	1	HANDGUN	BROWNING, 7.65MM AUTO PISTOL, BLUE & STEEL FINISH, 7 RDS. IN CLIP & LOADED, SER # 644322, BROWN SHOULDER HOLSTER. MSTR. REQ. RM. CLOSET.			
3	1	HANDGUN	PHOENIX ARMS, MOD. HP22, 22CAL. AUTO PISTOL, STAINLESS STEEL FINISH, LOADED 10 RDS. CLIP, SER # 4083341, BLACK NYLON BELT CLIP HOLSTER			

ITEMS TO BE TAKEN TO CRIME LAB/CITY CHEMIST:

VEHICLE TOWED BY:

**ATTACH TOW BILL TO ORIGINAL IF AVAILABLE

COST:

INVENTORIED BY (OFFICER'S NAME & NO.)

Deputy M. Sipher # 3482

WHITE-EVIDENCE CUSTODIAN CANARY-RECORDS PINK-ATTACH TO ITEMS GOLD-DETECTIVE BUREAU

RACINE COUNTY SHERIFFS DEPARTMENT PROPERTY INVENTORY RECORD

No. 11680

COMPLAINT NO. A74606

NATURE OF INCIDENT ASSIST P/A

() RECOVERED
() FOUND

(X) EVIDENCE
() SAFEKEEPING

2 OF 5

NAME OF <input type="checkbox"/> ARRESTED OR <input type="checkbox"/> SUSPECT		SECORAGE	DOB	CHARGE	ARREST NO.	COURT DATE
OWNER NAME: (OR VICTIM):						
ADDRESS:						
PHONE NUMBER:						
DATE RECEIVED OR RECOVERED			TIME:		BY:	
LAW ENFORCEMENT CENTER						
ITEMS PLACED PATROL STATION						
LOCKER NO.	REFRIG.	DRY ROOM	LOCKER NO.	REFRIG.	DRY ROOM/CAGE	IMPOUND LOT
	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both			<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both		
ITEM	QUANTITY	ARTICLE	DESCRIPTION			
4	1	HANDGUN	COLT. 38 CAL. REVOLVER, MOD. D.A. POCKET POSITIVE, BLUE STEEL, SR. # 42897, UNLOADED, BLACK BELT HOLSTER. (KITCHEN PANTAY)			
5	1	HANDGUN	BERETTA 38 CAL. AUTO PISTOL, MOD. 31A FL, BLUE FINISH, GOLD TRIM, BROWN WOOD GR. AS, SER. # DAA041393, LOADED 8 RNS. CLIP, 1 IN. CHAMBER, BLACK BELT CLIP HOLSTER.			
6	1	RIFLE	WINCHESTER, MOD. 94, 30-30 CAL, BLUE FINISH, WOOD STOCK UNLOADED, SR. # 3293392, GREEN/TAN LEATHER SOFT CASE.			

ITEMS TO BE TAKEN TO CRIME LAB/CITY CHEMIST:

VEHICLE TOWED BY: _____ INVENTORIED BY (OFFICER'S NAME & NO.): Supervisor M. Siphon # 3482

**ATTACH TOW BILL TO ORIGINAL IF AVAILABLE

WHITE EVIDENCE CUSTODIAN CANARY-RECORDS PINK-ATTACH TO ITEMS GOLD-DETECTIVE BUREAU

RACINE COUNTY SHERIFFS DEPARTMENT PROPERTY INVENTORY RECORD

No. 11680
 COMPLAINT NO. 874606
 NATURE OF INCIDENT ASSIST P/P

() RECOVERED (X) EVIDENCE
 () FOUND () SAFEKEEPING

4 OF 5

NAME OF <input type="checkbox"/> ARRESTED OR <input type="checkbox"/> SUSPECT		SEX/RACE	DOB	CHARGE	ARREST NO.	COURT DATE
OWNER NAME: (OR VICTIM)		ADDRESS:				
DATE RECEIVED OR RECOVERED		TIME:		BY:		
LAW ENFORCEMENT CENTER						
LOCKER NO.		REFRIG. <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	DRY ROOM	LOCKER NO. # <u>66</u>	REFRIG. <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	DRY ROOM/CAGE
ITEM	QUANTITY	ARTICLE	DESCRIPTION			
<u>12</u>	<u>1</u>	<u>MAGAZINE POUCH</u>	<u>KOLPIN BLACK NYLON, W/ 3 22 CAL. M&B-31 LOADED</u>			
<u>13</u>	<u>30</u>	<u>CARTRIDGES</u>	<u>WINCHESTER 30-30 CAL. 14 LOADED, 6 EMPTY</u>			
<u>14</u>	<u>1</u>	<u>HOLSTER</u>	<u>UNCLE MIKE'S SINE RICK BLACK NYLON & VINYL</u>			
<u>15</u>	<u>53.2 GR</u>	<u>MARIJUANA</u>	<u>1-ZIPLOCK FREEZER BAG CONTAINING 18.7 GRAMS</u>			
<u>16</u>	<u>4</u>	<u>FIREWORKS</u>	<u>4-CRACKLING CANDLES</u>			
<u>17</u>	<u>4</u>	<u>FIREWORKS</u>	<u>4-CHIRPING ORIOLE</u>			
ITEMS TO BE TAKEN TO CRIME LAB/CITY CHEMIST:						
*VEHICLE TOWED BY: _____ INVENTORIED BY (OFFICER'S NAME & NO.) <u>Det. Anthony M. Stephens # 3432</u>						
**ATTACH TOW BILL TO ORIGINAL IF AVAILABLE						

WHITE-EVIDENCE CUSTODIAN CANARY-RECORDS PINK-ATTACH TO ITEMS GOLD-DETECTIVE BUREAU

RACINE COUNTY SHERIFFS DEPARTMENT PROPERTY INVENTORY RECORD

() RECOVERED
() FOUND
 EVIDENCE
() SAFEKEEPING

No. 11680

COMPLAINT NO. 874606

5 OF 5

NATURE OF INCIDENT ASSIST PIP

NAME OF <input type="checkbox"/> ARRESTED OR <input type="checkbox"/> SUSPECT		SEX/RACE	DOB	CHARGE	ARREST NO.	COURT DATE
OWNER NAME: (OR VICTIM)		ADDRESS:		PHONE NUMBER:		
DATE:	DATE RECEIVED OR RECOVERED	TIME:	BY:			
LAW ENFORCEMENT CENTER			ITEMS PLACED PATROL STATION			
LOCKER NO.	REFRIG. <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	DRY ROOM	LOCKER NO. # 66	REFRIG. <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both	Box #	IMPOUND LOT
ITEM	QUANTITY	ARTICLE	DESCRIPTION			
18	41	FIREWORKS	41 SKY ROCKETS			
19	2	FIREWORKS	2- SEALED PKGS. CRACKER BOMBS			
20	1	FIREWORKS	SEALED PKG. 1 1/2" SUPER CHARGED FIRECRACKERS.			
21	96	FIREWORKS	96-WHISTLING MOON TRAVELERS.			
22	39	FIREWORKS	39-WHISTLING MOON TRAVELERS IN ZIPLOCK BAG.			
23	2	FIREWORKS	2-ZIPLOCK BAGS CONTAINING ASSORTED FIRECRACKERS.			

ITEMS TO BE TAKEN TO CRIME LAB/CY CHEMIST:

VEHICLE TOWED BY:

**ATTACH TOW BILL TO ORIGINAL IF AVAILABLE

COST: _____ INVENTORIED BY (OFFICER'S NAME & NO.)

WHITE-EVIDENCE CUSTODIAN CANARY-RECORDS PINK-ATTACH TO ITEMS GOLD-DETECTIVE BUREAU
Det. M. Sipe # 3484

ARREST

APPREHENSION

RECOMMENDATION

State of Wisconsin VS

County of Racine

[] Order In [X] Summons [] Warrant

NAME Last First Middle Alias
 THORSGARD ROBERT E. ROB

Address Apt. City State Zip
 34616 WALBURG LN, BURL, WI 53105

DOB 05-26-57 Place of Birth BURRAN, CALIF. SS No. Employer SELF Telephone (H) 414 534 3433 Telephone (W)

Sex M Race W Hair BR Eyes BR Weight 220 Height 600 Complexion F M/S/D M. DL No T636-7655-7186-02 WI, State / Exp

Domestic Abuse No Record Probation Agent Career Points Prisoner Career

Drug Impact Record Parole HISEY ORDER IN DATE

Juvenile Apprehension Only

Mother - Last First Address Father - Last First Address

Parent or Guardian Notified In Person By Telephone By Mail School Released Detained To Whom Released

INCIDENT INFORMATION

Incident Location 34616 WALBURG LN, BURL, WI Arrest / App Location BURL. POLICE DEPT.

Incident Date 09-03-96 Time 1138 Arrested / App / Submitted Date 09-03-96 Time 1500

Victim Submitted By DEPUTY M. SIANEK Payroll Number 3482

Restitution Evidence & PI No.

Felony	Misd.	Muni.	Arrest #	Violation(s)	Statute / Ord	Issued	Added by DA	Declined	Order
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	POSS. FIREARM CONVICTED FELONY	941.29 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RACINE COUNTY DISTRICT ATTORNEY

COMPLAINT ONLY SUMMCNS WARRANT \$ _____

COMPLAINT WILL NOT ISSUE BECAUSE _____

Prosecutor _____ Date _____

Attorney Assigned _____

Received By _____

Date Stamp

ARREST

State of Wisconsin VS

APPREHENSION

County of Racine

RECOMMENDATION

Order In

Summons

Warrant

NAME - Last THORSGARD			First ROBERT			Middle E			Alias R-A			
Address 34616 WALBURG LN. BURL. WI. 53105												
DOB 05-26-57			Place of Birth BURBANK, CALIF.			SS No.			Employer SELF			
Sex M			Race W		Hair BR.		Eyes BR.		Weight 220		Height 600	
Complexion F		M/S/D M		D.L. No. T626-7655-7186-02			State / Exp WI.					

Domestic Abuse

No Record

Probation

Agent
HISEY

Career Points

Prisoner

Career

ORDER IN DATE

Drug Impact

Record

Parole

Mother - Last First Address			Father - Last First Address		
Parent or Guardian Notified			School		
<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Mail			<input type="checkbox"/> Released <input type="checkbox"/> Detained		

INCIDENT INFORMATION

Incident Location 34616 WALBURG LN. BURL. WI.		Arrest / App Location BURL POLICE DEPT.	
Incident Date 09-03-96		Arrested / App / Submitted Date 09-03-96	
Time 1138		Time 1500	
Victim		Submitted By DEPUTY M. SIPHER	
Restitution		Payroll Number 3482	

Felony	Misd.	Muni.	Arrest #	Violation (s)	Statute / Ord	Issued	Added by DA	Declined	Order
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		POSS. OF FIREWORKS	167.10 (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RACINE COUNTY DISTRICT ATTORNEY

Attorney Assigned

Received By

Date Stamp

COMPLAINT ONLY

SUMMCNS

WARRANT

\$

COMPLAINT WILL NOT ISSUE BECAUSE

Prosecutor

Date

ARREST

APPREHENSION

RECOMMENDATION

State of Wisconsin VS

County of Racine

Order In

Summons

Warrant

NAME - Last		First		Middle		Alias	
THORSGARD		ROBERT		E.		ROB	
Address							
34616 WALBURG LN.		BURLINGTON, WI.		53105		Telephone (H)	
4145343422		Telephone (W)		DOB		Place of Birth	
05-26-57		BURBANK, CALIF		SS No		Employer	
SELF		Sex		Race		Hair	
M		W		BR.		BR.	
Weight		Height		Complexion		M/S/D	
230		600		F		M	
DL No.		State / Exp		Agent		Career Points	
T626-7655-7186-02 WI.				HISEY			

Domestic Abuse No Record Probation Parole Prisoner Career

Drug Impact Record

ORDER IN DATE

Juvenile Apprehension Only

Mother - Last	First	Address	Father - Last	First	Address
Parent or Guardian Notified			School	<input type="checkbox"/> Released	To Whom Released
<input type="checkbox"/> In Person			<input type="checkbox"/> Detained		
<input type="checkbox"/> By Telephone					
<input type="checkbox"/> By Mail					

INCIDENT INFORMATION

Incident Location	Arrest/ App Location
34616 WALBURG LN. BURL. WI	BURL. POLICE DEPT.
Incident Date	Arrested / (App) / Submitted Date
09-03-96	09-03-96
Victim	Submitted By
	DEPUTY M. SIPIEA
Restitution	Evidence & PI No
	11680 LOCKER # 66

Felony	Misd	Muni	Arrest #	Violation (s)	Statute / Ord	Issued	Added by DA	Declined	Order
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	POSS. SWITCHBLADE KNIFE (2 CTS.)	941.24(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RACINE COUNTY DISTRICT ATTORNEY

COMPLAINT ONLY SUMMCNS WARRANT

COMPLAINT WILL NOT ISSUE BECAUSE _____

Prosecutor _____ Date _____

Attorney Assigned _____

Received By _____

Date Stamp

ARREST

APPREHENSION

RECOMMENDATION

State of Wisconsin VS

County of Racine

Order In Summons Warrant

NAME - Last		First			Middle		Alias		
THORSGAARD		ROBERT			E.		R.O.B.		
Address									
34616 WALBURG LN. BURLINGTON, WI 53105									
DOB		Place of Birth			SS No.		Telephone (H)		
05-26-57		BURBANK, CALIF					414 5343422		
Sex		Race		Hair		Eyes		Weight	
M		W		BR.		BR.		220	
Height		Complexion		M/S/D		Employer		DL No.	
600		F		M		SELF		T626-7655-7186-02 WI.	

Domestic Abuse No Record Probation Parole
 Drug Impact Record Career Points Prisoner Career

ORDER IN DATE

Juvenile Apprehension Only

Mother - Last	First	Address	Father - Last	First	Address
Parent or Guardian Notified			School	<input type="checkbox"/> Released	To Whom Released
<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Mail			<input type="checkbox"/> Detained		

INCIDENT INFORMATION

Incident Location	Arrest/ App. Location
34616 WALBURG LN, BURL, WI.	BURL. POLICE DEPT.
Incident Date	Arrested / App / Submitted Date
09-03-96	09-03-96
Time	Time
1138	1500
Victim	Submitted By
	DEPUTY M. SIHER
Restitution	Payroll Number
	3482
	Evidence & PI No
	11680 LOCKER # 66

Felony	Misd.	Muni.	Arrest #	Violation (s)	Statute / Ord
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	POSS. W/ INTENT TO DELIVER T.H.C. 961.41 (mb)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6		

Issued	Added by OA	Declined	Order
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RACINE COUNTY DISTRICT ATTORNEY

COMPLAINT ONLY SUMMONS WARRANT \$ _____

COMPLAINT WILL NOT ISSUE BECAUSE _____

Prosecutor

Date

Attorney Assigned _____
 Received By _____

Date Stamp

ARREST

State of Wisconsin VS

APPREHENSION

County of Racine

RECOMMENDATION

Order In Summons Warrant

NAME - Last		First		Middle		Alias	
THORSGAARD		BARBARA		A.			
Address							
34616 WALBURG LN.		BURLINGTON, WI.		53105		Telephone (H) 4145343422	
DOB 12-15-64		Place of Birth		SS No.		Employer BURL. DICK & SAVE	
Sex F		Race W		Hair BR		Eyes BL	
Weight 105		Height 502		Complexion		M/S/D M	
D L No.		State / Exp		TE26-0616-4955-01 WI.			

- Domestic Abuse No Record Probation Agent Career Points Prisoner
 Drug Impact Record Parole Career

ORDER IN DATE

Juvenile Apprehension Only

Mother - Last	First	Address	Father - Last	First	Address
Parent or Guardian Notified			School	<input type="checkbox"/> Released	To Whom Released
<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Mail			<input type="checkbox"/> Detained		

INCIDENT INFORMATION

Incident Location 34616 WALBURG LN. BURL, WI	Arrest / App Location
Incident Date 09-03-96 1138	Arrested / App / Submitted Date 09-03-96 1500
Victim	Submitted By DEPUTY M. SIPHER
Restitution	Evidence & PI No. 11680 LOCKER # 66
Payroll Number 3482	

Felony	Misd.	Muni.	Arrest #	Violation (s)	Statute / Ord
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		POSS. OF FIREWORKS	167.10 (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Issued	Added by DA	Declined	Order
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RACINE COUNTY DISTRICT ATTORNEY

COMPLAINT ONLY SUMMCNS WARRANT \$ _____
 COMPLAINT WILL NOT ISSUE BECAUSE _____

Attorney Assigned _____
 Received By _____
 Date Stamp

ARREST

APPREHENSION

RECOMMENDATION

State of Wisconsin VS

County of Racine

Order In

Summons

Warrant

NAME - Last		First		Middle		Alias	
THORSGARD		BARBARA		A.			
Address							
34616 WALBURG LN.		BURLINGTON,		WI.		53105	
DOB		Place of Birth		SS No.		Employer	
12-15-64						BURLINGTON SAVE	
Sex	Race	Hair	Eyes	Weight	Height	Complexion	M/S/D
F	W	BR	BL	105	502		M
DL No.						State / Exp	
T626-0616-4955-01 WI.							

- Domestic Abuse
- No Record
- Probation
- Agent
- Career Points
- Prisoner
- Drug Impact
- Record
- Parole
- Career

ORDER IN DATE

Juvenile Apprehension Only

Mother - Last		First		Address		Father - Last		First		Address	
Parent or Guardian Notified						<input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Mail		School		<input type="checkbox"/> Released <input type="checkbox"/> Detained	
										To Whom Released	

INCIDENT INFORMATION

Incident Location		Arrest / App Location	
34616 WALBURG LN. BURL. WI			
Incident Date		Arrested / App Submitted Date	
09-03-96 1138		09-03-96	
Victim		Submitted By	
		DEPUTY M. SIPHER	
Restitution		Payroll Number	
		3482	
		Evidence & PI No.	
		11680 LOCKER #66	

Felony	Misd.	Muni.	Arrest #	Violation (s)	Stature / Ord
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	(2 COUNTS) POSS. OF SWITCHBLADE KNIFE	941.24(1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6		

Issued	Added by DA	Declined	Order
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RACINE COUNTY DISTRICT ATTORNEY

Attorney Assigned

- COMPLAINT ONLY
- SUMMCNS
- WARRANT
- COMPLAINT WILL NOT ISSUE BECAUSE

Received By

Date Stamp

Prosecutor

Date

ARREST

APPREHENSION

RECOMMENDATION

State of Wisconsin VS

County of Racine

Order In

Summons

Warrant

NAME - Last		First		Middle		Alias	
THORSGARD		BARBARA		A.			
Address							
34616 WALBURG LN.		BURLINGTON, WI.		53105		Telephone (H)	
DOB		Place of Birth		SS No		Employer	
13-15-64						BURL PICKER & SAVE	
Sex	Race	Hair	Eyes	Weight	Height	Complexion	M/S/D
F	W	BR	BL	105	502		M
DL No						State / Exp	
T626-0616-4955-01						WI.	

- Domestic Abuse
- No Record
- Probation
- Agent
- Career Points
- Prisoner
- Drug Impact
- Record
- Parole
- Career

ORDER IN DATE

Juvenile Apprehension Only

Mother - Last	First	Address	Father - Last	First	Address
Parent or Guardian Notified			School	<input type="checkbox"/> Released	To Whom Released
<input type="checkbox"/> In Person				<input type="checkbox"/> Detained	
<input type="checkbox"/> By Telephone					
<input type="checkbox"/> By Mail					

INCIDENT INFORMATION

Incident Location	Arrest / App Location																																																																														
34616 WALBURG LN, BURL, WI.																																																																															
Incident Date	Arrested / App / Submitted Date																																																																														
09-03-96	09-03-96																																																																														
Time	Time																																																																														
1138	1500																																																																														
Victim	Submitted By																																																																														
	DEPUTY M. SIPHER																																																																														
Restitution	Payroll Number																																																																														
	3482																																																																														
	Evidence & PI No																																																																														
	11680 LOCKER#66																																																																														
<table border="1"> <thead> <tr> <th>Felony</th> <th>Misd</th> <th>Muni</th> <th>Arrest #</th> <th>Violation (s)</th> <th>Statute / Ord</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1</td> <td>POSS. W/INTENT TO DELIVER T.H.C. 961.41(m)(b)</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6</td> <td></td> <td></td> </tr> </tbody> </table>	Felony	Misd	Muni	Arrest #	Violation (s)	Statute / Ord	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	POSS. W/INTENT TO DELIVER T.H.C. 961.41(m)(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6			<table border="1"> <thead> <tr> <th>Issued</th> <th>Added by DA</th> <th>Declined</th> <th>Order</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>	Issued	Added by DA	Declined	Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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RACINE COUNTY DISTRICT ATTORNEY

- COMPLAINT ONLY
- SUMMCNS
- WARRANT
- COMPLAINT WILL NOT ISSUE BECAUSE

Attorney Assigned

Received By

Date Stamp

Prosecutor

Date

CHRONOLOGICAL HISTORY

DATE 09/04/96
#21003
Judi West

CLIENT NAME Thorsgard, Robert
(Last Name First)

CLIENT NUMBER 092281-A

PAGE 1 of 1

ADDENDUM TO HOME SEARCH SUMMARY
Completed by Agent #21008
on 09/03/96

On marginal date, Agent West contacted Dr. Edsel Doreza at his office in Janesville, Wisconsin. Telephone number 608-364-5578. Dr. Doreza also practices out of Lake Geneva, 414-248-8527. This phone call was made in reference to four bottles of Tussionex Cough Syrup which is a cough syrup containing the narcotic substance codeine. The aforementioned bottles are as follows:

- 1) Tussionex - Osco Drug, Antioch, Illinois - date 08/11/96 - prescribed for Daniel Thorsgard
- 2) Tussionex - K-Mart Pharmacy, Kenosha, Wisconsin - date 08/15/96 - prescribed for Robert Gephardt
- 3) Tussionex - Walgreens Pharmacy, Kenosha, Wisconsin - date 08/17/96 - prescribed for Robert Thorsgard
- 4) Tussionex - Walgreen Drug, Antioch, Illinois - date 08/20/96 - prescribed for Barbara Thorsgard

On the marginal date, Dr. Doreza was contacted in regard to these medications. Dr. Doreza advised that he is not familiar with either Robert Thorsgard, Daniel Thorsgard, Barbara Thorsgard or Robert Gephardt and that he did not write any prescription for this medication for the aforementioned persons. He stated, in fact, that it has probably been at least six months since he prescribed this medication for anyone.

This agent spoke to a pharmacist at Walgreens Pharmacy in Kenosha, Wisconsin, who states he personally knows Dr. Doreza and after looking at the prescription in Robert Thorsgard's file he stated that it is, without a doubt, a forged prescription.

INCIDENT REPORT

RACINE COUNTY SHERIFF'S DEPT., 717 WISCONSIN AVE., RACINE, WISCONSIN 53403 — (414) 636-3211

1.	ACTIVITY CODE 4 2 1	GRID CODE	JURISDICTION BURLINGTON	COMPLAINT NUMBER 8 7 4 6 0 6
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2.	Location of Incident 34616 WALBERG LN.	<input checked="" type="checkbox"/> Inside <input type="checkbox"/> Outside	Date and Time Occurred 09-03-96 1107
	Date and Time Report Taken 09-03-96 1138	WEATHER: <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog	LIGHTING: <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night

3. TYPE OF INCIDENT	<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> ASSAULT	<input type="checkbox"/> ROBBERY	<input type="checkbox"/> BURGLARY
	<input type="checkbox"/> THEFT	<input type="checkbox"/> ARSON	<input checked="" type="checkbox"/> OTHER DESCRIBE ASSIST PROBATION/PAROL	

4. INJ.	EXTENT OF INJURY <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal	Location of Injury <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Body <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Foot	Type of Injury	Removed By	Removed To	Physician
---------	--	---	----------------	------------	------------	-----------

5. NAMES	CODE: V—Victim W—Witness C—Complainant M—Mentioned O—Owner	Additional Names or Suspects <input type="checkbox"/> Yes <input type="checkbox"/> No
	LAST-FIRST-MI	DOB
	M WISCONSIN PROBATION PAROLE	425 MILWAUKEE AV. BURLINGTON 76720
	M AGENT JUDY WEST	425 MILWAUKEE AV. BURLINGTON 76720
	M AGENT TOM HISEY	425 MILWAUKEE AV. BURLINGTON 76720
	M CHIEF MEHRING	BURLINGTON, WI
	M BURLINGTON TOWN POLICE	BURLINGTON, WI

6. ARRESTEES OR SUSPECTS	Last First MI	S	R	DOB	Age	AKA	(Emp School)	Arr No
	THORSGARD ROBERT E.	M	W	5-26-57	39		SELF	33680
	Address	Hair	Eyes	WT	HT	Frequents	Rel to Victim	
	34616 WALBERG LN. BURL.	BR	BR	220	600			
	Last First MI	S	R	DOB	Age	AKA	(Emp School)	Arr No
	THORSGARD BARBARA A.	F	W	12-15-64	31		PICK N SAVE	
	Address	Hair	Eyes	WT	HT	Frequents	Rel to Victim	
	34616 WALBERG LN. BURL.	BR	BL	125	502			

7. CRIME SC.	Scene Processed By DEPUTY M. SIPHER	<input type="checkbox"/> No	EVIDENCE RECOVERED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NEIGHBORHOOD CHECK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fingerprints <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PI NO: 11680 LOCKER # 66	By

8. VEHICLE	VEHICLE STATUS	Year	Make	Style	Model	Color	License Number	State
	<input type="checkbox"/> Stolen <input type="checkbox"/> Target <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect							
	Vin		Additional Identification or Information			Value		

9. PERMISSION STATEMENT	Was Permission Given to Commit Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Position of Person Who Gave or Denied Permission
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10. NARRATIVE	<p>This deputy was dispatched to meet with Burlington Town Police Chief Mehring, at Burlington Town Police Dept. to assist on a call.</p> <p>Upon my arrival at Burlington Town Police Dept. I met with Chief Mehring and Wisconsin Probation Parole agents Judy West and Tom Hisey.</p> <p>Agents Judy West and Tom Hisey requested that I assist them with the search of a clients residence at 34616 Walberg Ln. in the</p>
---------------	--

11. SOLVABILITY	VICTIM WILL PROSECUTE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	Who will sign complaint	Page <u>1</u> of <u>6</u> Pages	Officer SIPHER	Badge No 3432
-----------------	--	-------------------------	---------------------------------	-----------------------	----------------------

11. SOLVABILITY	PRIMARY	Yes	No	Secondary	Yes	No	Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date
	Suspect Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspect Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COPIES TO: <input type="checkbox"/> PATROL <input type="checkbox"/> INVEST <input type="checkbox"/> DISPATCH <input type="checkbox"/> D.A. <input checked="" type="checkbox"/> P.A.	
Suspect Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weapon Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supervisor		
Suspect Identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Evidence Collected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shift Commander		
Witness to Crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vehicle Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
			Prop. ID/Located	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
			M.O. Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

NARRATIVE CONTINUATION

5. <input type="checkbox"/> N/A	CODE: V-Victim W-Witness C-Complainant M-Mentioned O-Owner						Additional Names or Suspects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	LAST-FIRST-MI.	S	R	DOB	Address	Phone		
NAMES								

Town of Burlington, Agents Judy West and Tom Hisey advised me that they had received information that client Robert Thorsgard and his wife, Barbara Thorsgard attempted to purchase handguns at a Burlington City gun dealer. Agents advised that Robert and Barbara were armed when attempting their purchase. Agents advised that they investigated the allegations by speaking to Robert Thorsgard. Robert is currently on probation for a drug offense and obstructing police. Robert told agents that he had several guns in his residence and some were loaded. Agents requested my assistance to ensure their safety during a search of the Thorsgard residence and take possession of firearms and make the appropriate charges. Agents advised me that they have detained Robert Thorsgard in the Burlington City jail until the search is completed. Agents also advised me that they have verbal permission from Robert Thorsgard to search his residence. Robert Thorsgard told agents, the location of several firearms in his residence. Robert Thorsgard is a convicted felon, per agents Judy West and Tom Hisey. Barbara Thorsgard is supposed to have a loaded handgun in her purse. Upon the arrival of this writer, agents Judy West and Tom Hisey and Chief Mehring at the Thorsgard residence we were met at the door by Barbara Thorsgard. Agent Tom Hisey advised

Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date
COPIES		Supervisor
TO	RUN	
<input type="checkbox"/> PATROL	<input type="checkbox"/>	
<input type="checkbox"/> INVEST.	<input type="checkbox"/>	
<input type="checkbox"/> DISPATCH	<input type="checkbox"/>	Shift Commander
<input type="checkbox"/> O A	<input checked="" type="checkbox"/>	
<input type="checkbox"/> P/P	<input type="checkbox"/>	

NARRATIVE CONTINUATION

5. <input type="checkbox"/> N/A NAMES	CODE: V-Victim W-Witness C-Complainant M-Mentioned O-Owner		Additional Names or Suspects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	LAST-FIRST-INITIAL	S	R	DOB	Address	Phone

Barbara Thorsgard, the nature of our presence and we entered the residence without incident.

Agents Judy West and Tom Hisey began their search of the residence while I assisted by photographing and recovering evidence. Chief Mehring maintained security by staying in the living room with Barbara Thorsgard and her 7 year old daughter. Barbara Thorsgard was cooperative to the point of giving the location of some of the firearms.

Agent Judy West recovered a handgun from the top of a china cabinet located in a dinette area off the living room. This fire arm was a loaded Beretta 22 cal. pistol. Agent West located a Beretta 22 cal. loaded pistol in Barbara Thorsgard's purse that was on the kitchen table. Agent Judy West located an unloaded 32 cal. Colt revolver in the kitchen pantry closet.

During agent Judy West's search, she located contraband consisting of 2 switchblade knives in a kitchen cupboard and a box of numerous illegal fireworks, located in a utility room, off the kitchen.

While Judy West searched the lower level of the residence, agent Tom Hisey searched the upper level. Agent Tom Hisey located a loaded Phoenix Arms 22 cal. auto pistol under the mattress in the master bedroom. Agent Tom Hisey located

Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date
COPIES	Supervisor
TO	RUN
<input type="checkbox"/> PATROL	<input type="checkbox"/>
<input type="checkbox"/> INVEST.	<input type="checkbox"/>
<input type="checkbox"/> DISPATCH	<input type="checkbox"/>
<input type="checkbox"/> D A	<input type="checkbox"/>
<input type="checkbox"/> P/P	<input type="checkbox"/>
	Shift Commander

NARRATIVE CONTINUATION

5. <input type="checkbox"/> N/A NAMES	CODE: V—Victim W—Witness C—Complainant M—Mentioned O—Owner		Additional Names or Suspects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	LAST-FIRST-MI.	S	R	DOB	Address	Phone

a cased, unloaded Marlin 22 cal. rifle in the master bedroom closet. Agent Tom Hisey located an unloaded Winchester 30-30 cal. rifle, in a case, in the master bedroom closet. Agent Hisey also located a loaded Browning 7.65mm handgun on the master bedroom closet shelves. Agent ^{Hisey} located several loaded pistol magazines and a holster in a box on the floor of the master bedroom. During agent Hisey's search, he located contraband in the master bedroom closet consisting of 2 ziplock plastic bags containing what appeared to be marijuana.

This deputy recovered and photographed the firearms contraband and other items mentioned. All property was inventoried (P.I.# 11680) and secured in patrol station evidence locker # 66.

I had a brief discussion with Barbara Thorsgard advising her that contraband consisting of 2 switchblade knives, illegal fireworks and marijuana were found by agents during their search. I advised Barbara Thorsgard that Capt. Greer has suggested submitting D.A. recommendations for three charges involving the contraband. Barbara Thorsgard was advised that upon the district attorneys review of my report, she could be charged. Three D.A. recommendations were

Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date
COPIES TO	Supervisor
<input type="checkbox"/> PATROL <input type="checkbox"/>	
<input type="checkbox"/> INVEST. <input type="checkbox"/>	
<input type="checkbox"/> DISPATCH <input type="checkbox"/>	Shift Commander
<input type="checkbox"/> D.A. <input checked="" type="checkbox"/>	
<input type="checkbox"/> P/P <input type="checkbox"/>	

NARRATIVE CONTINUATION

5. <input type="checkbox"/> N/A	CODE: V-Victim W-Witness C-Complainant M-Mentioned O-Owner		Additional Names or Suspects		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	LAST-FIRST-MI.	S	R	DOB	Address	Phone
NAMES						

completed on Barbara Thorsgard and forwarded to the Racine Co. District Attorney for review. During my conversation with Barbara Thorsgard, Barbara voluntarily stated that the handgun in her purse was the only thing that was hers and all the other seized evidence was her husband's and it's about time he takes responsibility for his actions.

I proceeded to Burlington City jail where I advised Robert Thorsgard that as a result of the probation/parole agents search of his residence, I was placing him under arrest for possession of a firearm by a convicted felon, (6 counts). Robert Thorsgard voluntarily stated that the firearms, with the exception of the one in his wife's purse, were the property of his sister and mother. Robert stated that he was cleaning and oiling the firearms for his mother's birthday. Upon my arrival at the patrol station, I informed Robert of his Miranda rights and attempted to question him concerning the contraband found in his residence and Robert refused to answer questions, requesting to consult with his attorney. While Robert was waiting at the patrol station for a second shift squad to convey him to jail, I permitted him to make a phone call.

CONT!

Follow-up Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date
COPIES TO	RUN	Supervisor
<input type="checkbox"/> PATROL	<input type="checkbox"/>	
<input type="checkbox"/> INVEST.	<input type="checkbox"/>	
<input type="checkbox"/> DISPATCH	<input type="checkbox"/>	Shift Commander
<input type="checkbox"/> O A/P	<input checked="" type="checkbox"/>	

NARRATIVE CONTINUATION

5. <input type="checkbox"/> N/A	CODE: V-Victim W-Witness C-Complainant M-Mentioned O-Owner					Additional Names or Suspects <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	LAST-FIRST-MI.	S	R	DOB	Address	Phone	
NAMES							

I submitted a recommendation to the district attorney for each of the three contraband charges.

Due to the late hour of my shift I consulted with Sgt. Patla concerning the many hours of inventoring property and report writing. Sgt. Patla suggested inventoring and packaging, securing the evidence and complete my incident report the morning of the following day. (09-04-96) The evidence was properly secured and at 0710 hours I advised dispatcher Runnels that I would be out of service to complete this report in time for Robert Thorsgard's arraignment. Dispatcher Runnels advised me that this paperwork would have to wait and emergency calls responded to. Probation/Parole placed a hold on Robert Thorsgard. Copies to-Racine Co. District attorney.

Attached to citation # A73041

Probation Parole/METRO DRUG UNIT

Metro drug Agent Lucci weighed the alleged marijuana weighing 53.2 grams and tested positive to be T.H.C. N.C.T.C. checks were made on the firearms, there were not any hits.

IPHEA 3482

Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date
COPIES		Supervisor
TO	RUN	
<input type="checkbox"/> PATROL	<input type="checkbox"/>	
<input type="checkbox"/> INVEST.	<input checked="" type="checkbox"/>	
<input type="checkbox"/> DISPATCH	<input type="checkbox"/>	
<input type="checkbox"/> D.A.	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> P/P	<input checked="" type="checkbox"/>	Shift Commander

Public Safety Officers' Benefits Program

Series: BJA Fact Sheet
Published: November 1996
9 pages
13,257 bytes

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice

BJA Bureau of Justice Assistance Fact Sheet
Nancy E. Gist, Director

Public Safety Officers' Benefits Program

History

The Public Safety Officers' Benefits (PSOB) Act (42 U.S.C. 3796, et seq.) was enacted in 1976 to assist in the recruitment and retention of law enforcement officers and firefighters. Specifically, Congress was concerned that the hazards inherent in law enforcement and fire suppression and the low level of State and local death benefits might discourage qualified individuals from seeking careers in these fields, thus hampering the ability of communities to provide for public safety.

The PSOB Act was designed to offer peace of mind to men and women seeking careers in public safety and to make a strong statement about the value American society places on the contributions of those who serve their communities in potentially dangerous circumstances.

The resultant PSOB Program, which is administered by the Bureau of Justice Assistance (BJA), presents a unique opportunity for the U.S. Department of Justice; Federal, State, and local public safety agencies; and national public safety organizations to become involved in promoting the protection of public safety officers before tragedies occur. Each year, the PSOB Program receives substantial information about line of duty deaths that is used to enhance public safety officer training. The PSOB Program also encourages public safety agencies to adopt model policies that can help guide an agency through the tragic event of a line of duty death.

PSOB Program Benefits

The PSOB Program provides a onetime financial benefit to the eligible survivors of public safety officers whose deaths are the direct and proximate result of a traumatic injury sustained in the line of duty. The benefit was increased from \$50,000 to \$100,000 for deaths occurring on or after June 1, 1988. Since October 15, 1988, the benefit has been adjusted each year on October 1 to reflect the percentage of change in the Consumer Price Index.

For fiscal year 1997, the benefit is \$138,461.

The PSOB Program provides the same benefit to public safety officers who have been permanently and totally disabled by a catastrophic personal injury sustained in the line of duty if that injury permanently prevents the officer from performing any gainful work. Approximately 15 disability claims have been submitted annually since the PSOB Act was amended in 1990 to include permanent and total disability. Medical retirement for a line of duty disability does not, in and of itself, establish eligibility for PSOB benefits.

Since 1977, on average, the PSOB Program has received 275 benefit claims each year for line of duty deaths of public safety officers. PSOB Program staff respond rapidly and with sensitivity to requests for assistance from claimants and public safety agencies. They also provide moral support and, when necessary, referrals to organizations such as Concerns of Police Survivors (COPS), which can provide long-term support for surviving family members and coworkers of deceased public safety officers.

PSOB Program Effective Dates

The effective dates for PSOB Program benefits are as follows:

Death Benefits

- o State and local law enforcement officers and firefighters are covered for line of duty deaths occurring on or after September 29, 1976.
- o Federal law enforcement officers and firefighters are covered for line of duty deaths occurring on or after October 12, 1984.
- o Members of Federal, State, and local public rescue squads and ambulance crews are covered for line of duty deaths occurring on or after October 15, 1986.

Disability Benefits

Federal, State, and local law enforcement officers, firefighters, and members of public rescue squads and ambulance crews are covered for catastrophic injuries sustained on or after November 29, 1990.

Public Safety Officers Eligible for PSOB Program Benefits

Under the PSOB Program, a public safety officer is a person serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, firefighter, or member of a public rescue squad or ambulance crew. Law enforcement officers include, but are not limited to, police, corrections, probation, parole, and

judicial officers. Volunteer firefighters and members of volunteer rescue squads and ambulance crews are covered under the program if they are officially recognized or designated members of legally organized volunteer fire departments, rescue squads, or ambulance crews.

A public agency is defined as the United States; any U.S. State; the District of Columbia; the Commonwealth of Puerto Rico; any U.S. territory or possession; any unit of local government; any combination of such States or units; and any department, agency, or instrumentality of the foregoing. To be eligible for benefits, a public safety officer's death or total and permanent disability must result from injuries sustained in the line of duty. Line of duty is defined in the PSOB regulations (28 CFR 32) as any action that the public safety officer whose primary function is crime control or reduction, enforcement of the criminal law, or suppression of fires is authorized or obligated by law, rule, regulation, or condition of employment or service to perform. Other public safety officers--whose primary function is not law enforcement or fire suppression--must be engaged in their authorized law enforcement, fire suppression, rescue squad, or ambulance duties when the fatal or disabling injury is sustained.

Survivors Eligible for Program Death Benefits

Once BJA approves a claim for death benefits, the benefit will be paid to eligible survivors in a lump sum, as follows:

- o If there are no surviving children of the deceased officer, to the surviving spouse.
- o If there is a surviving child or children and a surviving spouse, one-half to the child or children in equal shares and one-half to the surviving spouse.
- o If there is no surviving spouse, in equal shares to the child or children.
- o If none of the above apply, in equal shares to the parent or parents.

Under the PSOB Act, child is defined as any natural child who was born before or after the death of the public safety officer, or who is an adopted child or stepchild of the deceased public safety officer. At the time of death, the child must be 18 years of age or younger; or 19 through 22 years of age and pursuing a full-time course of study or training, if the child has not already completed 4 years of education beyond high school; or 19 years or older and incapable of self-support due to a physical or mental disability.

For PSOB Program benefits to be paid, a public safety officer must be survived by an eligible

survivor; public safety officers cannot predesignate their beneficiaries.

PSOB Program Limitations and Exclusions

No PSOB Program benefit can be paid:

- o If the death or permanent and total disability was caused by the intentional misconduct of the public safety officer or if the officer intended to bring about his or her own death or permanent and total disability.
- o If the public safety officer was voluntarily intoxicated at the time of death or permanent and total disability.
- o If the public safety officer was performing his or her duties in a grossly negligent manner at the time of death or permanent and total disability.
- o To a claimant whose actions were a substantial contributing factor to the death of the public safety officer.
- o To members of the military serving as law enforcement officers, firefighters, or rescue squad or ambulance crew members, or to any of their survivors.

PSOB benefits do not cover death or permanent and total disability resulting from stress; strain; occupational illness; or a chronic, progressive, or congenital disease (such as heart or pulmonary disease), unless there is a traumatic injury that is a substantial contributing factor in the death or permanent and total disability. Medical proof of the traumatic injury (such as a blood test for carbon monoxide poisoning) may be necessary for coverage in these cases.

Reduction of Benefits

The PSOB Program benefit is reduced by certain payments made under the District of Columbia Code and may itself reduce benefits under Section 8191 of the Federal Employees' Compensation Act. However, State and local benefits must not be reduced by benefits received under the PSOB Act, and the PSOB benefit is not reduced by any benefit received at the State or local level.

Interim Payment

If BJA determines an urgent claimant need before the final action of paying a death benefit, an interim benefit payment not exceeding \$3,000 may be made to the eligible survivor(s) if it is probable that the death is compensable.

Attachment and Tax Exemption

PSOB death and disability benefits are not subject

to execution or attachment by creditors. The Internal Revenue Service (IRS) has ruled that the benefit is not subject to Federal income tax (IRS Ruling No. 77-235, IRS 1977-28) or to Federal estate tax (IRS Ruling No. 79-397).

Attorneys' Fees

The PSOB Act authorizes BJA to establish the maximum fee that may be charged for services rendered to the claimant by another party in connection with any PSOB claim filed with BJA. Contracts for stipulated fee and contingent fee arrangements are prohibited by PSOB regulations (28 CFR 32.22(b)). BJA assumes no responsibility for payment of claimant attorney fees (28 CFR 32.22(d)).

Filing a Claim

Eligible survivors or disability claimants may file claims directly with BJA or through the public safety agency, organization, or unit in which the public safety officer served. In most cases, the public safety agency provides BJA with sufficient information to determine whether the circumstances of the death or permanent and total disability support a benefit payment. The public safety agency prepares a Report of Public Safety Officer's Death or Permanent and Total Disability Claim Form to accompany the claim for death benefits completed by the eligible survivor(s) or, in the case of disability claims, the injured officer. BJA will determine whether and to whom a benefit should be paid.

For Further Information

For more information about the Public Safety Officers' Benefits Program or to share your observations and recommendations, please contact:

U.S. Department of Justice Response Center
Tel: 1-800-421-6770
Public Safety Officers' Benefits Program
Bureau of Justice Assistance
633 Indiana Avenue NW.
Washington, DC 20531
Tel: 202-307-0635
Fax: 202-514-5956
Internet: <http://www.ojp.usdoj.gov/BJA/>

Bureau of Justice Assistance Clearinghouse
P.O. Box 6000
Rockville, MD 20849-6000
Tel: 1-800-688-4252
Fax: 301-251-5212
Internet: look@ncjrs.aspensys.com

PSOB Service Standards Commitment

The mission of the PSOB staff is to assist public safety officers, their agencies, and their families before, during, and after a tragedy occurs. Three core values guide our daily operations and measure our performance. They are:

- o We will respond rapidly and accurately to PSOB death and disability benefits claims.
- o We will be humane in our support of public safety officers, their agencies, and their families.
- o We will seek and pursue opportunities to expand our assistance to the public safety field.

To improve our response time, we continuously assess our allocation of staff and organizational processes. We will respond to the public safety field within 2 weeks once an eligible death benefits case is complete; within 4 weeks once an ineligible death benefits case is complete; and within 6 weeks once a disability case is complete. To ensure accuracy, we will use medicolegal experts and in-depth legal analyses from outside the PSOB Program.

To provide our services in the most sensitive and professional manner, PSOB staff receive training on key issues associated with grief, critical incident stress, and post-traumatic stress disorder. We also solicit and use information provided to us on the tone and impact of our verbal and written communication with the public safety field.

One example of the PSOB Program giving more to the field is a series of regional training sessions conducted to help law enforcement agencies prepare for the loss of an officer. It is essential that all public safety agencies be prepared to effectively assist the family, fellow officers, and the community to move forward in the aftermath of a tragedy.

Our commitment to support the public safety community has never been stronger, and it will continue to grow.

FS000066
November 1996

§ 3796. Payment of death benefits

- (a) Amount; recipients

In any case in which the Bureau of Justice Assistance (hereinafter in this subchapter referred to as the "Bureau") determines, under regulations issued pursuant to this subchapter, that a public safety officer has died as the direct and proximate result of a personal injury sustained in the line of duty, the Bureau shall pay a benefit of \$100,000, adjusted in accordance with subsection (h) of this section, as follows:

- (1) if there is no surviving child of such officer, to the surviving spouse of such officer;
 - (2) if there is a surviving child or children and a surviving spouse, one-half to the surviving child or children of such officer in equal shares and one-half to the surviving spouse;
 - (3) if there is no surviving spouse, to the child or children of such officer in equal shares; or
 - (4) if none of the above, to the parent or parents of such officer in equal shares.
- (b) Benefits for permanent and total disability

In accordance with regulations issued pursuant to this subchapter, in any case in which the Bureau determines that a public safety officer has become permanently and totally disabled as the direct result of a catastrophic injury sustained in the line of duty, the Bureau shall pay, to the extent that appropriations are provided, the same benefit in any year that is payable under subsection (a) of this section in such year, adjusted in accordance with subsection (h) of this section, to such officer: Provided, That the total annual benefits paid under this subsection may not exceed \$5,000,000. For the purposes of making these benefit payments, there are authorized to be appropriated for each fiscal year such sums as may be necessary: Provided further, That these benefit payments are subject to the availability of appropriations and that each beneficiary's payment shall be reduced by a proportionate share to the extent that sufficient funds are not appropriated.

- (c) Interim benefit payment

Whenever the Bureau determines upon showing of need and prior to final action that the death of a public safety officer is one with respect to which a benefit will probably be paid, the Bureau may make an interim benefit payment not exceeding \$3,000 to the individual entitled to receive a benefit under subsection (a) of this section.

- (d) Deduction of interim payment

The amount of an interim payment under subsection (c) of this section shall be deducted from the amount of any final benefit paid to such individual.

- (e) Repayment of interim payment; waiver

Where there is no final benefit paid, the recipient of any interim payment under subsection (c) of this section shall be liable for repayment of such amount. The Bureau may waive all or part of such repayment, considering for this purpose the hardship which would result from such repayment.

- (f) Reductions from final benefit payment

The benefit payable under this subchapter shall be in addition to any other benefit that may be due from any other source, except -

- (1) payments authorized by section 12(k) of the Act of September 1, 1916, as amended (D.C. Code, sec. 4-622); or
- (2) benefits authorized by section 8191 of title 5. Such beneficiaries shall only receive benefits under such section 8191 that are in excess of the benefits received under this

subchapter.

- (g) Execution or attachment prohibited

No benefit paid under this subchapter shall be subject to execution or attachment.

- (h) Consumer Price Index adjustment

On October 1 of each fiscal year beginning after June 1, 1988, the Bureau shall adjust the level of the benefit payable immediately before such October 1 under subsection (a) of this section, to reflect the annual percentage change in the Consumer Price Index for All Urban Consumers, published by the Bureau of Labor Statistics, occurring in the 1-year period ending on June 1 immediately preceding such October 1.

- (i) Amount payable determined as of date of death

The amount payable under subsection (a) of this section with respect to the death of a public safety officer shall be the amount payable under subsection (a) of this section as of the date of death of such officer.

- (j) Limitations on benefits

- (1) No benefit is payable under this subchapter with respect to the death of a public safety officer if a benefit is paid under this subchapter with respect to the disability of such officer.
- (2) No benefit is payable under this subchapter with respect to the disability of a public safety officer if a benefit is payable under this subchapter with respect to the death of such public safety officer.

FOND DU LAC COUNTY SHERIFF'S DEPARTMENT/COUNTY JAIL

1-4-97
TA

CONDUCT REPORT

INMATE [REDACTED] REG. # 96-0213 DATE 12/30/96

ASSIGNED AREA Section D, cell#3 ALLEGED OFFENSE Pg 14(c), 18

LOCATION OF ALLEGED OFFENSE Section D, cell#3

TIME AND DATE OF ALLEGED OFFENSE Approximately 5:45pm

NARRATIVE: Upon completion of a cell inspection of Section D, I, CO Vokes, found a 9inch flexible metal piece of metal and a very tightly rolled magazine with string around it for reinforcement in Section D, cell#3, which is occupied by inmate [REDACTED] (96-0213). Both items were confiscated, due to the possibility of them being used as a weapon. Both items are attached to the incident report.

END OF REPORT

[Signature]
STAFF SIGNATURE KS

COPY READ AND SERVED ON INMATE: DATE 12-31-96 TIME 10:35A

MAJOR REPORT
 MINOR REPORT
BY [Signature]
CORRECTIONAL OFFICER

GUILTY NOT GUILTY DISMISSED

DISPOSITION OF REPORT: 3 days Isolation - for CR's dated 12-29 & 12-30-96.

[Signature]
HEARING OFFICER

FOND DU LAC COUNTY SHERIFF'S DEPARTMENT/COUNTY JAIL

MEG
2-8-97

CONDUCT REPORT

INMATE [REDACTED] REG. # 96-0213 DATE February 1, 1997

ASSIGNED AREA Section E Room 5 ALLEGED OFFENSE Pg 13 Cl, C5

LOCATION OF ALLEGED OFFENSE Section E Room 5

TIME AND DATE OF ALLEGED OFFENSE 1:07 a.m. February 1, 1997

NARRATIVE: On the above date and time, I (CO Guell) was working in the main jail. During lock down I saw and heard [REDACTED] say, wait til I get out, Pucker is going to get it, Karen to. I would like to ram a broom stick up her hole. Dean is going to get it to.

NOTE: [REDACTED] was upset at this time because section B got to watch the end of a movie past lock down time. END REPORT

[Signature]
STAFF SIGNATURE

COPY READ AND SERVED ON INMATE: DATE 02/03/97 TIME 5¹⁵ p-

BY [Signature]
CORRECTIONAL OFFICER

MAJOR REPORT
 MINOR REPORT

GUILTY NOT GUILTY DISMISSED

DISPOSITION OF REPORT: 7 days Isolation - 60 days Program
Status - 4 C.R.'s combined - To be heard again
Whenever out of cell.

[Signature]
HEARING OFFICER

FOND DU LAC COUNTY SHERIFF'S DEPARTMENT/COUNTY JAIL

MES
2/8/97

CONDUCT REPORT

INMATE [REDACTED] REG. # 96-0213 DATE 02/03/97

ASSIGNED AREA Section E RM 5 ALLEGED OFFENSE pg. 13 (C) 1,3,5,8

LOCATION OF ALLEGED OFFENSE Section E dayroom

TIME AND DATE OF ALLEGED OFFENSE 02/03/97 5:15p.m.

NARRATIVE: On the above date and time I, CO Fabry, was reading [REDACTED] two Conduct Reports. [REDACTED] said that when he is released that he is going to beat Tracy Guells ass. [REDACTED] also said that he was going to beat Karens ass as well. I then told [REDACTED] that he would be receiving a Conduct Report. [REDACTED] then got very upset and said "I should reach through the bars and strangle your fat ass mother fucker." I then told [REDACTED] that he shouldn't. [REDACTED] replied "You can't hurt me you can't even squeeze your dick hard enough." [REDACTED] said "I hope you bring me down to hear my Conduct Report because I will kick your ass and anybody else that tries."

I then went and talked to COIII Schelinske. COIII Schelinske then decided to move [REDACTED] back to his cell. CO Guell, CO Tackett, COIII Schelinske, and myself then went to section E dayroom and instructed [REDACTED] that he was going to be moved back to his room. Upon moving [REDACTED] he said "You guards are a bunch of pussy's."

[Signature]
STAFF SIGNATURE

(5)

COPY READ AND SERVED ON INMATE: DATE 2-4-97 TIME 2:30p
BY [Signature] CORRECTIONAL OFFICER

MAJOR REPORT
 MINOR REPORT

GUILTY NOT GUILTY DISMISSED

DISPOSITION OF REPORT: 7 days Isolation - 60 day Program
status - To be Maxed out whenever out of
cell.

Set. Wagner
HEARING OFFICER

CHRONOLOGICAL HISTORY

DATE _____ CLIENT NAME Carey, Damont L. CLIENT NUMBER _____ PAGE 1
(Last Name First)

02/17/97
#21008/sp

HOME SEARCH SUMMARY

On 02/17/97 at 10:00 a.m., myself, Officer Wiskes, Officer Hausner, Officer Gainey and Officer Newberry acted on information that the subject, Damont L. Carey, resides at 316 Milwaukee Avenue, Lower, Burlington, Wisconsin 53105. He is wanted as a fugitive in the State of Wisconsin as verified by his Racine, Wisconsin probation officer, Jessica Cristy, phone number 638-7307.

Upon entry to the residence, Officers secured the area and determined that Damont L. Carey, the subject of our search, was present, he acknowledged to this agent that he was indeed on probation supervision in the City of Racine to Agent Cristy. Also present during this custody and arrest were Mr. Carey's girlfriend, Karla J. Williams, female, white, approximate age 27; Mr. Carey's and Ms. Williams' two young children, ages 3 and 10 months; and a juvenile cousin, male, black, age and name unknown.

During the custody, a box with marijuana residue, baggie, Bugle papers and a shotgun shell was in plain view as noted by this agent. Upon questioning, Mr. Carey denied possession of a firearm. Ms. Williams, however, stated that she had told Mr. Carey to remove a firearm contained in a black bag, a .12 gauge, pump shotgun from their home on 02/16/97, following a domestic quarrel which brought them to the attention of the Burlington police. A .12 gauge shotgun was located in plain view inside of Ms. Williams 1981 Blazer truck. Also contained in the duffel bag was 17 rounds of ammunition of .12 gauge shotgun shells which the weapon was chambered for. An evidentiary escort of property obtained during Mr. Carey's arrest is included with this report. Since Mr. Carey is a known felon and should not have possession of a shotgun, the gun was taken from his possession. A short time later at the Burlington Police Station, Mr. Carey acknowledged that the weapon was indeed his, and that he did move it from the residence at 316 Milwaukee Avenue and place the weapon in it's case into the Blazer belonging to his girlfriend, Karla Williams.

It should be noted that the marijuana residue found inside of the shoebox tested positive for the active ingredient THC as determined by Detective Wiskes of the Burlington Police Dept. and witnessed by this agent using a standard field test kit.

Mr. Carey is not being charged with any municipal or state violations by the Burlington Police Department. All evidence was turned over to State Probation Authorities for disposition.

CHRONOLOGICAL HISTORY

DATE _____ CLIENT NAME Carey, Damont L. CLIENT NUMBER _____ PAGE 2
(Last Name First)

02/17/97
#21008/sp

Search was ended at approximately 11:00 a.m. Mr. Carey was arrested and detained at the Burlington Police Department pending transport to the Racine County Jail by his agent.

Finally, it should be noted that no damage was done to the residence or it's contents during our cursory search. It appears that Mr. Carey has violated the terms and rules of his probation by possession of a firearm and possession of marijuana.