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☒ Initial Report
☐ Modification

OMAHA POLICE DEPARTMENT
UNIFORM CRIME REPORT

DATA PROCESSED

Page 1 of 3 ☐ Felony ☒ Misdemeanor ☐ Non-Criminal

R.B. No. 66658 - T

VICTIM 01 APR 16 PM 10:00

Victim Number	Victim Name (Last/First/MI) or Victim Business	Data No. - Data Review Use Only
1 of 1	STRAUSS, JACK J	1212928

Address	City	State	Zip Code
[redacted]	OMAHA	NE	68132

Location Occurred	District No.	Location Reported	District No.
OMAHA – DOUGLAS COUNTY 49 + UNDERWOOD AV	29	49th + Underwood Ave	29

	Day	Month	Date	Year	Hour		Day	Month	Date	Year	Hour	DOB or Age	Race Code[F]	Sex Code[G]
Occurred From -	SUN	04	15	01	1600	Date/Time Reported	SUN	04	15	01	1611	01-23-73	WHI	MM
To	SUN	04	15	01	1618									

Driver's License No./State	Social Security No.	Residence Phone	Business Phone
[redacted]	[redacted]	[redacted]	

Victim Type Code [J]	Injury Code [H]	Injured as Result of Code [I]
02	01	

Victim's Relationship to Offender(s) Code [N]: Offender No. 01 Code No. 26 Offender No. 02 Code No. 26

Advised Victim to Obtain Warrant(s) for Offender(s) Number(s) N/A

If Victim is a Juvenile, Parent/Guardian Name	Address	Telephone No.
N/A	N/A	N/A

Indications of Victim Using	Victim Advised of Procedure for	Victim will Prosecute	CIB Unit Assigned
☐ Alcohol ☐ Drugs	☐ Warrant ☐ Victim/Witness	☒ Yes ☐ No	

OFFENSE(S)

If one of the following offenses is BURGLARY, entry was by ☐ force ☐ non-force. N/A No. Units Entered

Offense Number	Offense / Code - Data Review Use Only	Offense Code [A]	Crim. Activity Code [C]	Hate/Bias Code [D]		Offender(s) Used	Location Code [B]	Type Weapon Code [E]
1 of 2	ASSAULT - MISDEMEANOR 20911-1	04	01 08	98	☐ Attempted ☒ Completed	☐ Alcohol ☐ Drugs ☐ Computer	17	06
2 of 2	MOTORCYCLE DESTRUCTION OF PROPERTY 21537	19	01 08	98	☐ Attempted ☒ Completed	☐ Alcohol ☐ Drugs ☐ Computer	17	06
of					☐ Attempted ☐ Completed	☐ Alcohol ☐ Drugs ☐ Computer		

WITNESS / REPORTING PARTY

Witness of	Reporting Party ☐	Name (Last, First, MI)	DOB or Age	Driver's License No./State

Address	City	State	Zip Code	Residence Phone

Place of Employment	Hours Working	Business Phone

MISCELLANEOUS

☐ Evidence Seized ☐ Sexual Assault Kit ☐ Crime Lab on Scene ☐ TRS Report

CIB or Field Investigator Advised ☒ Yes ☐ No On the Scene ☐ Yes ☒ No Officer Name ALLEN, D Serial No. 585 Ref. R.B. No.

Other Reports ☐ Additional Factors ☐ Stolen Vehicle ☒ Supplementary (2) ☒ Other FOCAD ☐ M. O. Information ☒ Property

Officer/Serial No. 1495 / BONACCI, S #1485 - CERVENY, S 1521 Approved By/Serial No. Sgt R. Jones 1094

OPD Form 189 (06/00)

MD

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RB No. 66658-F

SUSPECT / ARRESTEE

Suspect/Arrestee	Name (Last/First/MI)	Data No. - Data Review Use Only
1 of 2 ☐ Suspect ☑ Arrestee	CERC RYAN M	2106981

Address	City	State	Zip Code
821 UNDERWOOD AV #5	OMAHA	NE	68132

DOB or Approx. Age	Race Code [F]	Sex Code [G]	Height	Weight	Hair	Eyes	Residence Phone
05-05-82	WW	MM	510	150	BR	BRO	681-8473

Alias/Maiden Name	Social Security No.	Driver's License No./State	Business Phone
RYAN BLACK	[redacted]	[redacted]	[redacted]

Business/School Name	Business/School Address	Work Hours	Occupation
AMERICAN SECURITY	4620 UNION ST	VARIED	SECURITY GUARD

Other Physical Identifiers	Clothing Description
	WHT UNDERWEAR

Arrested Offense [A] Code	Type of Arrest Code [K]	Booking/Citation No. (Street Release No. if known)	Booking/Citation/Street Release Month	Date	Year	Hour	Criminal Activity Code [C]	Type Weapon Code [E]	Juvenile Disposition
1. 04	02	Z-08857	04	15	01	1700	01, 08	06	☐ Handled within Department ☐ Referred to other Authority
2. 19	02	Z-08857	04	15	01	1700	01, 08	06	☐ Handled within Department ☐ Referred to other Authority
3.									☐ Handled within Department ☐ Referred to other Authority

PROPERTY

Property Insured ☐ Yes ☐ No Insurance Company/Agent's Name Phone

Item No.	Quan.	Description	Type Code [P]	Affected Code [L]	Measure Code [M]	Approx. Value	Date Recovered Month	Day	Year
1	1	PAINTBALL GUN							
2	2	BAG OF ORANGE PAINTBALLS							
3	1	CO2 CANISTER W/ ATTACHMENTS							
4	3	POLAROID PHOTOS							

Vehicle No.	Suspect No. 1 / Victim No.	Color	Year	Make	Model	Body Style	License No./State/Year	VIN
1 of 1	☑ Suspect No. 1 ☐ Victim No.	BLU	87	FORD	TAURUS	4DR	NO PLATES	UNREADABLE

SYNOPSIS

ON SUN 15 APR 01 AT 1618 HRS R/O'S DAVIS, P #1495, BONACCI, S #1685, AND CERVENY, S #1521 WERE CALLED TO 49 + UNDERWOOD AV TO MEET REPORTING PARTY LUCETH, STRAUSS, JACK J. REGARDING PEOPLE SHOOTING PAINTBALLS AT HIM. (STRAUSS) R/O'S MADE CONTACT WITH SUSPECTS, CERC, RYAN M. AND BLACK, JOSEPH K. WHO MADE STATEMENT AND WERE SUBSEQUENTLY ARRESTED FOR ASSAULT - MISD. AND D.O.P. - VEHICLE.

* SEE SUPPLEMENTAL REPORTS FOR FURTHER DETAILS *

COPIES MADE
C-770

OMAHA POLICE DEPARTMENT
ADDITIONAL FACTORS REPORT

RB No. 66659-T

VICTIM

Victim Name (Last/First/MI) or Victim Business	Victim Address
STRAUB, JACK	[redacted]
Day/Date/Time of Original Report	**Day/Date/Time of This Report**
SUN 15 APRIL 01 @ 0018	SUN 15 APRIL 01 @ 1700

ADDITIONAL SUSPECT/ARRESTEE

Suspect/Arrestee	Name (Last/First/MI)						Data No. - Data Review Use Only
2 of 2	BLACK, Joseph Christian						1450548
☐ Suspect ■ Arrestee	Address: 4821 Underwood Ave #5	City: OMAHA					State: NE Zip Code: 68131
DOB or Approx. Age	Race Code [F]	Sex Code [G]	Height	Weight	Hair	Eyes	Driver's License No./State
3-17-79	WH	MM	601"	175	BRO	BLK	
Residence Phone	Social Security No.						Business Phone
NONE	510-82-8964						333-5400

Other Physical Identifiers	Clothing Description
Very Light Complexion Tattoos: Right inside arm Tribal Art of Scorpion BACK "Christian"	

Arrested Offense [A] Code	Type of Arrest Code [K]	Booking/Citation No. (Street Release No. If known)	Booking/Citation/ Street Release: Day	Month	Date	Year	Hour	Criminal Activity Code [C]	Type Weapon Code [E]	Juvenile Disposition
1. 04	02	208858	SUN	4	15	01	1700	08	06	☐ Handled within Department ☐ Referred to other Authority
2. 19	02	208858	SUN	4	15	01	1700	08	06	☐ Handled within Department ☐ Referred to other Authority
3.										☐ Handled within Department ☐ Referred to other Authority

ADDITIONAL SUSPECT/ARRESTEE

Suspect/Arrestee	Name (Last/First/MI)						Data No. - Data Review Use Only
____ of ____							
☐ Suspect ☐ Arrestee	Address	City					State Zip Code
DOB or Approx. Age	Race Code [F]	Sex Code [G]	Height	Weight	Hair	Eyes	Driver's License No./State
Alias/Maiden Name	Social Security No.	Residence Phone					Business Phone

Other Physical Identifiers	Clothing Description

Arrested Offense [A] Code	Type of Arrest Code [K]	Booking/Citation No. (Street Release No. If known)	Booking/Citation/ Street Release: Day	Month	Date	Year	Hour	Criminal Activity Code [C]	Type Weapon Code [E]	Juvenile Disposition
1.										☐ Handled within Department ☐ Referred to other Authority
2.										☐ Handled within Department ☐ Referred to other Authority
3.										☐ Handled within Department ☐ Referred to other Authority

Signature Primary Officer/Serial No.	Signature Secondary Officer/Serial No.	Approved By/Serial No.
BONACCI #1485	DAVIS, P #1495	

OPD Form 195 (11/96)

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RB No.

ADDITIONAL CHARGES

Suspect Number	Arrested Offense [A] Code	Type of Arrest Code [K]	Booking/Citation No. (Street Release No. if know.)	Booking/Citation/ Street Release Day	Month	Date	Year	Hour	Criminal Activity Code [C]	Type Weapon Code [E]	Juvenile Disposition
											☐ Handled within Department ☐ Referred to other Authority
											☐ Handled within Department ☐ Referred to other Authority
											☐ Handled within Department ☐ Referred to other Authority

ADDITIONAL OFFENSES

Offense Number ____ of ____	Offense / Code - Data Review Use Only	Offense Code [A]	Crim. Activity Code [C]	Hate/Bias Code [D]	☐ Attempted ☐ Completed	Offender(s) Used ☐ Alcohol ☐ Drugs ☐ Computer	Location Code [B]	Type Weapon Code [E]
Offense Number ____ of ____	Offense / Code - Data Review Use Only	Offense Code [A]	Crim. Activity Code [C]	Hate/Bias Code [D]	☐ Attempted ☐ Completed	Offender(s) Used ☐ Alcohol ☐ Drugs ☐ Computer	Location Code [B]	Type Weapon Code [E]

ADDITIONAL WITNESSES/REPORTING PARTIES

Witness ____ of ____	Reporting Party ☐	Name (Last, First, MI)	DOB or Age	Driver's License No./State
Address	City	State	Zip Code	Residence Phone
Place of Employment		Hours working		Business Phone
Witness ____ of ____	Reporting Party ☐	Name (Last, First, MI)	DOB or Age	Driver's License No./State
Address	City	State	Zip Code	Residence Phone
Place of Employment		Hours working		Business Phone

ADDITIONAL PROPERTY

Item No.	Quantity	Description	Type Code [P]	Affected Code [L]	Measure Code [M]	Approx. Value	Date Recovered Month	Day	Year

ADDITIONAL VEHICLES

Vehicle No. ____ of ____	☐ Suspect No. ☐ Victim No. ____	Color	Year	Make	Model	Body Style	License No./State/Year VIN
Vehicle No. ____ of ____	☐ Suspect No. ☐ Victim No. ____	Color	Year	Make	Model	Body Style	License No./State/Year VIN
Vehicle No. ____ of ____	☐ Suspect No. ☐ Victim No. ____	Color	Year	Make	Model	Body Style	License No./State/Year VIN