

ILLINOIS STATE POLICE

Field Report Number: **F06-21-00465**

FIELD REPORT

TraCS Report Number: 21-41820000457 CAD Number: 062100016993

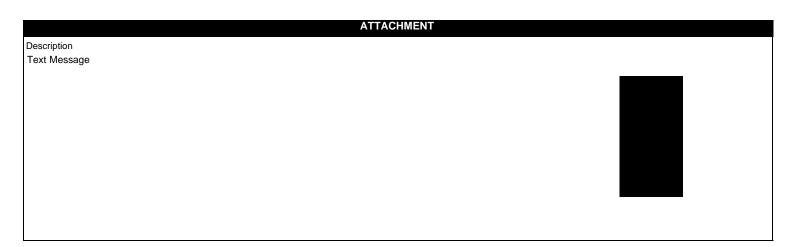
Supplemental Type of Other Report(s): ORI Number Work Unit How Notified Incident Date Incident Time Initial No ification Date Initial Notification Time 1:23 PM IL0539900 6 - District 6 Cellular Telephone 12/08/2021 5:30 AM 12/09/2021 Location Description **GPS Latitude** GPS Longitude -88.813041741049 40.637731840593 County in which Incident Occurred Township City Location Type **MCLEAN** BLOOMINGTON RESIDENCE/HOME Associated Reports: Agency Name Reference Type Reference Number 3.) Brief Description of Report Informational Report of a Domestic Violence Incident that occurred on 12/08/2021 and was reported to ISP on 12/09/2021. Use of Force? What Type(s) of Force were Used? No Yes APLR Location ALPR Used Yes PERSON Type of Person Caution SUSPECT No Last Name First Name Middle Name Suffix **BUENROSTRO JAMES** Alias(es) Business/Organization DOB Known? Date of Birth Age or Lower Age Range Upper Age Range Gender Race Ethnicity YES 35 MALE WHITE NOT HISPANIC OR LATINO Skin Tone Height Weight Hair Color Eye Color Build Marital Status 6' 00" 300 LBS BROWN Scars/Marks/Tattoos (select up to 10) Address City State Zip Code NORMAL IL 61761 Resident Status Other Contact Information Place of Birth Home/Cell Phone # SSN Drivers License Number License State LEADS# ISP ticket # FBI# BOI/SID# NCIC# Employer or School Occupation CITY OF BLOOMINGTON FIREFIGHTER Work Phone # Address City State Zip Code Type of Injury (up to 5) Address where treatment given PERSON 2 Type of Person Caution VICTIM No Last Name First Name Middle Name Suffix Alias(es) **Business/Organization**

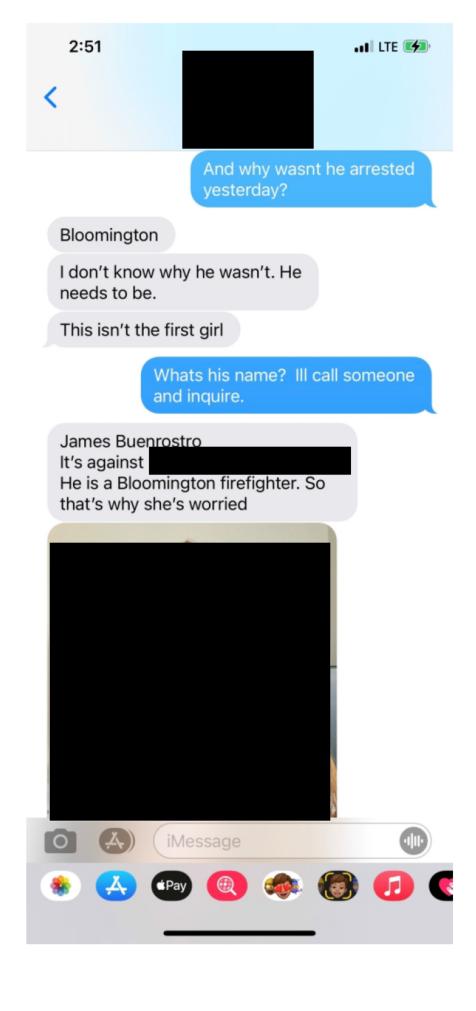
DOB Known? Date of Bird	th Age 34				Range			Race WHITE				Ethnicity NOT HISPANIC OR LATINO	
Skin Tone			eight H	air Color			Eye Colo	r		Build	•	Marital Status	
Scars/Marks/Tattoos (sele													
Address					City		STON				Sta	ate Zip Code 61701	
Place of Birth Resident Status Other Contact Information IL 61701									01701				
Home/Cell Phone # SSN						Drivers License Number License S			License State				
ISP ticket #		FBI#			BOI/SID#		LEADS#				N	CIC#	
Employer or School						Occupatio	ccupation						
				lo:t.		•		1-1- T - 2:	- 0-1-		W-d-Db	"	
Address				City NORMA	L		IL		p Code		Work Pho	one #	
Type of Injury (up to 5)								•	Addre	Address where treatment gi		iven	
							OSF St. Joe's Bloomington			ton			
					VICTIM IN	IFORMA	TION						
Type of Vic im INDIVIDUAL													
Victim Connected to UCR	Offense (Codes:											
UCR Offense Code 1 UCR Offense Code 2 UCR Offense Code 3 UCR Offense Code 4 UCR Offense Code 5								CR Offense Code 5					
UCR Offense Code 6		UCR Offens	se Code 7		UCR Offense (Code 8	de 8 UCR Offense Code 9			U	CR Offense Code 10		
Aggravated Assault/Homicide Circumstances (up to 2)													
Addi ional Justifiable Homicide Circumstances													
	•					Second	d Offende	er Seq. #	Victim	's Rela ionship	to Seco	nd Offender	
		ICTIM WAS BOYFRIEND/GIRLFRIEND ictim's Relationship to Third Offender				Fourth	Fourth Offender Seq. #		Victim's Rela ionship to Fourth Offender		h Offender		
Fifth Offender Seq. #	Victim's Relationship to Fifth Offender					Sixth C	Sixth Offender Seq. #			Victim's Rela ionship to Sixth Offender			
Seventh Offender Seq. #	Victim's I	/ictim's Relationship to Seventh Offender					Eighth Offender Seq. #		Victim's Rela ionship to Eighth		to Eight	h Offender	
Ninth Offender Seq. No.	Victim's F	Relationship	to Ninth Off	ender		Tenth (Tenth Offender Seq. #		Victim's Rela ionship to Tenth C		to Tenth	Offender	
					PECIAL CII	CINE	TANCE						
SPECIAL CIRCUMSTANCES NOT APPLICABLE ■ BIAS CR ME DOMESTIC ABUSE LEOKA (Law Enforcement Officer Killed and Assaulted)													
NOT APPLICABLE Bias Motivation		BIAS CR I	VIE	D	OMESTIC ABU	SE _	J	LEUK	A (Law	Enforcement	Officer Kil	lied and Assaulted)	
NONE (NO BIAS)(MUT	TUALLY	EXCLUSI	VE)										
Children Present Sequence Number of the Domestic Abuse Offe						nder							
Domestic Abuse Referrals (up to 6)													
Officer Killed or Assaulted					Call Type								
Type Of Assignment					Body A	Body Armor							
PERSON 3													
Type of Person INFORMANT												Caution No	
Last Name			F	irst Name				I	Middle	Name		Suffix	

Alias(es)								Busine	ss/Orga	nization			
DOB Known? YES	Date of Birth	Age or Lower Age Range 30		Upper Age Ra	er Age Range Gen		Race E WHITE		<u> </u>			Ethnicity NOT HISPANIC OR LATINO	
Skin Tone FAIR		Height 5' 08"	Weight H	lair Color BLACK		•	Eye Col			Build SKINNY			ital Status RRIED
Scars/Marks/Ta	attoos (select up	to 10)								•			
Address					City	, OOMIN	GTON				Sta IL	te	Zip Code 61701
Place of Birth			Reside	ent Status				ontact In					
Home/Cell Pho	one#		SSN				Drive	rs Licens		er		п	icense State
ISP ticket #		FBI#		ВО	I/SID#			LEAD	OS#		NC	IC#	
Employer or So	chool					Occupati							
Address				City				State	Zip Coo		Work Pho		
Type of Injury ((up to 5)								Add	fress where trea	atment give	n	
					PE	RSON	4						
Type of Persor RELATIVE	1											- 1	Caution No
Last Name			F	irst Name					Middl	e Name			Suffix
Alias(es)								Busine	ss/Orga	nization			
DOB Known? YES	Date of Birth	Age or Lowe 54	r Age Range	Upper Age Ra	nge	Gender FEMAL	LE	Race WHITE	=			nnicity OT H	/ ISPANIC OR LATINO
Skin Tone		Height 5' 04"	Weight H	lair Color			Eye Col			Build		Mar	ital Status
Scars/Marks/Ta	attoos (select up	to 10)											
Address					City BL	y .OOMIN	GTON				Sta IL	te	Zip Code 61705
Place of Birth			Reside	ent Status	•		Other Co	ontact Inf	formatio	n			
Home/Cell Pho	one #		SSN				Drive	s Licens	e Numb	er		L	icense State
ISP ticket #		FBI#		ВО	I/SID#			LEAD	OS#		NC	IC#	
Employer or So	chool					Occupati	on				·		
Address				City			:	State	Zip Coo	ie	Work Pho	ne#	
Type of Injury ((up to 5)			<u> </u>					Add	fress where trea	atment give	n	
NONE													
reported t given to B niece.	o the Bloon PD at that t	nington Po ime. Ther	olice Depa re are also	rtment on 1	on I rece 12/08/20 vith the i	021 at (reporti	Dome OSF M ng par	ledical ty reg	Cent ardin	er ER but n g the safet	ot all th y of her	ie in sist	orker. This was offormation was er as well as her friend. This
individual,					_								uation and it got

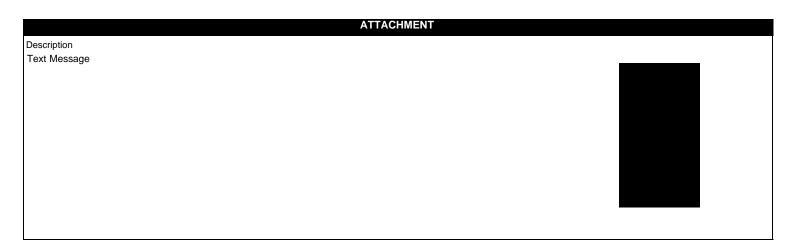
inquiring about ho of this person.				_		e was fearful for the safety
conversation. The who the person was if she knewell as the name of 01/11/1986 and as lives with the Emergency Rowell as other wom	following is a as, property of the suspected address in N in Bloomingto om at St. Joe's en, but this is	summary of covided informal responsible ed abuser, Janormal. n mainly, unless ER after the the first time e morning of covided in the first time of covided in the first time.	e for the injuries to nes J. Buenrostro. stated that Jamess they get into a point is the injuries to nes J. Buenrostro. stated that Jamess they get into a point it is visible on the incident on 12/08 that it is visible on	A soundex searches goes between fight. Stated the face and the face a	provided a pict rch showed James en addresses in Blo obtained most of t	paraphrased. When asked asked face as to have a D.O.B. of omington and Normal but his information from accompanied to before as his extent.
(dislocated), multi	he wall a seve ple facial cont I a report was	ral times, hea usions (CT Sca taken.	d butted a few ting ans for her head a	nes and backhar nd face) and bit ave the room du	nded. There were i e marks on her ne	he was picked up and njuries to her wrists ck. Bloomington PD arrived and it was later relayed to
doesn't want to ru	in the career	of James and t		r a higher positi		
contacted and is 7 ye happened. it could lead to mo	ears old. also stated	stated tha that James ha	t not all the inforr s done this before	mation was prove and nothing ha	vided to Bloomingt is happened in the	e, who is the daughter of con PD when the interview past and is concerned that
Screen shots of the This information is	_		•		•	ched to this report.
			OFFIC	`ED		
Officer Name A SMITH	Offi 71 7		OFFIC g Officer Name(s)	,LK	/	Assisting Officer ID(s)
Date report completed	Accept Date	Supervisor				Officer ID
12/09/2021 Video Taken:	12/10/2021	/ideo Number:	E	Evidence Seizure:	Pho	
No October				NO T	YE	<u>S</u>
Case Status REFERRED TO ISP INVE	STIGATIONS			Copies To:		
Investiga ing Officer (Signa	ature)	Ü	anst e	2 717	8	

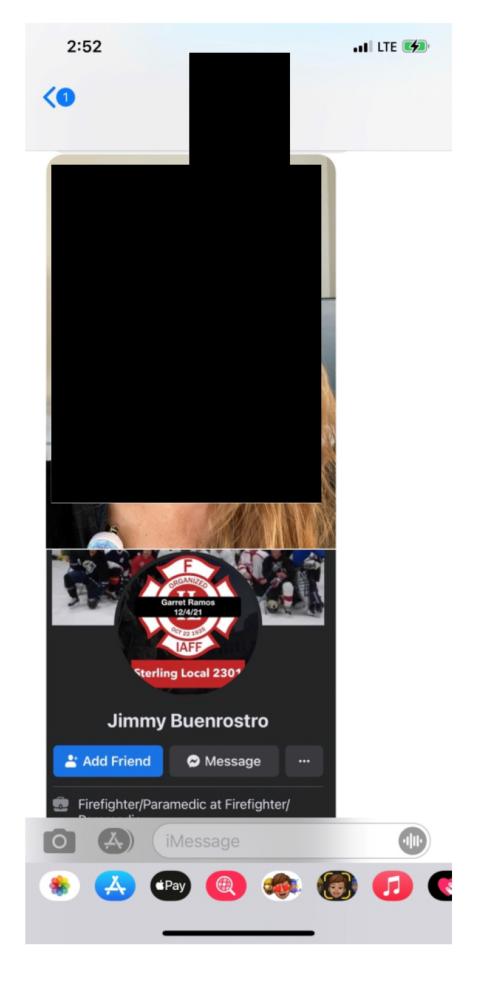
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ATTACHMENT	
Description	
Text Message	

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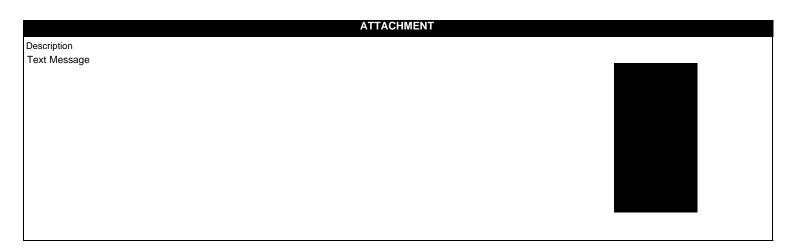
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	ATTACHMENT	
Description		
Text Message		
		M W

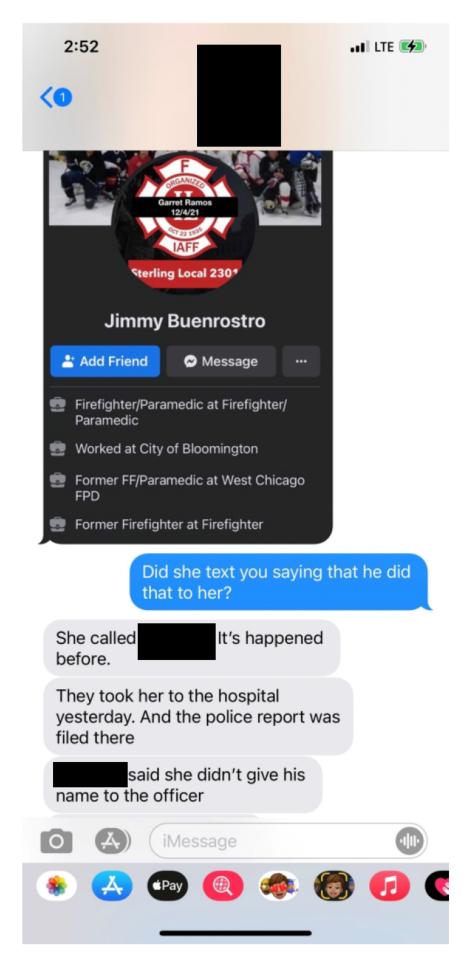
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