State of Utah INCIDENT REPORT

	- 100		1000		HCID			2.2			
Agency Orig./Supp. Report		Report	Number	Case Number		Incident Number					
HUR	JRR Orgi										
Report Date and Time					Occurred from			Occurred to			
06/	02/1	985 1	:00P	M	06/02/1985	10:00AM		06/02/1985 12:30PM			
Incident Code Business Name					3		We	apons(s)			
MIS Freddy F					zbear's Pizza						
Incident Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	Location Type			
376	2 We	st 40	0 So	uth,	Hurricane,	UT 83737		Restaurant			
Numl	er of V	ictims/				Number of Se	ıspe	cts			
5						1					
					Van Bereiner der der der der der der der der der d						
-	E. (8 K)	ame (inc			le attach Suppleme	nercenteration	Pe	s/Actims* to report) rson Type			
	_	•	•	lbert	. Mr.		Reporting				
			46 ± ≥	Addre							
1						South, Hurricane, UT 84737					
	Business Phone						Residence Phone				
,	(435) 555-9215					(435) 555-4258					
	•	ame (inc					Pe	rson Type			
		•	-		Beringer,	Mrs.	Interviewed				
	Date of Birth Address										
2	12/0	05/19	56	123	West 324 I	North, Hurricane, UT 83737					
	Business Phone					Residence Phone					
1						(435)	5-1042				
	Full Name (incl. Title)						Person Type				
	Carlton Megan Holt, Mrs.					Interviewed					
	Date	of Birth		Addr	ess						
] 3	05/	25/19	61	254	West 1245	South, Hurricane, UT 84737					
	Busin	ess Pho	ne			Residenc	Residence Phone				
l						(435) 555-1856					

	Full Name	(incl. Tit	le)		Pers	Person Type					
	Gabrie	el Chr	ista	l Ber	Vic	Victim (#1)					
	Date of Bi	rth	} "	Address							
4	03/15/	1976	12	123 West 324 North, Hurricane, UT 83737							
	Business	Phone				}	Residence Phone				
		,				(435		555-1042			
	Full Name	•	•	,			Person Type				
	Jeremy	7 Brod	ly Fi	rmin			Victim (#2)				
_	Date of Bi	irth	1	dress							
5	12/12/	1978	_ 9:	52 Ea:	st 5215 N				UT 84737		
	Business	Phone					nce Phon				
						(435) 555-	-2632	David Committee and Advantage		
			11		YICI						
	here are more of Birth		appleme Age	Sex	ciated Fersons// Race	Glims to rep Ethnic	Handica	ip	melion are for victim≇t) Residence Status		
	15/1970	6	9	M	Black	N-H	No	"	Resident		
/					NI SE						
			ere more	attach "S	upplemental Sus	pecter to rep	on, leave b	tenk if unk	rown)		
		lame				Alias/	Nickname	e/Maiden	name		
	ssing										
Appa	arent Condi	tion	Add	ress							
P)	N					Social	Security I	Vumber			
rnor	ne Number					Journal	Journey!	-411 IDGI			
Date	of Birth		Age	Sex	Race	Ethnic	Skin	Occu	pation		
al											
Heig	ht	Weight	t	Hair		Eyes	Gla	asses	Build		
3	•					_					
Emp	Employer/School Home address					I	I		l		
Scar	rs/Marks/Ta	ttoos (De	scribe)						, , , , , , , , , , , , , , , , , , , ,		
Misc											
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1 	Seriai Number	Description							Value	
	Property Status	Property T	уре	Quantity/Measure Make/Drug Typ			e/Drug Type	Model		
2	Serial Number	Descriptio	Description							
	Property Status	Property Type		Quantity/Méasuré		Make/Drug Type		Model		
3	Serial Number	Description						Value		
	Vehicle Status License Pl		Plate No. Full/		Full/F	Partial State			Exp. Yr.	
ļ .	Vehicle Year	Make		Mod			del		Style	
VEHCILE	VIN	Color(s)								
VEF	Towed By		Towed To		•					
	Vehicle Notes									

On the above date and time, PO Rodriguez arrived at the restaurant. Upon arrival, PO Rodriguez spoke to Mr. Shaun Ilbert who called 911 who stated that five of the children who attended the birthday parties at the location has gone missing for a long period of time.

PO Rodriguez spoke to Mrs. Michelle Beringer, one of the victims' mother, who stated, during the performance of the robot performers, Gabriel, her son, asked her permission to 'get a prize from the employee'. Mrs. Beringer said it was about 9:25AM. PO Rodriguez could not get more information from Mrs. Beringer as she broke down crying mid-interview.

PO Rodriguez then spoke to Mrs. Carlton Holt, one of the attending guests, who stated that she had seen a man wearing purple-colored clothing leading a child somewhere. Mrs. Holt could not identify this suspect as she was obscured by the large number of people in the party.

	ADMINISTRATIVE	and the second s
Inquiries (List all that apply)		
Complainant Signature		
Reporting Officer Signature		ID Number
James Rode	rigueĵ	
Supervisor Signature Hal Wright	nt	ID Number
Status	Status Da	ate
Open	06/02,	/1985

	SUPPLEME	NTAL ASSOCIATED	PERSO	NS/VICTIMS (5+5)			
		ASSOCIATED P					
	Full Name (incl. Title)			Person Type			
•	Susanne Stacie	e Attaway		Victim (#3)			
	Date of Birth	Address					
1	08/14/1977	281 West 6915 No	rth, Hu	ırricane, UT 83737			
	Business Phone		Residence Phone				
			(435) 555-5518				
	Full Name (incl. Title)			Person Type			
	Friedrich Core	ey Warren	Victim (#4)				
	Date of Birth	Address					
2	02/05/1977	126 West 6915 No	North, Hurricane, UT 83737				
	Business Phone		Residence Phone				
			(435)	555-3963			
	Full Name (incl. Title)		Person Type				
	Cassidy Lesia	Franklin Address		Victim (#5)			
3	Date of Birth						
١		521 East 590 Sou	outh, Hurricane, UT 83737				
İ	Business Phone		(435) 555-7975				
			(435)				
	Full Name (incl. Title)			Person Type			
	Date of Birth	Acidress					
4	Date of Birth	Address					
	Business Phone		Residence Phone				
	Business i none		Toolugiis I nois				
<u> </u> 	Full Name (incl. Title)			Person Type			
	Date of Birth	Address	,_				
5							
į	Business Phone	i	Residence Phone				
1			<u> </u>				

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No.	Date of Birth	Age	Sex	Race	Ethnic	Handicap	Residence Status
2	12/12/1978	6	М	White	N-H	No	Resident
NO.	Date of Birtin	Age	Sex	Race	Etinnic	Нансіісар	Residence Status
3	08/14/1977	7	F	White	N-H	No	Resident
No.	Date of Birth	Age	Sex	Race	Ethnic	Handicap	Residence Status
4	02/05/1977	8	М	White	N-H	No	Resident
No.	Date of Birth	Age	Sex	Race	Ethnic	Handicap	Residence Status
5	11/16/1973	11	F	White	N-H	No	Resident
No.	Date of Birth	Age	Sex	Race	Ethnic	Handicap	Residence Status
6							