

KAREN DONNELLY
STATES ATTORNEY



OFFICE OF THE
STATE'S ATTORNEY
LASALLE COUNTY, ILLINOIS

LASALLE COUNTY GOVERNMENTAL COMPLEX
707 ETNA ROAD, SUITE 251
OTTAWA, IL 61350

(815) 434-8340
Fax (815) 434-8357

January 29, 2018

Illinois State Police: ECSO
Attn: Master Sergeant B.R. Workman
801 South Seventh Street
Suite 500-S
Springfield, IL 62703

Re: 2017 Eavesdropping Applications

Dear Master Sergeant B.R. Workman:

Enclosed please find completed forms for the 2017 Eavesdropping Applications.

Sincerely,

A handwritten signature in black ink, appearing to read "BKV".

Brian K. Vescogni
Chief Deputy State's Attorney

Enclosure

BKV/leb

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-92

AUTHORIZING JUDGE	NAME
	CIRCUIT ... Thirteenth
	COUNTY ... LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME ... Brian K. Vescogni
	COUNTY ... LaSalle
APPLYING OFFICER	NAME ... Kye Denault
	TITLE ... Agent
	AGENCY ... Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	12-21-2017	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x \$35.00	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 215.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-91

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>12-21-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4 x \$35.00</u>	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>3 X \$25.00</u>	\$ 75.00	\$ 215.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-85

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>12-05-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4 x \$35.00</u>	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 X \$25.00</u>	\$ 100.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-73

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Martin</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-31-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	4	4	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>5 X \$35.00</u>	\$ 175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>3 X \$25.00</u>	\$ 75.00	\$ 250.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-72

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER				ORDER DATE	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-31-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$35.00	\$ 175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 250.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-50

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER				ORDER DATE	
	PERIOD ORIGINALLY REQUESTED		<input type="checkbox"/>	<input type="checkbox"/>		
	24 hours	08-25-2017				
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2x\$25.00	\$ 50.00	\$ 155.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of c/s

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-47

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Martin</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hour	08-16-17	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$30.00	\$ 90.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$25.00	\$ 50.00	\$ 140.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>Del of c/s</i>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-4

AUTHORIZING JUDGE	NAME
	CIRCUITThirteenth.....
	COUNTYLaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAMEBrian K. Vescogni.....
	COUNTYLaSalle.....
APPLYING OFFICER	NAMEBeery.....
	TITLEInspector.....
	AGENCYKendall County CPAT.....

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	01-10-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			


INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
						NOT EXECUTED

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-3

AUTHORIZING JUDGE	NAME
	CIRCUIT ...Thirteenth.....
	COUNTY ...LaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAME .. Brian K. Vescogni
	COUNTY ...LaSalle.....
APPLYING OFFICER	NAME .. Beery
	TITLE .. Inspector
	AGENCY .. Kendall County CPAT

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	24 hours	01-09-2016	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

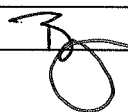
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-96

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED	12-27-2017	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		5 x \$35.00	\$ 175.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 X \$25.00	\$ 100.00	\$ 275.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

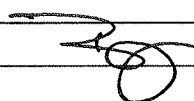
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/17

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-93

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>12-22-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>2ND & SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>7 X \$35.00</u>	\$ 245.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 X \$25.00</u>	\$ 100.00	\$ 345.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-84

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u>
	TITLE <u>Detective</u>
	AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED						
	<u>24 hours</u>	<u>12-03-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

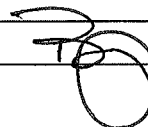
INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>3 officers x 1 hour</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ <u>135.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 12/10/18 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-81

AUTHORIZING JUDGE	NAME
	CIRCUIT ...Thirteenth.....
	COUNTY ...LaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAME ...Brian K. Vescogni.....
	COUNTY ...LaSalle.....
APPLYING OFFICER	NAME ...Kye Denault.....
	TITLE ...Agent.....
	AGENCY ...Trident.....

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	11-29-2017	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		7 X \$35.00	\$ 245.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	7 X \$25.00	\$ 175.00	\$ 420.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/19

SIGNATURE

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2017-E-80

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT ..Thirteenth..... COUNTY ..LaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAME ..Brian K. Vescogni..... COUNTY ..LaSalle.....
APPLYING OFFICER	NAME ..Kye Denault..... TITLE ..Agent..... AGENCY ..Trident.....

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	11-29-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

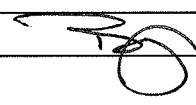
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	7 X \$35.00	\$ 245.00	
COST	NATURE OF OTHER RESOURCES USED	RESOURCE COST	TOTAL COST
	7 X \$25.00	\$ 175.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/10 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-77

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	11-20-2017	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	24 hours	<input type="checkbox"/>	<input type="checkbox"/>			
	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	4	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		8 agents	\$ 480.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	8 X \$25.00	\$ 400.00	\$ 880.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-76

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	TITLE Agent
	AGENCY TRIDENT

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	11-09-2017	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	6		\$ 360.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
6		\$ 300.00	\$ 660.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	0					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2017-E-70

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-5 n
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault TITLE Agent AGENCY TRIDENT

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	10-26-2017	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 X \$25.00	\$ 75.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2017-E-67

PLEASE MAIL COMPLETED FORM TO:
Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-12-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

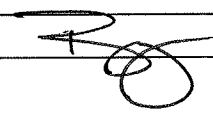
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED <u>2 agents</u>	MANPOWER COST \$ <u>120.00</u>	TOTAL COST \$ <u>170.00</u>
	NATURE OF OTHER RESOURCES USED <u>2 vehicles X \$25.00</u>	RESOURCE COST \$ <u>50.00</u>	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-63

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-03-17</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4 x \$35.00</u>	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 x \$25.00</u>	\$ 100.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-62

AUTHORIZING JUDGE	NAME
	CIRCUIT ..Thirteenth.....
	COUNTY ..LaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAME ..Brian K. Vescogni.....
	COUNTY ..LaSalle.....
APPLYING OFFICER	NAME ..Kye Denault.....
	TITLE ..Agent.....
	AGENCY ..Trident.....

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	24 hours	10-03-17	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	3	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x \$35.00	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 x \$25.00	\$ 100.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2017-E-60

PLEASE MAIL COMPLETED FORM TO:
Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron TITLE Agent AGENCY TRIDENT

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	09-25-17	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	2		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 cars	\$ 150.00	\$ 330.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-54

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	09-12-2017	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 X \$35.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3x\$35.00	\$ 105.00	\$ 210.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-48

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S n
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	08-23-2017	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 X \$35.00	\$ 105.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 x \$35.00	\$ 105.00	\$ 210.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Persons					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-45

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	08-09-17	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	0	\$ 0	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	0	\$ 0	\$ 0

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-46

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	TITLE Agent
	AGENCY TRIDENT

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	08-14-17	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Perjury					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/10

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-43

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	08-08-17	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	12 X 30 = 360 X 4 hrs.	\$ 1,440.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	10 X 25	\$ 1,000.00	\$ 2,440.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-40

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron
	TITLE Agent
	AGENCY TRIDENT

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S n
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	08-03-17	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 cars	\$ 150.00	\$ 330.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<i>2 persons</i>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE *[Signature]*

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-32

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED					ORDER DATE	
	<u>24 hours</u>	<u>06-09-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5X \$35.00	\$ 175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5 X \$25.00	\$ 125.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-31

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>06-06-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3 X \$35.00</u>	<u>\$ 105.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>3 X \$25.00</u>	<u>\$ 75.00</u>	<u>\$ 180.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-29

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5 n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>heroin purchase</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-22-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>0</u>	\$ 0	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>0</u>	\$ 0	\$ 0

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>0</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-20

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Marc Hoster TITLE Detective AGENCY Ottawa Police Department

PLEASE MAIL COMPLETED FORM TO:
Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5 n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: Man/Del. Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	24 hours	04-20-2017	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

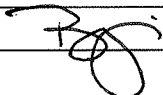
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 Officers		\$ 280.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	0	\$ 0.00	\$ 280.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of c/s

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-21

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Sherry Barto
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5 n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	04-27-17	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		5	\$ 150.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4	\$ 100.00	\$ 250.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of C/S

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-22

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Sherry Barto</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	<u>05-02-17</u>	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>4</u>	<u>2</u>	<u>2</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3</u>		\$ 90.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
<u>2</u>		\$ 50.00	\$ 140.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Del of c/s</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-17

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>03-03-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>4 officers</u>	\$ 280.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>recorder</u>	\$ 0.00	\$ 280.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Del of ct</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/16 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2017-E-18

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S n
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Marc Hoster TITLE Detective AGENCY Ottawa Police Department

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	03-10-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 officers	\$ 280.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	recorder	\$ 0.00	\$ 280.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-11

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>J. Beery</u>
	TITLE <u>Inspector</u>
	AGENCY <u>Kendall County CPAT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Del. of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-07-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>loss of c/s</i>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-12

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-16-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4 officers</u>	\$ 280.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>recorder</u>	\$ 0.00	\$ 280.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Red of c/s</u>


Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-8

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Man/Del. Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>01-20-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>4 officers</u>		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>recorder</u>	\$ 0.00	\$ 280.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Del of c/s</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-7

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Beery
	TITLE Inspector
	AGENCY Kendall County CPAT

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unl. Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 HOURS	01-20-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Loss of c/s

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2017-E- <u>6</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S n
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>RJ Knezevich</u> TITLE <u>Special Agent</u> AGENCY <u>Joliet Metro Area Narcotics</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>01-18-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED		<input type="checkbox"/>	<input type="checkbox"/>		
	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	OAF	\$ 2,700.00	\$ 3,350.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>1 Poss w/ Intent to Deliver Cocaine</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-2

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Beery
	TITLE Inspector
	AGENCY Kendall County CPAT

PLEASE MAIL COMPLETED FORM TO:

- Illinois State Police: ECSO
- 801 South Seventh St., Ste. 500-S
- Springfield, IL 62703
- Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unl. Delivery Of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	01-06-2017	<input type="checkbox"/>	<input type="checkbox"/>		
	PERIOD ORIGINALLY REQUESTED	24 hours	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

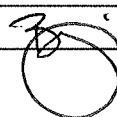
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/17

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-1

AUTHORIZING JUDGE	NAME
	CIRCUIT .. Thirteenth
	COUNTY .. LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME .. Brian K. Vescogni
	COUNTY .. LaSalle
APPLYING OFFICER	NAME .. Beery
	TITLE .. Inspector
	AGENCY .. Kendall County CPAT

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unl. Delivery Of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	01-04-2017	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/10 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-95

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Martin</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>12-27-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Roadway _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>5 x \$35.00</u>	\$ 175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>4 X \$25.00</u>	\$ 100.00	\$ 275.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-94

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>12-22-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHERPublic/Vehicle.....			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED <u>4 x \$35.00</u>	MANPOWER COST \$ <u>140.00</u>	TOTAL COST \$ <u>240.00</u>
	NATURE OF OTHER RESOURCES USED <u>4 X \$25.00</u>	RESOURCE COST \$ <u>100.00</u>	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

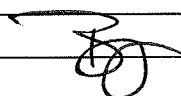
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-89

AUTHORIZING JUDGE	NAME
	CIRCUIT ... Thirteenth
	COUNTY ... LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME ... Brian K. Vescogni
	COUNTY ... LaSalle
APPLYING OFFICER	NAME ... Kye Denault
	TITLE ... Agent
	AGENCY ... Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	12-14-2017	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$25.00	\$ 50.00	\$ 155.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Felonies					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/14 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-88

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Jason Cliff</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	12-12-2017	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER common area			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 X \$35.00	\$ 105.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$25.00	\$ 50.00	\$ 155.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2017-E-87

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:
Illinois State Police: ECSSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	12-11-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

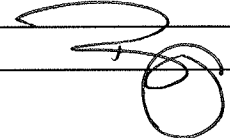
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$25.00	\$ 50.00	\$ 155.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Parole					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-86

AUTHORIZING JUDGE	NAME
	CIRCUIT ...Thirteenth.....
	COUNTY ...LaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAME ...Brian K. Vescogni.....
	COUNTY ...LaSalle.....
APPLYING OFFICER	NAME ...Jason Cliff.....
	TITLE ...Agent.....
	AGENCY ...Trident.....

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	12-11-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

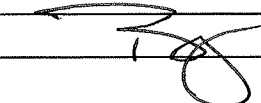
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$35.00	\$ 105.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$25.00	\$ 50.00	\$ 155.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-82

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-29-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	<u>1</u>	<u>2</u>	<u>2</u>	<u>1</u>	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>6 X \$35.00</u>	<u>\$ 210.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>6 X \$25.00</u>	<u>\$ 150.00</u>	<u>\$ 360.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Penalty</u>					

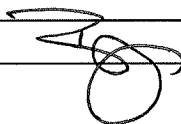
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2017-E-79

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>11-28-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$35.00	\$ 175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5X \$25.00	\$ 125.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-78

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE		DENIED	GRANTED	GRANTED WITH CHANGES
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-28-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>	
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>	
	<u>2ND & SUBSEQ.</u>		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>6 X \$35.00</u>	\$ 210.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>6 X \$25.00</u>	\$ 150.00	\$ 360.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

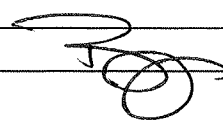
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/12

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2017-E-75

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u> TITLE <u>Agent</u> AGENCY <u>Trident</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>11-08-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>	
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>	
	<u>2ND & SUBSEQ.</u>		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Public			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	2	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>10 X \$35.00</u>	\$ 350.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>5X \$25.00</u>	\$ 125.00	\$ 475.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2017-E-65

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>TRIDENT</u>

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-10-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE
	LENGTH OF EXTENSIONS REQUESTED		<input type="checkbox"/>	<input type="checkbox"/>		
	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>			
	<u>2ND & SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER outdoors			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3</u>	<u>\$ 180.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>3 cars</u>	<u>\$ 150.00</u>	<u>\$ 330.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/19 SIGNATURE

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-55

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin TITLE Agent AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	09-13-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

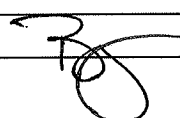
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$35.00	\$ 175.00	
NATURE OF OTHER RESOURCES USED	RESOURCE COST		
4 X \$25.00	\$ 100.00	\$ 275.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-53

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-01-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>parking lot of Shell Gas</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>3</u>	\$ 180.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>3 vehicles</u>	\$ 150.00	\$ 330.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Del of c/s</u>

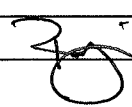
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-51

AUTHORIZING JUDGE	NAME
	CIRCUIT <small>Thirteenth</small>
	COUNTY <small>LaSalle</small>
AUTHORIZING STATE'S ATTORNEY	NAME <small>Brian K. Vescogni</small>
	COUNTY <small>LaSalle</small>
APPLYING OFFICER	NAME <small>Brad Martin</small>
	TITLE <small>Agent</small>
	AGENCY <small>Trident</small>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY <small>Unlawful Delivery of Controlled Substance</small> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	08-29-2017	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER _____ <small>roadway/Apt. common area</small>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5 X \$35.00	\$ 175.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4x\$25.00	\$ 100.00	\$ 275.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	2					Del of cls

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-42

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Martin</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	08-07-17	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER public area			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 X \$30.00	\$ 90.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$25.00	\$ 50.00	\$ 140.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Del of c/s</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE [Signature]

**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-39

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	07-26-17	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

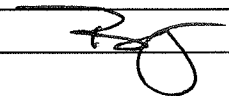
INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER outside 4th St. Peru			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5	\$ 300.00	
COST	NATURE OF OTHER RESOURCES USED	RESOURCE COST	TOTAL COST
	5 cars	\$ 250.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of c/s

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-38

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>		<u>07-20-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
2ND & SUBSEQ.			<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <small>parking lot of Waterstreet Pub</small>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$30.00 X 5</u>	\$ 360.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>vehicles 25 X 5</u>	\$ 250.00	\$ 610.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<u>Del of c/s</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18

SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-36

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED						
	24 hours	07-06-2017	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <small>Parking lot of business</small>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 x \$35.00	\$ 140.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 x \$25.00	\$ 75.00	\$ 215.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



**ILLINOIS STATE POLICE
STATE'S ATTORNEY REPORT**
PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-24

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni/Karen Donnelly
	COUNTY LaSalle
APPLYING OFFICER	NAME Brad Martin
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	05-10-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			


INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	6x \$35.00	\$ \$210.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 x \$25.00	\$ \$100.00	\$ \$310.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-33

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>06-26-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>		
		2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____				
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER UC car on 300 blk. 6th St. LaSalle, IL.....				
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF				
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 x \$35.00	\$ 140.00	
	4 x \$25.00	\$ 100.00	\$ 240.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>4</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-28

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Kye Denault
	TITLE Agent
	AGENCY Trident

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	05-22-17	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		14 x \$35.00	\$ 490.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	8 x 25	\$ 200.00	\$ 690.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-26

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Dustin L. Seale</u>
	TITLE <u>Special Agent</u>
	AGENCY <u>JMANS</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>05-18-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER ...restaurant....			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		N/A	\$ 0.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	N/A	\$ 0.00	\$ 0.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-16

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u>
	TITLE <u>Detective</u>
	AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Del. of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED	<u>03-02-2017 - 03-03-2017</u>	<u>03-02-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER <u>Peru Police Dept.</u>			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>3 hours</u>	\$ 30.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$ 90.00	\$ 120.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>overdose</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-13

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Marc Hoster
	TITLE Detective
	AGENCY Ottawa Police Department

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
PERIOD ORIGINALLY REQUESTED 24 hours	02-17-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER Parking Lot			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 officers		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	recorder	\$ 0.00	\$ 280.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of c/s


Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-90

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	12-14-2017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____				
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____				
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF				
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	2	0		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 X \$35.00	\$ 105.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 X \$25.00	\$ 50.00	\$ 155.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-64

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Beery</u>
	TITLE <u>Inspector</u>
	AGENCY <u>Kendall CPAT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>10-04-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Penary</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-52

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u> TITLE <u>Agent</u> AGENCY <u>TRIDENT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>08-30-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	4	3	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5	\$ 300.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	5 cars	\$ 250.00	\$ 550.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	2					<i>Del of look alike</i>

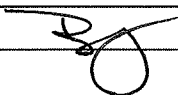
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

.....2017-E-37.....

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	07-14-17	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 agents	\$ 180.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 vehicles	\$ 150.00	\$ 330.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	2					Del of c/s

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-34

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Martin & Brian Zebron</u>
	TITLE <u>Agents</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO

801 South Seventh St., Ste. 500-S

Springfield, IL 62703

Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES
						ORDER DATE
PERIOD ORIGINALLY REQUESTED			<input type="checkbox"/>	<input type="checkbox"/>		
24 hour		06-30-17				
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 agents	\$ 240.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 vehicles	\$ 200.00	\$ 440.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					<i>Del of c/s</i>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

.....2017-E-35.....

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Martin/Brian Zebron</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	07-03-17	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		2	\$ 120.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	2 vehicles	\$ 100.00	\$ 220.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Vescogni</u>					<u>Del of CS</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-19

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>J. Beery</u>
	TITLE <u>Inspector</u>
	AGENCY <u>Kendall County CPAT</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unl. Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED				ORDER DATE		
LENGTH OF EXTENSIONS REQUESTED	1ST					
	2ND & SUBSEQ.					

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
			\$
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Loss of C/S

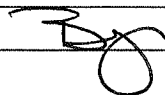
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-15

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-23-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>none made</u>			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		NATURE OF OTHER RESOURCES USED	RESOURCE COST

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Del of c/s</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-14

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>02-20-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input checked="" type="checkbox"/> OTHER (SPECIFY) <u>none made</u>			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
			\$
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	\$
		\$	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					<u>Del of c/s</u>

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2017-E-56

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron TITLE Agent AGENCY TRIDENT

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION				
	FELONY: <u>Unlawful Delivery of LSD & Cannabis</u>		APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	ORDER DATE
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER						
	PERIOD ORIGINALLY REQUESTED 24 hours		09-18-17	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
2ND & SUBSEQ.			<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER garage			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	4	4	2	

COST	NATURE AND QUANTITY OF MANPOWER USED 5	MANPOWER COST \$ 300.00	TOTAL COST
	NATURE OF OTHER RESOURCES USED 5 cars	RESOURCE COST \$ 250.00	

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	1					Del of c/s

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-61

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Possession of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-28-17</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____				
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER vehicle				
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF				
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	1	1	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	4 officers x 2 hour	\$ 288.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	recorder	\$ 0.00	\$ 288.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

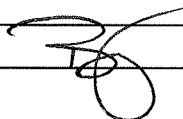
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-59

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Unlawful Possession of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>09-22-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input checked="" type="checkbox"/> OTHER street _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		<u>5 officers x 1 hour</u>	\$ 180.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>recorder</u>	\$ 0.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-57

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Unlawful Possession of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE		DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>09-21-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>		<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & SUBSEQ.</u>		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/16

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-58

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Marc Hoster</u>
	TITLE <u>Detective</u>
	AGENCY <u>Ottawa Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Possession of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE		DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED						ORDER DATE
	<u>24 hours</u>	<u>09-21-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	0	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		\$	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>PENDING</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/19 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-49

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron TITLE Agent AGENCY TRIDENT

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Unlawful Delivery Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	08-24-17	DENIED	GRANTED	GRANTED WITH CHANGES
PERIOD ORIGINALLY REQUESTED	24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____				
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> BUSINESS (SPECIFY) _____ <input type="checkbox"/> OTHER _____				
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF				
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3		\$ 180.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	3 vehicles	\$ 150.00	\$ 330.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/10

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-5

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Josh Boedigheimer</u>
	TITLE <u>Commander</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-5
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unl. Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>01-11-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Peru Mall</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>\$450.00</u>	<u>\$ 240.00</u>	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	<u>0</u>	<u>\$ 0</u>	<u>\$ 690.00</u>

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	0	N/A				0

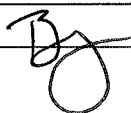
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-30

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u>
	TITLE <u>Detective</u>
	AGENCY <u>Peru Police Departmet</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	24 hours	06-02-2017	<input type="checkbox"/>	<input type="checkbox"/>	ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>McDonald's</u> <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	1	1	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		3 officers X 2 hours	\$ 30.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$ 180.00	\$ 180.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>1</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 6/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2017-E-83

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

AUTHORIZING JUDGE	NAME CIRCUIT Thirteenth COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni COUNTY LaSalle
APPLYING OFFICER	NAME Brian Zebron TITLE Agent AGENCY Trident

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: Unlawful Delivery of Controlled Substance <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES ORDER DATE	
PERIOD ORIGINALLY REQUESTED	24 hours	11-30-2017	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) YMCA, Peru parking lot <input type="checkbox"/> OTHER _____			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
	DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5	\$ 300.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	4 vehicles	\$ 200.00	\$ 500.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-74

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u>
	TITLE <u>Detective</u>
	AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>11-03-2017</u>	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Walmart</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>6 officers x 3 hours</u>	\$ 45.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 810.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE [Signature]

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #
2017-E-69

AUTHORIZING JUDGE	NAME
	CIRCUIT Thirteenth
	COUNTY LaSalle
AUTHORIZING STATE'S ATTORNEY	NAME Brian K. Vescogni
	COUNTY LaSalle
APPLYING OFFICER	NAME Brad Jones
	TITLE Detective
	AGENCY Peru Police Department

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	10-20-2017	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	24 hours	<input type="checkbox"/>	<input type="checkbox"/>			
	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Walmart</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
		5 officers x 2 hours	\$ 45.00
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$ 450.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-68

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u>
	TITLE <u>Detective</u>
	AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION			ORDER OR EXTENSION		
	FELONY: <u>Unlawful Delivery of Controlled Substance</u>	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
	<input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER					ORDER DATE
	PERIOD ORIGINALLY REQUESTED <u>24 hours</u>	<u>10-17-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED	<u>1ST</u>	<input type="checkbox"/>	<input type="checkbox"/>		
	<u>2ND & SUBSEQ.</u>	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>.Precision Car Wash....</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	2	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	<u>5 officers</u>		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$ 0.00	\$ 150.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
		<u>Pending</u>				

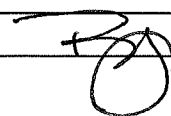
Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

1/20/18

SIGNATURE



ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION # 2017-E-66

AUTHORIZING JUDGE	NAME CIRCUIT <u>Thirteenth</u> COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u> COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Brad Jones</u> TITLE <u>Detective</u> AGENCY <u>Peru Police Department</u>

PLEASE MAIL COMPLETED FORM TO:
Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
		FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE 10-11-17	DENIED <input type="checkbox"/>	GRANTED <input type="checkbox"/>	GRANTED WITH CHANGES ORDER DATE
	PERIOD ORIGINALLY REQUESTED 24 hours		<input type="checkbox"/>	<input type="checkbox"/>		
	LENGTH OF EXTENSIONS REQUESTED 1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>...The Barber Shop.....</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	0	0	0	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
		\$	\$

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/12 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-27

AUTHORIZING JUDGE	NAME
	CIRCUITThirteenth.....
	COUNTYLaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAMEBrian K. Vescogni.....
	COUNTYLaSalle.....
APPLYING OFFICER	NAMEBrad Jones.....
	TITLEDetective.....
	AGENCYPeru Police Department.....

PLEASE MAIL COMPLETED FORM TO:

Illinois State Police: ECSO
801 South Seventh St., Ste. 500-S n
Springfield, IL 62703
Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	05-19-2017	<input type="checkbox"/>	<input type="checkbox"/>		ORDER DATE	
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Fogles Lodge</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	2	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 officers	\$ 90.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$200.00 buy money	\$ 200.00	\$ 290.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<i>Pending</i>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 1/20/18 SIGNATURE 

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-25

AUTHORIZING JUDGE	NAME
	CIRCUITThirteenth.....
	COUNTYLaSalle.....
AUTHORIZING STATE'S ATTORNEY	NAMEBrian K. Vescogni.....
	COUNTYLaSalle.....
APPLYING OFFICER	NAMEBrad Jones.....
	TITLEDetective.....
	AGENCYPeru Police Department.....

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S n
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unlawful Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED 24 hours	05-16-2017	<input type="checkbox"/>	<input type="checkbox"/>			
LENGTH OF EXTENSIONS REQUESTED	1ST	<input type="checkbox"/>	<input type="checkbox"/>			
	2ND & SUBSEQ.	<input type="checkbox"/>	<input type="checkbox"/>			

INTERCEPTS	TYPE OF INTERCEPT	<input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____				
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) Casey's <input type="checkbox"/> OTHER				
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF				
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS	
	1	2	1	1		

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	3 officers	\$ 50.00	
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
	\$100.00 buy money	\$ 150.00	\$ 200.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	Pending					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT 12/16 SIGNATURE

ILLINOIS STATE POLICE STATE'S ATTORNEY REPORT

PURSUANT TO 725 ILCS 5/108A-11 (A) AND (B) (CONSENSUAL)

APPLICATION #

2017-E-23

AUTHORIZING JUDGE	NAME
	CIRCUIT <u>Thirteenth</u>
	COUNTY <u>LaSalle</u>
AUTHORIZING STATE'S ATTORNEY	NAME <u>Brian K. Vescogni</u>
	COUNTY <u>LaSalle</u>
APPLYING OFFICER	NAME <u>Kye Denault</u>
	TITLE <u>Agent</u>
	AGENCY <u>Trident</u>

PLEASE MAIL COMPLETED FORM TO:
 Illinois State Police: ECSO
 801 South Seventh St., Ste. 500-S
 Springfield, IL 62703
 Attn: Master Sergeant B.R. Workman

APPLICATION AND ORDER OR EXTENSION	CONSENSUAL APPLICATION		ORDER OR EXTENSION			
	FELONY: <u>Unl. Delivery of Controlled Substance</u> <input checked="" type="checkbox"/> CHECK IF EMERGENCY ORDER	APPLICATION DATE	DENIED	GRANTED	GRANTED WITH CHANGES	
PERIOD ORIGINALLY REQUESTED	<u>24 hours</u>	<u>05-04-17</u>	<input type="checkbox"/>	<input type="checkbox"/>		
LENGTH OF EXTENSIONS REQUESTED	1ST		<input type="checkbox"/>	<input type="checkbox"/>		
	2ND & SUBSEQ.		<input type="checkbox"/>	<input type="checkbox"/>		

INTERCEPTS	TYPE OF INTERCEPT	<input type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> IN-PERSON <input type="checkbox"/> OTHER (SPECIFY) _____			
	Location	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MULTIPLE DWELLING <input type="checkbox"/> APARTMENT <input checked="" type="checkbox"/> BUSINESS (SPECIFY) <u>Silver Slipper parking lot</u> <input type="checkbox"/> OTHER			
	FREQUENCY OF INCRIMINATING CONVERSATIONS	NUMBER OF			
		DAYS IN ACTUAL USE	PERSONS WHOSE COMMUNICATIONS WERE INTERCEPTED	COMMUNICATIONS INTERCEPTED	INCRIMINATING COMMUNICATIONS
	1	3	1	1	

COST	NATURE AND QUANTITY OF MANPOWER USED	MANPOWER COST	TOTAL COST
	5		
	NATURE OF OTHER RESOURCES USED	RESOURCE COST	
5		\$ 125.00	\$ 300.00

RESULTS	# ARRESTED BY OFFENSE TYPE	NUMBER OF TRIALS	NUMBER OF MOTIONS TO SUPPRESS			CONVICTIONS AND TYPE OF OFFENSE
			MADE	GRANTED	DENIED	
	<u>Pending</u>					

Put "Pending" in # Arrested box and Convictions box rather than "0" if investigation is pending.

ASSESSMENT OF THE IMPORTANCE OF OBTAINING SUCH CONVICTIONS

DATE OF REPORT

5/20/18

SIGNATURE

