1031-1 R3

12 HR BAR

MILWAUKEE COUNTY ARREST-DETENTION REPORT

Page ____ of ____

Master C/CJIS ID# | B of I/LID# | C/CJIS AR/BK # | ☐ Juvenile

BKG No: 26-013502 | Romo, Antonio R | M / W | 1980 | Arrestee (Do Not Use Label)

Last	First	Middle Name	Suffix	Sex	Race	H/N/U	DOB	Age
Romo	Antonio	R		M	W		[redacted]	80

[redacted] | Apt. | City: Dallas | State: TX | Zip: 75248

Height	Weight	Build	Eyes	Hair	Glasses / Contacts	Teeth	Complexion	Mustache/Beard
6'02								

Chin	Hand	Marital Status	Occupation	Employer	School

Military Branch	Place of Birth (City, State)	US Citizen: Y / N	Country of Citizenship

Social Security #	Home Telephone #	Work Telephone #	Driver's License # / State
			[redacted]

Scars/Marks/Tattoos:

AFIS ID

Alias/Maiden Name: | DOB

Arrest

Date	Time	Agency ID	Dist/Bur	Arrest Address	Apt.	City	State	Zip
07/23/26	1818	MCSO	PSB	949 N 9th St.		Milwaukee	WI	53233

Agency ID	Arresting Officer Emp. ID	Arresting Officer Name	District /Bureau
MCSO	RIKRK	Deputy Kaur #898	PSB

Conveyance

Conveyed to: CJF / District Station / Hospital / Other: | Date: 07/23/26 | Time: 2109 | By: Squad / Ambulance / Med. Unit

Agency ID	Employee ID	Name	District Bureau	Squad #
MCSO	RIKRK	Deputy Kaur #898	PSB	24

Conveyed to: CJF / District Station / Hospital / Other: | Date: | Time | By: Squad / Ambulance / Med. Unit

Agency ID	Employee ID	Name	District Bureau	Squad #

Released By Doctor | Date Returned to CJF | Time Returned to CJF

1

Cit # / Warrant / Commit #	Court Case # / Summary	Statute / Ordinance #	F	M	O	T	State / Muni	Bail
BN709220		346.63(1)(a)				T		BAR

Charge Description	Offense Date	Issuing Agency	Drug/Weapon/Gambling Type	Amount (Drug/Theft)
Operating while under the influence	07/23/26	MCSO		

Modifiers: DV DDV PTAC WHILE ARMED 2ND/SUBS DOCS 1000' POCS 1000" HAB CRIM MASKED ATTEMPT OTHER:

If Dispo: RELF / ARL / Other: | Deft. to Appear at: Rm 221 Safety Building 821 W State St. Milwaukee WI 53233 | Date: 09/21/26 | Time: 0830 | Sig.: Dep. C. Kaur #898

Remarks: BAR

2

Cit # / Warrant / Commit #	Court Case # / Summary	Statute / Ordinance #	F	M	O	T	State / Muni	Bail

Charge Description	Offense Date	Issuing Agency	Drug/Weapon/Gambling Type	Amount (Drug/Theft)

Modifiers: DV DDV PTAC WHILE ARMED 2ND/SUBS DOCS 1000' POCS 1000" HAB CRIM MASKED ATTEMPT OTHER:

If Dispo: RELF / ARL / Other: | Deft. to Appear at: | Date: | Time: | Sig.:

Remarks

3

Cit # / Warrant / Commit #	Court Case # / Summary	Statute / Ordinance #	F	M	O	T	State / Muni	Bail

Charge Description	Offense Date	Issuing Agency	Drug/Weapon/Gambling Type	Amount (Drug/Theft)

Modifiers: DV DDV PTAC WHILE ARMED 2ND/SUBS DOCS 1000' POCS 1000" HAB CRIM MASKED ATTEMPT OTHER:

If Dispo: RELF / ARL / Other: | Deft. to Appear at: | Date: | Time: | Sig.:

Remarks

4

Cit # / Warrant / Commit #	Court Case # / Summary	Statute / Ordinance #	F	M	O	T	State / Muni	Bail

Charge Description	Offense Date	Issuing Agency	Drug/Weapon/Gambling Type	Amount (Drug/Theft)

Modifiers: DV DDV PTAC WHILE ARMED 2ND/SUBS DOCS 1000' POCS 1000" HAB CRIM MASKED ATTEMPT OTHER:

If Dispo: RELF / ARL / Other: | Deft. to Appear at: | Date: | Time: | Sig.:

Remarks

Arresting Demeanor: Cooperative / Argumentative / Combative | Physical Observation: OK / Sick / Injured / Intoxicated / Incapacitated

NURSE	Employee ID: 3758	Signature: Clemus	Remarks

Officer Processing Case	Liaison / Arresting Officer	Employee Name	Agency ID

1031-2 R4

Page ____ of ____

Last	First	Middle Name	Suffix	Sex	Race	DOB
Roma	Antonio	R.		M	W	[redacted]1980

Prop./Accomp. Wanted Check

Arrestee Property Inventory #			Agency Inventory Location		
Wanted Check Date	Time	Agency ID	Employee ID	Employee Name	District/Bureau
Offense report # / Agency Arrest #			(Circle) On Probation / On Parole		
Accomplice Last Name	First		Middle Name	Sex / Race / DOB	Ref. to DA: Y / N

Juvenile Case Information

Family ID	Family Case #		Juvenile #		Active Case #
Name of Person Notified	Date	Time	By Whom		Employee ID
Parent/Guardian Mother Last Name	First		MI		Home Telephone #
Home Address	Apt.	City	State	Zip	Work Telephone #
Parent/Guardian Mother Last Name	First		MI		Home Telephone #
Home Address	Apt.	City	State	Zip	Work Telephone #

Weapon / Vehicle Evidence

Weapon Inventory #	Type	Color	Serial #	Manufacturer	
Vehicle Inventory #	Year	Make	Model	Body Style	Color
License #	State	Plate Type	Exp. Year/Month	VIN #	
Evidence Inventory #			Agency Inventory Location		
Property Damage: Y / N	Estimated Amount	Property Loss: Y / N	Estimated Amount	List Attached: Y / N	

Victim Complaint

Agency ID	Victim / Complaint Employee ID	Employee Name				District/Bureau	
Victim / Complaint Civilian Last Name	First	Middle Name	Sex	Race	H / N / U	DOB	
Home Address	Apt.	City	State	Zip	Home / Work Telephone #		
Injury to Victim: Y / N	Medical Treatment: Y / N	Injury Description:					

Details of Arrest
(Elements of Crime, Probable Cause Statement)

Sub stopped S/B I-43 South of the Stack. Performed poorly on SFSTs. Taken into custody for OWI. Book and Release. Given a court date of 09/21/26 at 8:30am.

Right Index Fingerprint

Special Bail Factors:

Report By: (Signature)	Employee ID	Supervisor Approval: (Signature & Rank)	Employee ID	Date
Deputy R. Roma 5808	RIKRK			

State of Wisconsin, Milwaukee County

Seal Here

Subscribed and sworn before me this

_____ *day of* _____ *20* ____

_____
Notary Public (Signature)

Commission expires: _____

Probable Cause Determination

I find probable cause to believe that a crime was committed and that the defendant committed the crime and direct that the defendant be held in custody pending further proceedings in this matter.

Bail Amount:

Signature: Date: Time:

I find no probable cause for continued detention and direct that the defendant be released.

Signature: Date: Time:

ADMIT (Y) N	Date	Time	Bkng Cntrl Dep. Emp. ID	Signature	AFIS Y / N	AFIS Dep. Emp. ID
	7-23-26	2142	TMFTF			