

AGENCY NAME  
**Hubbard Police Department**

CALL NUMBER \_\_\_\_\_ GEO CODE  
**FIRST WARD**

Printed: 03-17-2009 18:53

\*INCIDENT NUMBER-INVESTIGATIVE NUMBER  
**09-0001859**

ADMINISTRATIVE

TOD **16:20**  
TOA **16:20**  
TOC **19:30**

INCIDENT (NON-CRIMINAL)  
 OFFENSE  
 SUPPLEMENT

\*CLEARANCES

A <input type="checkbox"/> Death of Suspect	G <input type="checkbox"/> Arrest - Juvenile
B <input type="checkbox"/> Prosecution Declined	H <input type="checkbox"/> Warrant Issued
C <input type="checkbox"/> Extradition Denied	I <input type="checkbox"/> Invest Pending
D <input type="checkbox"/> Victim Refused to Coop.	J <input type="checkbox"/> Closed
E <input type="checkbox"/> Juvenile/No Custody	K <input type="checkbox"/> Unfounded
F <input type="checkbox"/> Arrest - Adult	U <input type="checkbox"/> Unknow

**OHIO UNIFORM INCIDENT REPORT**

\*CLEARANCE DATE \_\_\_\_\_ CLEARED BY **098**

*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
03	16	2009	16:34	03	16	2009	16:00	03	16	2009	16:01

INCIDENT LOCATION (Street, Apt. City, State, Zip)

OFFENSE

*OFFENSE	*OFFENSE CODE	*AC	*FM & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. <b>DISORDERLY CONDUCT - MAKE UNRE</b>	1. <b>509.03A2</b>	C	MM	N		1	1. ___ 2. ___ 3. ___ (Enter up to three for each offense)
2.	2.						1. ___ 2. ___ 3. ___ B - Buying/Rec
3.	3.						1. ___ 2. ___ 3. ___ C - Cultivating/Mfg./Pub.
4.	4.						1. ___ 2. ___ 3. ___ D - Distributing/Selling
5.	5.						1. ___ 2. ___ 3. ___ E - Exploiting Children
							1. ___ 2. ___ 3. ___ O - Oper/Promoting/Ass.
							1. ___ 2. ___ 3. ___ P - Possessing/Concealing
							1. ___ 2. ___ 3. ___ T - Transp/Transmitting
							1. ___ 2. ___ 3. ___ U - Using/Consuming

\*LOCATION OF OFFENSE (Enter up to two)

1 <b>01</b> 2 <b>47</b>	12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings	<b>RETAIL</b> 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store	40 Other Retail Store 41 Factory/Mill/Plant 42 Other Building	*SUSPECTED OF USING <input type="checkbox"/> A ALCOHOL <input type="checkbox"/> D DRUGS <input type="checkbox"/> C COMPUTER EQUIPMENT <input checked="" type="checkbox"/> N NOT APPLICABLE
<b>RESIDENTIAL STRUCTURE</b> 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed	<b>COMMERCIAL LOCATIONS</b> 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry		<b>OUTSIDE</b> 43 Yard 44 Construction Site 45 Lake/Waterway 46 Fields/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery	
<b>PUBLIC ACCESS BLDGS.</b> 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital	20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service		51 Public Transit Vehicle 52 Other Outside Location 77 Other	*TYPE WEAPON/FORCE USED 1. <b>99</b> 2. ___ 3. ___ (Enter up to Three Codes)

*METHOD OF ENTRY <input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE	*METHOD OF ENTRY - MOTOR VEHICLE THEFT <input type="checkbox"/> 01 MOTOR RUNNING/KEYS IN CAR <input type="checkbox"/> 02 UNLOCKED <input type="checkbox"/> 03 DUPLICATE KEY USED <input type="checkbox"/> 04 WINDOW BROKEN <input type="checkbox"/> 05 TOWED	<input type="checkbox"/> 06 HOT WIRE <input type="checkbox"/> 07 SLIM/JIM/COAT HANGER <input type="checkbox"/> 08 TUMBLERS REMOVED <input type="checkbox"/> 09 COLUMN PEELED <input type="checkbox"/> 10 IGNITION PEELED	*METHOD OF ENTRY - BURGLARY/B & E ENTRY EXIT ENTRY EXIT ENTRY EXIT <input type="checkbox"/> 1 BASEMENT <input type="checkbox"/> <input type="checkbox"/> 2 1st FLOOR <input type="checkbox"/> <input type="checkbox"/> 3 2nd FLOOR <input type="checkbox"/> <input type="checkbox"/> 4 OTHER <input type="checkbox"/>	<input type="checkbox"/> 1. DOOR <input type="checkbox"/> <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> <input type="checkbox"/> 3. GARAGE <input type="checkbox"/> <input type="checkbox"/> 4. SKYLIGHT <input type="checkbox"/> <input type="checkbox"/> 5. OTHER <input type="checkbox"/>	<input type="checkbox"/> 1. FRONT <input type="checkbox"/> <input type="checkbox"/> 2. SIDE <input type="checkbox"/> <input type="checkbox"/> 3. REAR <input type="checkbox"/> <input type="checkbox"/> 4. ROOF <input type="checkbox"/> <input type="checkbox"/> 5. OTHER <input type="checkbox"/>
---	---	--	--	--	---

METHODS OF OPERATION

VICTIM

\*NO. **1** \*TOTAL VICTIMS **1** \*VICTIM TYPE  I INDIVIDUAL  F FINANCIAL INSTITUTION  P POLICE OFFICER (IN THE LINE OF DUTY)  S SOCIETY  O OTHER  
 B BUSINESS  G GOVERNMENT  R RELIGIOUS ORGANIZATION  U UNKNOWN

NAME (Last, First, Middle) **KRLICH, GARRICK G** PHONE **330-534-2949**

ADDRESS (Street, Apt., City, State, Zip) **713 EAST LIBERTY ST, HUBBARD, OH 44425** PHONE \_\_\_\_\_

EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS \_\_\_\_\_

\*AGE/D.O.B **48 12-24-1960** \*SEX **M** \*RACE  W  B  A  I  U HEIGHT **602** WEIGHT **220** HAIR **BRO** EYES **HAZ**

OCCUPATION \_\_\_\_\_ SSN \_\_\_\_\_ \*RESIDENT STATUS  RESIDENT  MILITARY  OTHER  
 TOURIST  STUDENT  UNKNOWN

VICTIM INJURED IF INJURED DESCRIBE INJURIES \_\_\_\_\_

\*AGG. ASLT/HOMICIDE CIR. \_\_\_\_\_ \*VICTIM/SUSPECT RELATIONSHIP **0 AQ 1 AQ 2 BE 3 \_\_\_ 4 \_\_\_ 5 \_\_\_** \*VICTIM/OFFENSE LINK **509.03A2**

My signature verifies that the information on this report is accurate and true \_\_\_\_\_ DATE \_\_\_\_\_

REPORTING OFFICER **MOFFITT, SGT. CHRISTOPHER** BADGE NO. **098** DATE **03-16-2009**

APPROVING OFFICER **MOFFITT, SGT. CHRISTOPHER** BADGE NO. **098** DATE **03-16-2009**

FOLLOW UP If yes, follow-up assignment \_\_\_\_\_

ADDITIONAL SUPPLEMENTS  VICTIM/WITNESS  PROPERTY  STATEMENTS  FORM RECEIVED BY:  INTELLIGENCE  SPECIAL COPIES  
 SUSPECT/ARRESTEE  NARRATIVE  OTHER  INVESTIGATION  RECORDS

INCIDENT NUMBER  
**09-0001859**

# INCIDENT REPORT - PART 2

INCIDENT NUMBER **09-0001859**

OFFENSE **DISORDERLY CONDUCT - MAKE UNREASONABLE NOISE / GESTURE OR USE ABUSIVE LANGUAGE**

INCIDENT DATE/TIME **03-16-2009 16:00**

REPORTEE	NO. <b>1</b>	NAME (Last, First, Middle) <b>KRLICH, GARRICK</b>	AGE/ D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip) <b>713 E LIBERTY ST, HUBBARD, OH 44425</b>			PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED    TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

VEHICLE	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input checked="" type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED									
	NO. <b>1</b>	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC <b>FD2801</b>	LIS <b>OH</b>	LIY	LIT	VIN/OAN	*VALUE \$		
	VYR	VMA <b>DODGE</b>	VMO <b>39</b>	VST <b>PU</b>	VCO TOP <b>SILVER</b>	VCO BOTTOM	<input type="checkbox"/> VEHICLE LOCKED	<input type="checkbox"/> KEYS IN VEHICLE	<input type="checkbox"/> HOLD VEHICLE	<input type="checkbox"/> RELEASE CONTENTS
	VEHICLE ASSOC W/ SUSPECT #	VEHICLE ASSOC W/ VICTIM #	<input type="checkbox"/> VEHICLE TOWED	TOWED BY	OWNERSHIP VERIFIED BY.	<input type="checkbox"/> TAG RECEIPT	<input type="checkbox"/> TITLE			
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	<input type="checkbox"/> RESID.	ADDITIONAL DESCRIPTION <b>FULL SIZE WITH CAP</b>					
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)    PHONE									

PROPERTY	*TYPE PROPERTY LOSS (Enter Code Below)										
	1 NONE		3 COUNTERFEITED/FORGED		5 STOLEN/ECT.		7 RECOVERED		P PHOTO E EVIDENCE		TOTAL VALUE
	2 BURNED		4 DESTROYED/DAMAGED/VANDALIZED		6 SEIZED		U UNKNOWN				
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND			MAKE/BRAND			DATE RECOVERED		
		SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND			MAKE/BRAND			DATE RECOVERED		
		SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE		
VICT. NO	VEH. NO	MAKE/BRAND			MAKE/BRAND			DATE RECOVERED			
	SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER						
<b>PROPERTY CODES:</b> EXCHANGE MEDIUMS: 01 Money, 02 Credit/Debit Card, 03 Negotiable Instruments, 04 Other Exchange Mediums, 05 Non-Negotiable Instruments, 06 Personal Papers, 07 Other Documents VALUABLES: 08 Jewelry/Precious Metals, 09 Art Objects, Antiques, 10 Other Valuables, 11 Clothing/Furs, 12 Purses/Handbags/Wallets, 13 Other Personal Effects, 14 Household Items EQUIPMENT: 15 Drug/Narcotic Equip., 16 Gambling Equipment, 17 Computer Hardware/Soft., 18 Office Equipment, 19 Stereo TV Equipment, 20 Recordings - Audio Vis, 21 Sports Equipment, 22 Photographic Equipment, 23 Farm Equipment CONSUMABLE ITEMS: 24 Heavy Construction, 25 Building Supplies, 26 Tools, 27 Vehicle Parts/Acces., 28 School Supplies, 29 Other Equipment, 30 Alcohol, 31 Drugs/Narcotics, 32 Consumable Goods ANIMALS: 33 Livestock, 34 Household Pets VEHICLES: 35 Aircraft, 36 Automobiles, 37 Bicycles, 38 Buses, 39 Trucks, 40 Trailers WEAPONS: 41 Watercraft, 42 Recreational Veh, 43 Other Motor Veh, 44 Firearms, 45 Other Weapons STRUCTURES: 46 Single Occupancy, 47 Other Dwellings, 48 Commercial/Bus. OTHER: 49 Indus./Mfg., 50 Public/Comm., 51 Storage, 52 Other Structure, 53 Merchandise, 54 Other Property, 55 Pending Inventory											

NARRATIVE

The victim came on station to report the ongoing problem of the suspects persistently driving past his house and blowing the horn.

# SUSPECT / ARREST SUPPLEMENT

ARRESTING AGENCY: **Hubbard Police Department** INCIDENT NUMBER: **09-0001859**

VICTIM: **KRLICH, GARRICK G** OFFENSE: \_\_\_\_\_ INCIDENT DATE/TIME: **03-16-2009 16:00**

NO. **1**  ADULT  JUVENILE CHECK APPROPRIATE CATEGORY  
 SUSPECT  ARRESTEE  SUSPECT/ARRESTEE  RUNAWAY  MISSING  OTHER  CHARGES FILED

NAME (Last, First, Middle): **CLEMENTE, JOHN J JR** S.S.N.: \_\_\_\_\_

ALIAS: \_\_\_\_\_ GANG AFFILIATION: \_\_\_\_\_

ADDRESS (Street, Apt., City, State, Zip): **208 E WATER ST, HUBBARD, OH 44425** PHONE: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): **EAGLE JOINT FIRE DISTRICT 33 W LIBERTY ST, HUBBARD, No State, 44425** PHONE: **330-402-9948**

PLACE OF BIRTH: \_\_\_\_\_ D.L.#/STATE: **RH979070 / OH** OCCUPATION/SCHOOL: \_\_\_\_\_

\*AGE/D.O.B: **56 - 56 / 01-03-1953** \*SEX: **M** \*RACE:  W  B  A  I  U \*HEIGHT: **600** \*WEIGHT: **190** HAIR: **BRO** EYES: **BRO**

MARITAL STATUS: **MAR** SCARS, MARKS, TATTOOS: \_\_\_\_\_

ADDITIONAL DESCRIPTIVES: \_\_\_\_\_

SUSPECTED OF USING:  ALCOHOL  DRUGS POTENTIAL INJURIES? \_\_\_\_\_

\*RESIDENT STATUS:  1. RESIDENT  2. TOURIST  3. MILITARY  4. STUDENT  5. OTHER (Explain) \_\_\_\_\_  6. UNKNOWN

\*ARRESTEE WAS ARMED WITH

99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM	50 POISON
11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES
12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN	65 FIRE/INCENDIARY DEVICE
12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT	70 DRUGS/NARCS/SLEEPING PILLS
13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON
13A FULLY AUTOMATIC	15C MACHINE PISTOL	35 MOTOR VEHICLE	U UNKNOWN
		40 PERSONAL WEAPON	

ASSOC. PERSONS	NAME	ADDRESS (Street, Apt., City, State, Zip)	Phone
1		1.	1
2		2.	2

*ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	*F/M & DEGREE	*WARRANT #	*ARREST LARCENY TYPE
1	1.	1.	1.	23A - POCKET PICKING 23B - PURSE SNATCHING
2	2.	2.	2.	23C - SHOPLIFTING 23D - THEFT FROM BUILDING
3	3.	3.	3.	23E - THEFT FROM COIN-OP MACH 23F - THEFT FROM MOTOR VEH.
4	4.	4.	4.	23G - MOTOR VEH. PARTS/ACCES.
5	5.	5.	5.	240 - THEFT OF MOTOR VEHICLE 23H - OTHER

\*ARREST DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ARREST LOCATION (Street, Apt., City, State, Zip): \_\_\_\_\_

\*INCIDENT TRACKING NUMBER: \_\_\_\_\_ \*ARREST DISPOSITION: \_\_\_\_\_ BAIL: \_\_\_\_\_

MIRANDA WITNESSED BY: \_\_\_\_\_ TIME READ: \_\_\_\_\_

FINGERPRINTED FINGERPRINT CARD NO: \_\_\_\_\_  PHOTOS TAKEN  NO TAKEN PHOTO ID NO.: \_\_\_\_\_ FBI/BCI#: \_\_\_\_\_

MULTIPLE ARRESTEE SEGMENTS INDICATOR:  COUNT ARRESTEE  MULTIPLE INDICATOR  N/A \*ARREST TYPE:  IN PROGRESS  SUMMONS  OTHER  COMPLAINT  WARRANT  ORDER OF PROTECTION

JUVENILE:  JUV. PARENT/GAURDIAN NOTIFIED DATE/TIME NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_ \*JUVENILE DISPOSITION:  HANDLED W/IN DEPT.  REFERRED TO OTHER AUTH.

PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

RUNAWAYS / MISSING:  PREVIOUS RUNAWAY/MISSING DATE OF LAST CONTACT: \_\_\_\_\_ DATE OF EMANCIPATION: \_\_\_\_\_ NCIC#: \_\_\_\_\_ DATE/TIME ENTERED: \_\_\_\_\_

LAST SEEN WEARING: \_\_\_\_\_

REPORTING OFFICER/ARRESTING OFFICER: **MOFFITT, SGT. CHRISTOPHER** BADGE NO. **098** DATE: **03-16-2009**

APPROVING OFFICER: **MOFFITT, SGT. CHRISTOPHER** BADGE NO. **098** DATE: **03-16-2009**

COURT: \_\_\_\_\_ COURT DATE: \_\_\_\_\_

# SUSPECT / ARREST SUPPLEMENT

ARRESTING AGENCY <b>Hubbard Police Department</b>	INCIDENT NUMBER <b>09-0001859</b>
VICTIM <b>KRLICH, GARRICK G</b>	INCIDENT DATE/TIME <b>03-16-2009 16:00</b>

NAME/DESCRIPTIVES	NO. <b>2</b> <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	CHECK APPROPRIATE CATEGORY <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER <input type="checkbox"/> CHARGES FILED		
	NAME (Last, First, Middle) <b>CLEMENTE, JARED D</b>		S.S.N.	
	ALIAS		GANG AFFILIATION	
	ADDRESS (Street, Apt., City, State, Zip) <b>208 E. WATER ST., HUBBARD, OH 44425</b>		PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
	PLACE OF BIRTH	D.L.#/STATE <b>SM924868 / OH</b>	OCCUPATION/SCHOOL	
	*AGE/ D.O.B <b>19 - 19 / 03-29-1989</b>	*SEX <b>M</b>	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	*HEIGHT <b>506</b>
	*WEIGHT <b>170</b>	HAIR <b>BLK</b>	EYES <b>BRO</b>	
	MARITAL STATUS	SCARS, MARKS, TATTOOS		
	ADDITIONAL DESCRIPTIVES			

SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	POTENTIAL INJURIES?
*RESIDENT STATUS <input type="checkbox"/> 1. RESIDENT <input type="checkbox"/> 2. TOURIST <input type="checkbox"/> 3. MILITARY <input type="checkbox"/> 4. STUDENT <input type="checkbox"/> 5. OTHER (Explain) <input type="checkbox"/> 6. UNKNOWN	
*ARRESTEE WAS ARMED WITH	

- |                       |                                    |                             |                               |
|-----------------------|------------------------------------|-----------------------------|-------------------------------|
| 99 NONE               | 13B OTHER FULLY AUTOMATIC FIREARM  | 16 IMITATION FIREARM        | 50 POISON                     |
| 11 FIREARM            | 14 SHOTGUN                         | 17 SIMULATED FIREARM        | 60 EXPLOSIVES                 |
| 12 HANDGUN            | 15 OTHER FIREARM                   | 18 BB/PELLET GUN            | 65 FIRE/INCENDIARY DEVICE     |
| 12A AUTOMATIC HANDGUN | 15A SEMI-AUTOMATIC SPORTING RIFLE  | 20 KNIFE/CUTTING INSTRUMENT | 70 DRUGS/NARCS/SLEEPING PILLS |
| 13 RIFLE              | 15B SEMI-AUTOMATIC ASSAULT FIREARM | 30 BLUNT OBJECT             | 80 OTHER WEAPON               |
| 13A FULLY AUTOMATIC   | 15C MACHINE PISTOL                 | 35 MOTOR VEHICLE            | U UNKNOWN                     |
|                       |                                    | 40 PERSONAL WEAPON          |                               |

ARREST INFORMATION	NAME	ADDRESS (Street, Apt., City, State, Zip)	Phone	
	1	1	1.	
	2	2	2.	
	*ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	*F/M & DEGREE	*WARRANT #
	1	1.	1.	1.
	2	2.	2.	2.
	3	3.	3.	3.
	4	4.	4.	4.
	5	5.	5.	5.
	*ARREST DATE	TIME	ARREST LOCATION (Street, Apt., City, State, Zip)	

*ARREST LARCENY TYPE	23A - POCKET PICKING
	23B - PURSE SNATCHING
	23C - SHOPLIFTING
	23D - THEFT FROM BUILDING
	23E - THEFT FROM COIN-OP MACH.
	23F - THEFT FROM MOTOR VEH
	23G - MOTOR VEH. PARTS/ACCES
	240 - THEFT OF MOTOR VEHICLE
	23H - OTHER

*INCIDENT TRACKING NUMBER	*ARREST DISPOSITION	BAIL
MIRANDA WITNESSED BY:	TIME READ	
<input type="checkbox"/> FINGERPRINTED	FINGERPRINT CARD NO	<input type="checkbox"/> PHOTOS TAKEN
NO. TAKEN	PHOTO ID NO.	FBI/BCI#

MULTIPLE ARRESTEE SEGMENTS INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE INDICATOR <input type="checkbox"/> N/A	*ARREST TYPE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> WARRANT <input type="checkbox"/> ORDER OF PROTECTION	<input type="checkbox"/> IN PROGRESS <input type="checkbox"/> SUMMONS <input type="checkbox"/> OTHER
<input type="checkbox"/> JUV. PARENT/ GAURDIAN NOTIFIED	DATE/TIME NOTIFIED	NOTIFIED BY
PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)	RELATIONSHIP	PHONE
PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)	RELATIONSHIP	PHONE

RUNAWAYS /MISSING	<input type="checkbox"/> PREVIOUS RUNAWAY/ MISSING	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC#	DATE/TIME ENTERED
	LAST SEEN WEARING				
	REPORTING OFFICER/ARRESTING OFFICER <b>MOFFITT, SGT. CHRISTOPHER</b>	BADGE NO. <b>098</b>	DATE <b>03-16-2009</b>		
APPROVING OFFICER <b>MOFFITT, SGT. CHRISTOPHER</b>	BADGE NO. <b>098</b>	DATE <b>03-16-2009</b>			
COURT	COURT DATE				

# SUSPECT / ARREST SUPPLEMENT

ARRESTING AGENCY: **Hubbard Police Department** INCIDENT NUMBER: **09-0001859**

VICTIM: **KRLICH, GARRICK G** OFFENSE: \_\_\_\_\_ INCIDENT DATE/TIME: **03-16-2009 16:00**

NO. **3**  ADULT  JUVENILE CHECK APPROPRIATE CATEGORY:  SUSPECT  ARRESTEE  SUSPECT/ARRESTEE  RUNAWAY  MISSING  OTHER  CHARGES FILED

NAME (Last, First, Middle): **CLEMENTE, MICHAEL J** S.S.N.: \_\_\_\_\_

ALIASES: \_\_\_\_\_ GANG AFFILIATION: \_\_\_\_\_

ADDRESS (Street, Apt., City, State, Zip): **208 EAST WATER STREET, HUBBARD, OH 44425** PHONE: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip): \_\_\_\_\_ PHONE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ D.L.#/STATE: **SM923278 / OH** OCCUPATION/SCHOOL: \_\_\_\_\_

\*AGE/D.O.B: **22 - 22 / 09-15-1986** \*SEX: **M** \*RACE:  W  B  I  A  U \*HEIGHT: **508** \*WEIGHT: **160** HAIR: **BRO** EYES: **BRO**

MARITAL STATUS: \_\_\_\_\_ SCARS, MARKS, TATTOOS: \_\_\_\_\_

ADDITIONAL DESCRIPTIVES: \_\_\_\_\_

SUSPECTED OF USING:  ALCOHOL  DRUGS POTENTIAL INJURIES? \_\_\_\_\_

\*RESIDENT STATUS:  1. RESIDENT  2. TOURIST  3. MILITARY  4. STUDENT  5. OTHER (Explain) \_\_\_\_\_  6. UNKNOWN

\*ARRESTEE WAS ARMED WITH: \_\_\_\_\_

ARRESTEE ARMED WITH: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM	50 POISON
11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES
12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN	65 FIRE/INCENDIARY DEVICE
12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT	70 DRUGS/NARCS/SLEEPING PILLS
13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON
13A FULLY AUTOMATIC	15C MACHINE PISTOL	35 MOTOR VEHICLE	U UNKNOWN
		40 PERSONAL WEAPON	

ASSOC. PERSONS	NAME	ADDRESS (Street, Apt., City, State, Zip)	Phone
1		1	1
2		2	2

*ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	*F/M & DEGREE	*WARRANT #	*ARREST LARCENY TYPE
1.	1	1.	1.	23A - POCKET PICKING
2.	2	2.	2.	23B - PURSE SNATCHING
3.	3	3.	3.	23C - SHOPLIFTING
4.	4	4.	4.	23D - THEFT FROM BUILDING
5.	5	5.	5.	23E - THEFT FROM COIN-OP MACH.
				23F - THEFT FROM MOTOR VEH
				23G - MOTOR VEH. PARTS/ACCES.
				240 - THEFT OF MOTOR VEHICLE
				23H - OTHER

\*ARREST DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ARREST LOCATION (Street, Apt., City, State, Zip): \_\_\_\_\_

\*INCIDENT TRACKING NUMBER: \_\_\_\_\_ \*ARREST DISPOSITION: \_\_\_\_\_ BAIL: \_\_\_\_\_

MIRANDA WITNESSED BY: \_\_\_\_\_ TIME READ: \_\_\_\_\_

FINGERPRINTED FINGERPRINT CARD NO: \_\_\_\_\_  PHOTOS TAKEN NO. TAKEN: \_\_\_\_\_ PHOTO ID NO.: \_\_\_\_\_ FBI/BCI#: \_\_\_\_\_

MULTIPLE ARRESTEE SEGMENTS INDICATOR:  COUNT ARRESTEE  MULTIPLE INDICATOR  N/A \*ARREST TYPE:  IN PROGRESS  SUMMONS  OTHER  COMPLAINANT  WARRANT  ORDER OF PROTECTION

JUV PARENT/GAURDIAN NOTIFIED DATE/TIME NOTIFIED: \_\_\_\_\_ NOTIFIED BY: \_\_\_\_\_ \*JUVENILE DISPOSITION:  HANDLED W/IN DEPT.  REFERRED TO OTHER AUTH.

PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS RUNAWAY/MISSING DATE OF LAST CONTACT: \_\_\_\_\_ DATE OF EMANCIPATION: \_\_\_\_\_ NCIC#: \_\_\_\_\_ DATE/TIME ENTERED: \_\_\_\_\_

LAST SEEN WEARING: \_\_\_\_\_

REPORTING OFFICER/ARRESTING OFFICER	<b>MOFFITT, SGT. CHRISTOPHER</b>	BADGE NO. <b>098</b>	DATE <b>03-16-2009</b>
APPROVING OFFICER	<b>MOFFITT, SGT. CHRISTOPHER</b>	BADGE NO. <b>098</b>	DATE <b>03-16-2009</b>
COURT			COURT DATE

**NARRATIVE SUPPLEMENT**

Investigative Narrative ..... <input type="checkbox"/>	INCIDENT NUMBER <b>09-0001859</b>
OFFENSE <b>DISORDERLY CONDUCT - MAKE UNREAS</b>	INCIDENT DATE/TIME <b>03-16-2009 16:00</b>

VICTIM  
**KRLICH, GARRICK G**

The victim, Garrick KRLICH, came to the station to report that again today the CLEMENTES drove past his residence "blasting" the horn. KRLICH further reports that this has been an on-going problem for the past six (6) months or so.

According to KRLICH on today's date he was traveling on East Liberty towards his residence when he observed the suspect's silver Dodge pick-up truck several cars behind him. KRLICH states that when he got into his driveway he waited for the Dodge to drive past, and when it did the driver started blowing the horn. KRLICH further states that he was able to get the vehicle registration ( OH. FD2801 ) and he believes that at least one (1) of the suspects (Michael CLEMENTE) was inside.

KRLICH says that he has been to the Police station on numerous occasions to report this problem but believes that nothing is being done to stop the behavior. KRLICH was advised that a report would be filed and that he could pick up a copy and take it to Girard Municipal Court to see if the Prosecutor would file charges. KRLICH was also given a statement to fill out which he took home and advised he would drop off later.

**It was found out a short time later that Sgt. Fisher had spoke with the City Law Director. The Law Director advises that a letter would be sent to the CLEMENTES address the situation. KRLICH was also advised of this.**

REASON CLEARED	<input type="checkbox"/> DEATH OF OFFENDER	<input type="checkbox"/> VICTIM REFUSED TO COOP.	<input type="checkbox"/> ARREST - JUVENILE	<input type="checkbox"/> CLOSED	DATE CLEARED
	<input type="checkbox"/> PROSECUTION DECLINED	<input type="checkbox"/> JUVENILE/NO CUSTODY	<input type="checkbox"/> WARRANT ISSUED	<input type="checkbox"/> UNFOUNDED	
	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> INVEST. PENDING	<input type="checkbox"/> INVEST. PENDING	
REPORTING OFFICER	<b>MOFFITT, SGT. CHRISTOPHER</b>			BADGE NO	DATE
					<b>03-16-2009</b>
APPROVING OFFICER	<b>MOFFITT, SGT. CHRISTOPHER</b>			BADGE NO	DATE
				<b>098</b>	<b>03-16-2009</b>