

Printed: 01-17-2011 18:43

*INCIDENT NUMBER-INVESTIGATIVE NUMBER
11-0000217

AGENCY NAME
Hubbard Police Department
CALL NUMBER *GEO CODE
FIRST WARD

TOD **22:42**
TOA **22:47**
TOC **22:55**
 INCIDENT (NON-CRIMINAL)
 OFFENSE
 SUPPLEMENT

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

OHIO UNIFORM INCIDENT REPORT

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
01	10	2011	02:01	01	09	2011	22:30	01	09	2011	22:41

INCIDENT LOCATION (Street, Apt. City, State, Zip) **713 EAST LIBERTY ST, HUBBARD, OH 44425**

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. MENACING	1. 2903.22	C	M4	N		1	1. N 2. ___ 3. ___ (Enter up to three for each offense)
2.	2.						1. ___ 2. ___ 3. ___ B - Buying/Rec. C - Cultivating/Mfg./Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Promoting/Ass. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming
3.	3.						1. ___ 2. ___ 3. ___
4.	4.						1. ___ 2. ___ 3. ___
5.	5.						1. ___ 2. ___ 3. ___

*LOCATION OF OFFENSE (Enter up to two)

1. 47 2. ___	12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings	RETAIL 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 OUTSIDE 43 Yard 44 Construction Site 45 Lake/Waterway 46 Fields/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other
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*SUSPECTED OF USING
 A ALCOHOL
 D DRUGS
 C COMPUTER EQUIPMENT
 N NOT APPLICABLE

*TYPE WEAPON/FORCE USED
1. **U** 2. ___ 3. ___
(Enter up to Three Codes)

*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B & E						
<input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE	<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	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
*NO. PREMISES ENTERED			<input type="checkbox"/> 1. BASEMENT <input type="checkbox"/> 2. 1st FLOOR <input type="checkbox"/> 3. 2nd FLOOR <input type="checkbox"/> 4. OTHER	<input type="checkbox"/>	<input type="checkbox"/> 1. DOOR <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> 3. GARAGE <input type="checkbox"/> 4. SKYLIGHT <input type="checkbox"/> 5. OTHER	<input type="checkbox"/>	<input type="checkbox"/> 1. FRONT <input type="checkbox"/> 2. SIDE <input type="checkbox"/> 3. REAR <input type="checkbox"/> 4. ROOF <input type="checkbox"/> 5. OTHER	<input type="checkbox"/>

METHODS OF OPERATION

*NO. **1** *TOTAL VICTIMS **2** *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 **50 12-24-1960** *SEX **M** *RACE W B A I U HEIGHT **602** WEIGHT **220** HAIR **BRO** EYES **HAZ**

OCCUPATION *RESIDENT STATUS RESIDENT MILITARY OTHER TOURIST STUDENT UNKNOWN

VICTIM INJURED IF INJURED DESCRIBE INJURIES

*AGG. ASLT/HOMICIDE CIR. *VICTIM/SUSPECT RELATIONSHIP **0** 1 2 3 4 5 *VICTIM/OFFENSE LINK **2903.22**

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

REPORTING OFFICER **HAYNIE, PTL. HOWARD** BADGE NO. **115** DATE **01-10-2011**

APPROVING OFFICER BADGE NO. DATE

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
11-0000217

ADMINISTRATIVE

OFFENSE

VICTIM

INCIDENT REPORT - PART 2

INCIDENT NUMBER **11-000217**

OFFENSE **MENACING** INCIDENT DATE/TIME **01-09-2011 22:30**

REPORTTEE	NO. 1 NAME (Last, First, Middle) KRLICH, GARRICK *AGE/D.O.B.
	ADDRESS (Street, Apt., City, State, Zip) 713 EAST LIBERTY, HUBBARD, No State, 44425 PHONE 330-534-2949
	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 type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED
	NO. <input type="checkbox"/> DAMAGE TO VEHICLE LIC LIS LIY LIT VIN/OAN *VALUE
	<input type="checkbox"/> THEFT FROM VEHICLE
	VYR VMA VMO VST VCO TOP 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 <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER
	STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL ADDITIONAL DESCRIPTION
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) PHONE
	MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE RECOVERED <input type="checkbox"/> STOLEN IN YOUR JURISDICTION WHERE RECOVERED?

PROPERTY	*TYPE PROPERTY LOSS (Enter Code Below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ECT. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE
	*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
	*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE
	VICT. NO. VEH. NO. MAKE/BRAND MAKE/BRAND DATE RECOVERED

NARRATIVE	<p>Officers dispatched to East Liberty at Creed for a report of a man beeping and shouting out his window.</p>
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- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------|-------------------------|---------------------------|---------------------------|-------------------------------|--------------------|--------------------|----------------------------|--------------------------|--------------------|------------------|----------------------------|---------------------------|--------------------|-------------------------|-----------------------|----------------------------|---------------------|------------------------|----------------------------|---------------------|---------------------------|-------------------|-----------------------|----------------------|----------|-------------------------|--------------------|--------------------|------------|--------------------|---------------------|--------------|-------------------|-------------|----------------|-------------|----------|-----------|-------------|---------------|----------------------|---------------------|-------------|------------------|---------------------|--------------------|--------------------|----------------|----------------|------------|--------------------|----------------|-------------------|----------------------|
| PROPERTY CODES: | EXCHANGE MEDIUMS | VALUABLES | EQUIPMENT | ANIMALS | VEHICLES | WEAPONS | STRUCTURES | OTHER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 Money | 02 Credit/Debit Card | 03 Negotiable Instruments | 04 Other Exchange Mediums | 05 Non-Negotiable Instruments | 06 Personal Papers | 07 Other Documents | 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 | 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 | 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 | 33 Livestock | 34 Household Pets | 35 Aircraft | 36 Automobiles | 37 Bicycles | 38 Buses | 39 Trucks | 40 Trailers | 41 Watercraft | 42 Recreational Veh. | 43 Other Motor Veh. | 44 Firearms | 45 Other Weapons | 46 Single Occupancy | 47 Other Dwellings | 48 Commercial/Bus. | 49 Indus./Mfg. | 50 Public/Comm | 51 Storage | 52 Other Structure | 53 Merchandise | 54 Other Property | 55 Pending Inventory |

VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER **11-000217**

VICTIM **KRLICH, GARRICK G** OFFENSE **MENACING** INCIDENT DATE/TIME **01-09-2011 22:30**

*NO. 2	*TOTAL VICTIMS 2	*VICTIM TYPE	<input type="checkbox"/> I INDIVIDUAL	<input type="checkbox"/> F FINANCIAL INSTITUTION	<input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY)	<input checked="" type="checkbox"/> S SOCIETY	<input type="checkbox"/> O OTHER
		<input type="checkbox"/> B BUSINESS	<input type="checkbox"/> G GOVERNMENT	<input type="checkbox"/> R RELIGIOUS ORGANIZATION		<input type="checkbox"/> U UNKNOWN	
NAME (Last, First, Middle) SOCIETY							
ADDRESS (Street, Apt., City, State, Zip)						PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE	
*AGE/D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> A	HEIGHT	WEIGHT	HAIR	EYES
		<input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U					
OCCUPATION				*RESIDENT STATUS	<input type="checkbox"/> RESIDENT	<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER
				<input type="checkbox"/> TOURIST	<input type="checkbox"/> STUDENT	<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> VICTIM INJURED	IF INJURED DESCRIBE INJURIES						
*AGG. ASLT/HOMICIDE CIR.			*VICTIM/SUSPECT RELATIONSHIP			*VICTIM/OFFENSE LINK	
			0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___				
My signature verifies that the information on this report is accurate and true							DATE _____

*NO.	*TOTAL VICTIMS	*VICTIM TYPE	<input type="checkbox"/> I INDIVIDUAL	<input type="checkbox"/> F FINANCIAL INSTITUTION	<input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY)	<input type="checkbox"/> S SOCIETY	<input type="checkbox"/> O OTHER
		<input type="checkbox"/> B BUSINESS	<input type="checkbox"/> G GOVERNMENT	<input type="checkbox"/> R RELIGIOUS ORGANIZATION		<input type="checkbox"/> U UNKNOWN	
NAME (Last, First, Middle)							
ADDRESS (Street, Apt., City, State, Zip)						PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE	
*AGE/D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> A	HEIGHT	WEIGHT	HAIR	EYES
		<input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U					
OCCUPATION				*RESIDENT STATUS	<input type="checkbox"/> RESIDENT	<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER
				<input type="checkbox"/> TOURIST	<input type="checkbox"/> STUDENT	<input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> VICTIM INJURED	IF INJURED DESCRIBE INJURIES						
*AGG. ASLT/HOMICIDE CIR.			*VICTIM/SUSPECT RELATIONSHIP			*VICTIM/OFFENSE LINK	
			0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___				
My signature verifies that the information on this report is accurate and true							DATE _____

NO.	NAME (Last, First, Middle)			AGE/D.O.B.	
ADDRESS (Street, Apt., City, State, Zip)					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

NO.	NAME (Last, First, Middle)			AGE/D.O.B.	
ADDRESS (Street, Apt., City, State, Zip)					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

NO.	NAME (Last, First, Middle)			AGE/D.O.B.	
ADDRESS (Street, Apt., City, State, Zip)					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

NO.	NAME (Last, First, Middle)			AGE/D.O.B.	
ADDRESS (Street, Apt., City, State, Zip)					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

REPORTING OFFICER/ARRESTING OFFICER HAYNIE, PTL. HOWARD	BADGE NO. 115	DATE 01-10-2011
APPROVING OFFICER	BADGE NO.	DATE

ADDITIONAL PERSONS SUPPLEMENT

INCIDENT NUMBER 11-0000217

VICTIM **KRLICH, GARRICK G** OFFENSE **MENACING** INCIDENT DATE/TIME **01-09-2011 22:30**

PERSON	NO. 1	NAME (Last, First, Middle) KRLICH, GARRICK			NAME TYPE PC - PRIMARY CALLER	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip) 713 EAST LIBERTY, HUBBARD, No State, 44425					PHONE 330-534-2949
	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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

REPORTING OFFICER/ARRESTING OFFICER HAYNIE, PTL. HOWARD				BADGE NO. 115	DATE 01-10-2011
APPROVING OFFICER				BADGE NO.	DATE