

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

Printed: 01-17-2011 19:30

*INCIDENT NUMBER-INVESTIGATIVE NUMBER
11-0000346
*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 Unknown
*CLEARANCE DATE _____ CLEARED BY _____

ADMINISTRATIVE

TOD **23:13**
TOA **23:13**
TOC **23:30**

INCIDENT (NON-CRIMINAL)
 OFFENSE
 SUPPLEMENT

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	14	2011	23:46	01	14	2011	23:13	01	14	2011	23:13

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

OFFENSE

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. HORN, SIREN AND THEFT ALARM SIG	337.19(C)	C	MM	N		1	1. ___ 2. ___ 3. ___ (Enter up to three for each offense)
2. LICENSE PLATE TO BE UNOBSTRUCT	335.10						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. _____							1. ___ 2. ___ 3. ___
4. _____							1. ___ 2. ___ 3. ___
5. _____							1. ___ 2. ___ 3. ___

*LOCATION OF OFFENSE (Enter up to two)

- | | | | | |
|------------------------------|-----------------------------|----------------------------------|------------------------|---------------------------|
| 1. 47 | 2. _____ | 12 Jail/Prison | RETAIL | 40 Other Retail Store |
| | | 13 Parking Garage | 26 Bar | 41 Factory/Mill/Plant |
| | | 14 Other Public Access Buildings | 27 Buy/Sell/Trade Shop | 42 Other Building |
| RESIDENTIAL STRUCTURE | COMMERCIAL LOCATIONS | 15 Auto Shop | 28 Restaurant | OUTSIDE |
| 01 Single Family Home | 16 Financial Institution | 16 Financial Institution | 29 Gas Station | 43 Yard |
| 02 Multiple Dwelling | 17 Barber/Beauty Shop | 17 Barber/Beauty Shop | 30 Auto Sales Lot | 44 Construction Site |
| 03 Residential Facility | 18 Hotel/Motel | 18 Hotel/Motel | 31 Jewelry Store | 45 Lake/Waterway |
| 04 Other Residential | 19 Dry Cleaners/Laundry | 19 Dry Cleaners/Laundry | 32 Clothing Store | 46 Fields/Woods |
| 05 Garage/Shed | 20 Professional Office | 20 Professional Office | 33 Drugstore | 47 Street |
| PUBLIC ACCESS BLDGS. | 21 Doctor's Office | 21 Doctor's Office | 34 Liquor Store | 48 Parking Lot |
| 06 Transit Facility | 22 Other Business Office | 22 Other Business Office | 35 Shopping Mall | 49 Park/Playground |
| 07 Government Office | 23 Amusement Center | 23 Amusement Center | 36 Sporting Goods | 50 Cemetery |
| 08 School | 24 Rental Storage Facility | 24 Rental Storage Facility | 37 Grocery/Supermarket | 51 Public Transit Vehicle |
| 09 College | 25 Other Commercial Service | 25 Other Commercial Service | 38 Variety/Convenience | 52 Other Outside Location |
| 10 Church | | | 39 Department Store | 77 Other |
| 11 Hospital | | | | |

*SUSPECTED OF USING
 A ALCOHOL
 D DRUGS
 C COMPUTER EQUIPMENT
 N NOT APPLICABLE
*TYPE WEAPON/FORCE USED
1. **99** 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

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) **SOCIETY** PHONE _____
ADDRESS (Street, Apt., City, State, Zip) _____ PHONE _____
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS _____

*AGE/D.O.B. _____ *SEX _____ *RACE B A W I U HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____
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 **337.19(C)**

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

REPORTING OFFICER **HAYNIE, PTL. HOWARD** BADGE NO. **115** DATE **01-14-2011**
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
11-0000346

INCIDENT REPORT - PART 2

INCIDENT NUMBER **11-0000346**

OFFENSE **HORN, SIREN AND THEFT ALARM SIGNAL** INCIDENT DATE/TIME **01-14-2011 23:13**

REPORTEE	NO. 1	NAME (Last, First, Middle) HAYNIE, PTL.	*AGE/ D.O.B
	ADDRESS (Street, Apt., City, State, Zip) 233 SCHOOL ST., HUBBARD, OH 44425		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 type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED										
	NO. 1	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC EQX2345	LIS OH	LIY 2011	LIT PC	VIN/OAN 1GKFK66U73J180047	*VALUE \$			
	VYR 2003	VMA GMC	VMO 36	VST 4WD	VCO TOP BOTTOM GRY	<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"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION							
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)									PHONE	

PROPERTY	*TYPE PROPERTY LOSS		1 NONE	3 COUNTERFEITED/FORGED	5 STOLEN/ECT.	7 RECOVERED	P PHOTO E EVIDENCE	TOTAL VALUE	
	(Enter Code Below)		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	

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	

NARRATIVE

Officer made a traffic stop on North Main Street.

