

AGENCY NAME
Hubbard Police Department

CALL NUMBER _____ *GEO CODE
SECOND WARD

TOD **20:31** INCIDENT (NON-CRIMINAL)

TOA **20:31** OFFENSE

TOC **20:39** SUPPLEMENT

Printed: 09-28-2010 08:18

*INCIDENT NUMBER-INVESTIGATIVE NUMBER
10-0005454

*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

OHIO UNIFORM INCIDENT REPORT

*CLEARANCE DATE **07-30-2010** CLEARED BY _____

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
07	29	2010	21:41	07	27	2010	20:26	07	27	2010	20:31

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

*OFFENSE	*OFFENSE CODE	*AVC	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. DISORDERLY CONDUCT - INSULT, TAL	1. 509.03A3						1. __ 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. __ 2. __	12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital	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	*SUSPECTED OF USING <input type="checkbox"/> A ALCOHOL <input type="checkbox"/> D DRUGS <input type="checkbox"/> C COMPUTER EQUIPMENT <input type="checkbox"/> N NOT APPLICABLE
*TYPE WEAPON/FORCE USED 1. __ 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 *NO. PREMISES ENTERED	<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 <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"/>	ENTRY EXIT <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"/>	ENTRY EXIT <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

*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 STREET, HUBBARD, OH 44425** PHONE _____

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

*AGE/D.O.B **49 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 _____

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

REPORTING OFFICER **PIETON, PTL. MICHAEL** BADGE NO **105** DATE **07-29-2010**

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

ADMINISTRATIVE

OFFENSE

VICTIM

INCIDENT NUMBER
10-0005454

INCIDENT REPORT - PART 2

INCIDENT NUMBER **10-0005454**

OFFENSE

INCIDENT DATE/TIME **07-27-2010 20:26**

REPORTER	NO. 1	NAME (Last, First, Middle) KRLICH, GARRICK G	*AGE/ D.O.B
	ADDRESS (Street, Apt., City, State, Zip) 713 E LIBERTY 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 checked="" 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 <input type="checkbox"/> THEFT FROM VEHICLE	LIC CTF1616	LIS OH	LIY 2011	LIT PC	VIN/OAN 1G1JF524417404646	*VALUE \$				
	VYR 2001	VMA CHEVY	VMO 36	VST 4D	VCO TOP BOTTOM GRN	<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"/> BUSINESS	<input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION									
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)											PHONE

PROPERTY	*TYPE PROPERTY LOSS (Enter Code Below)										TOTAL VALUE	
	1 NONE 3 COUNTERFEITED/FORGED 5 STOLEN/ECT. 7 RECOVERED P PHOTO 2 BURNED 4 DESTROYED/DAMAGED/VANDALIZED 6 SEIZED U UNKNOWN E EVIDENCE											
	*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							

PROPERTY CODES:	EXCHANGE MEDIUMS	VALUABLES	EQUIPMENT	24 Heavy Construction	ANIMALS	41 Watercraft	49 Indus./Mfg.
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 Building Supplies	25 Tools	26 Vehicle Parts/Acces.
		27 Office Equipment	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 Firearms	42 Recreational Veh.	43 Other Motor Veh.	44 Other Weapons
		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	

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

ADDITIONAL PERSONS SUPPLEMENT

INCIDENT NUMBER **10-0005454**

VICTIM **KRLICH, GARRICK G** OFFENSE _____ INCIDENT DATE/TIME **07-27-2010 20:26**

PERSON	NO. 1	NAME (Last, First, Middle) KRLICH, GARRICK G		NAME TYPE PC - PRIMARY CALLER		
	GENDER		RACE	AGE/ D.O.B		
	ADDRESS (Street, Apt., City, State, Zip) 713 E LIBERTY ST., HUBBARD, No State, 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			

PERSON	NO. 2	NAME (Last, First, Middle) PALESTRO, LINDA M.		NAME TYPE OWN - OWNER		
	GENDER F		RACE W	AGE/ D.O.B 53 02-15-1957		
	ADDRESS (Street, Apt., City, State, Zip) 7340 REDWOOD DR, HUBBARD, TRUM 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			

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 PIETON, PTL. MICHAEL			BADGE NO. 105	DATE 07-29-2010
APPROVING OFFICER			BADGE NO.	DATE

NARRATIVE SUPPLEMENT

Investigative Narrative <input type="checkbox"/>	INCIDENT NUMBER 10-0005454
VICTIM KRLICH, GARRICK G	OFFENSE
	INCIDENT DATE/TIME 07-27-2010 20:26

Garrick Krlich on station to report that Green Chevrolet OH-CTF1616 (registered to Linda Palestro) went past his house three times and the white male driver honked his horn each time. The car was occupied by two white males.

Matter of record was made with a referral to the Girard Municipal Prosecutor.

Reporting officer did not witness this minor misdemeanor offense, therefore, no further police action will be taken.

7/29/10 at 2150 hrs a voice mail message was left on Mr. Krlich's phone to get a copy of this report and he could pursue charges with the Girard City Prosecutor. No statement has been returned by Mr. Krlich as of this time.

8/1/10 Ptl. Banic took a written statement from Garrick Krlich (Please see attached).

REASON CLEARED	<input type="checkbox"/> DEATH OF OFFENDER	<input type="checkbox"/> VICTIM REFUSED TO COOP.	<input type="checkbox"/> ARREST - JUVENILE	<input checked="" 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	07-30-2010
	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> INVEST. PENDING	<input type="checkbox"/> INVEST. PENDING	
REPORTING OFFICER	PIETON, PTL. MICHAEL			BADGE NO.	DATE
					07-29-2010
APPROVING OFFICER				BADGE NO.	DATE

NARRATIVE SUPPLEMENT

Investigative Narrative

INCIDENT NUMBER
10-0005454

VICTIM
KRLICH, GARRICK G

OFFENSE

INCIDENT DATE/TIME
07-27-2010 20:26

Hubbard City Police Department
Voluntary Statement
Not Under Arrest

I, Garrick Krlich am not under arrest for, nor am I being detained for any criminal offense concerning the events I am about to make to Hubbard Police Dept.

Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will for whatever purpose it may serve. I am 49 years of age and I live at 713 E. Liberty St.

Was at 713, my home when blue, green car went by blowing it's horn at 7:52:05 7-27-10, then turns around comes back at 7:59:31 blowing horn again then turns around again heading east and blows horn again 8:08:19.

I followed car to Hubbard Estates got plate # CTF1616 followed car to West Park pulled into parking lot behind apartments, pulled up next to car and asked driver & passenger why they were blowing horn at my house. Driver said what are you going to do about it if I was. I said I'm going to police dept. to file a report. Driver of car said go ahead, we all know they won't do anything anyway.

I told him you better stop it you asshole I tried to leave and driver jumped out of his car and stood in front of my car and stopped me from leaving to go to police dept. He stood in front of my car hitting his chest saying come on get out of car you want some of this. I laughed at him and said you skinny ass dork my little sister could kick your ass.

He then came to driver side door and kept yelling get out of car. I called him a dork and went to H.P.D.

I have read each page of this statement consisting of 1 page(s). Each page of which bears my signature, and corrections, if any, bear my initials and I certify that the facts contained herein are true and correct.

Dated At 1253 **This** 1 **Day Of** 8 **2010**

Witness Ptl. M. Banic

Witness **Signature** Garrick Krlich

REASON CLEARED	<input type="checkbox"/> DEATH OF OFFENDER	<input type="checkbox"/> VICTIM REFUSED TO COORP.	<input type="checkbox"/> ARREST - JUVENILE	<input checked="" 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	07-30-2010
	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> INVEST. PENDING	<input type="checkbox"/> INVEST. PENDING	
REPORTING OFFICER WHITEFORD, KAREN				BADGE NO	DATE 08-04-2010
APPROVING OFFICER				BADGE NO.	DATE