

ADMINISTRATIVE

TOD 05:20  
TOA 05:20  
TOC 05:20

FIRST WARD

INCIDENT (NON-CRIMINAL)  
 OFFENSE  
 SUPPLEMENT

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

Printed: 05-07-2012 13:01

OHIO UNIFORM INCIDENT REPORT

\*CLEARANCE DATE 04-30-2012 BY 020

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
04	30	2012	02:17	04	28	2012	22:00	04	28	2012	

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

OFFENSE

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEG	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1 Disturbing the Peace of the Neighborh	1 509.11	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. 01	12 Jail/Prison	59 Daycare Facility	40 Other Retail Store	OTHER
2. _____	13 Parking Garage	41 Factory/Mill/Plant	43 Yard	53 Abandoned /
	14 Other Public Access Buildings	42 Other Building	44 Construction Site	Condemned Structure
<b>RESIDENTIAL STRUCTURE</b>		<b>RETAIL</b>	<b>OUTSIDE</b>	55 Arena / Stadium
01 Single Family Home	15 Auto Shop	26 Bar	45 Lake/Waterway	Fairgrounds/Coliseum
02 Multiple Dwelling	16 Financial Institution	27 Buy/Sell/Trade Shop	46 Fields/Woods	58 Cargo Container
03 Residential Facility	17 Barber/Beauty Shop	28 Restaurant	47 Street	60 Dock/Wharf/Freight/
04 Other Residential	18 Hotel/Motel	29 Gas Station	48 Parking Lot	Modal Terminal
05 Garage/Shed	19 Dry Cleaners/Laundry	30 Auto Sales Lot	49 Park/Playground	61 Farm Facility
<b>PUBLIC ACCESS BLDGS.</b>		31 Jewelry Store	50 Cemetery	62 Gambling Facility/
06 Transit Facility	20 Professional Office	32 Clothing Store	51 Public Transit Vehicle	Casino/Race Track
07 Government Office	21 Doctor's Office	33 Drugstore	52 Other Outside Location	63 Military Installation
08 School	22 Other Business Office	34 Liquor Store	57 Camp/Campground	65 Shelter-Mission/
09 College	23 Amusement Center	35 Shopping Mall	66 Tribal Lands	Homeless
07 Library	24 Rental Storage Facility	36 Sporting Goods	67 Other	77 Other
10 Church	25 Other Commercial Service	37 Grocery/Supermarket		
11 Hospital	26 ATM Machine Separate from Bank	38 Variety/Convenience		
		39 Department Store		

\*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 <input type="checkbox"/> 1. BASEMENT <input type="checkbox"/> 2. 1st FLOOR <input type="checkbox"/> 3. 2nd FLOOR <input type="checkbox"/> 4. OTHER	EXIT <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	ENTRY <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

METHODS OF OPERATION CARGO THEFT  Y  N

VICTIM

*NO. 1	*TOTAL VICTIMS 1	*VICTIM TYPE <input checked="" type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	<input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> G GOVERNMENT	<input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> R RELIGIOUS ORGANIZATION	<input type="checkbox"/> S SOCIETY <input type="checkbox"/> U UNKNOWN	<input type="checkbox"/> O OTHER
NAME (Last, First, Middle) KRlich, GARRICK						PHONE 330 5342949
ADDRESS (Street, Apt., City, State, Zip) 713 EAST LIBERTY STREET, HUBBARD, OH 44425						PHONE
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS						
*AGE/DOB 51 12-24-1960	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> A <input type="checkbox"/> U	HEIGHT 602	WEIGHT 220	HAIR BRO	EYES HAZ
OCCUPATION			*RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST	<input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT	<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	

VICTIM INJURED IF INJURED DESCRIBE INJURIES

*AGG. ASLT/HOMICIDE CIR	*VICTIM/SUSPECT RELATIONSHIP 0 UU 1 2 3 4 5	*VICTIM/OFFENSE LINK 509.11
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My signature verifies that the information on this report is accurate and true DATE

REPORTING OFFICER FISHER, WILLIAM	BADGE NO. 020	DATE 04-30-2012
APPROVING OFFICER FISHER, WILLIAM	BADGE NO. 020	DATE 04-30-2012

FOLLOW UP If yes, follow-up assignment

ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input checked="" type="checkbox"/> NARRATIVE	FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS	SPECIAL COPIES
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INCIDENT NUMBER 12-0002961

OFFENSE

Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME

04-28-2012 22:00

REPORTEE	NO 1	NAME (Last, First, Middle) RRLICH, RICK	*AGE/ D.O.B
	ADDRESS (Street, Apt., City, State, Zip) 713 EAST LIBERTY ST, CLEVELAND, 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 ETP5789	LIS OH	LIT	VIN/IAN	*VALUE \$	VCO TOP BOTTOM			<input type="checkbox"/> VEHICLE LOCKED	<input type="checkbox"/> KEYS IN VEHICLE	<input type="checkbox"/> HOLD VEHICLE	<input type="checkbox"/> RELEASE CONTENTS
	VYR	VMA	VMO	VSE	TOWED BY			OWNERSHIP VERIFIED BY	<input type="checkbox"/> TAG RECEIPT	<input type="checkbox"/> TITLE				
	VEHICLE ASSOC W/ SUSPECT #		VEHICLE ASSOC W/ VICTIM #		<input type="checkbox"/> VEHICLE TOWED				<input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> OTHER				
	STOLEN MOTOR VEHICLE ONLY		<input type="checkbox"/> NO STOLEN	AREA STOLEN <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)										1 NONE	3 COUNTERFEIT/FORGED	5 STOLEN/ETC	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				MODEL				DATE RECOVERED					
	SERIAL NUMBER			HCC NUMBER			OTHER NUMBER									
	*LOSS CODE	QUANTITY	DESCRIPTION								*PROP CODE	*VALUE				
	VICT. NO	VEH. NO	MAKE/BRAND				MODEL				DATE RECOVERED					
	SERIAL NUMBER			HCC NUMBER			OTHER NUMBER									
	*LOSS CODE	QUANTITY	DESCRIPTION								*PROP CODE	*VALUE				
	VICT. NO	VEH. NO	MAKE/BRAND				MODEL				DATE RECOVERED					
	SERIAL NUMBER			HCC NUMBER			OTHER NUMBER									

- |  |   |  |   |  |
|--|---|--|---|--|
| <b>PROPERTY CODES:</b><br><b>EXCHANGE MEDIUMS</b><br>01 Money<br>02 Credit/Debit Card<br>03 Negotiable Instruments<br>04 Other Exchange Mediums<br><b>DOCUMENTS</b><br>05 Non-Negotiable Instruments<br>06 Personal Papers<br>07 Other Documents<br><b>VALUABLES</b><br>08 Jewelry/Precious Metals<br>09 Art Objects, Antiques | 10 Other Valuables<br><b>PERSONAL EFFECTS</b><br>11 Clothing/Furs<br>12 Purses/Handbags/Wallets<br>13 Other Personal Effects<br><b>HOUSEHOLD ITEMS</b><br>14 Household Items<br><b>EQUIPMENT</b><br>15 Drug/Narcotic Equip<br>16 Gambling Equipment<br>17 Computer Hardware/Soft<br>18 Office Equipment<br>19 Stereo TV Equipment<br>20 Recordings - Audio/Vis<br>21 Sports Equipment | 22 Musical Equipment<br>23 Fishing Equipment<br>24 Industrial Construction/Industrial<br>25 Tools/Supplies<br>26 Vehicle Parts/Accessories<br>27 Marine Parts/Accessories<br>28 Hunting/Fishing Supplies<br>29 Other Equipment<br>30 Alcohol<br>31 Drugs/Narcotics<br>32 Consumable Goods<br>33 Chemicals<br>34 Household Pets | 35 Aircraft<br>36 Automobiles<br>37 Bicycles<br>38 Buses<br>39 Trucks<br>40 Trailers<br>41 Watercraft<br>42 Recreational Veh<br>43 Other Motor Veh<br><b>WEAPONS</b><br>44 Firearms<br>45 Other Weapons<br>46 Firearm Accessories | <b>STRUCTURES</b><br>46 Single Occupancy<br>47 Other Dwellings<br>48 Commercial/Bus<br>49 Indus./Mfg<br>50 Public/Comm<br>51 Storage<br>52 Other Structure<br><b>OTHER</b><br>53 Merchandise<br>54 Other Property<br>55 Pending Inventory<br>56 Identity-Intangible<br>57 Metals, Non-Precious |
|--|---|--|---|--|

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

VICTIM		OFFENSE			INCIDENT DATE/TIME		
KRlich, GARRICK					04-28-2012 22:00		
NO. 1	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	CHECK APPROPRIATE CATEGORY			<input checked="" type="checkbox"/> CHARGES FILED		
		<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					
ALIAS					GANG AFFILIATION		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE		
PLACE OF BIRTH					D.L.#/STATE		OCCUPATION/SCHOOL
MARITAL STATUS		SCARS, MARKS, TATTOOS		*SEX F			*RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U
ADDITIONAL DESCRIPTIVES							
SUSPECTED OF USING		POTENTIAL INJURIES?					
<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS							
*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							
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 INFORMATION	*ARREST/OFFENSE DESCRIPTION		*ARREST/OFFENSE CODE		*FM & DEGREE	*WARRANT #	*ARREST LARCENY TYPE
	1				1.	1.	23A - POCKET PICKING
	2				2.	2.	23B - PURSE SNATCHING
	3				3.	3.	23C - SHOPLIFTING
	4				4.	4.	23D - THEFT FROM BUILDING
	5				5.	5.	23E - THEFT FROM COIN-OP MACH.
							23F - THEFT FROM MOTOR VEH.
*ARREST DATE		TIME	ARREST LOCATION (Street, Apt., City, State, Zip)				
*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				*ARREST TYPE			
<input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE INDICATOR <input type="checkbox"/> N/A		<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/GUARDIAN NOTIFIED	DATE/TIME NOTIFIED	NOTIFIED BY		*JUVENILE DISPOSITION		<input type="checkbox"/> HANDLED W/IN DEPT. <input type="checkbox"/> REFERRED TO OTHER AUTH.	
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)				RELATIONSHIP		PHONE	
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)				RELATIONSHIP		PHONE	
<input type="checkbox"/> PREVIOUS RUNAWAY/MISSING	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC#		DATE/TIME ENTERED		
LAST SEEN WEARING							
REPORTING OFFICER/ARRESTING OFFICER				BADGE NO.		DATE	
FISHER, WILLIAM				020		04-30-2012	
APPROVING OFFICER				BADGE NO.		DATE	
FISHER, WILLIAM				020		04-30-2012	
COURT				COURT DATE			

VICTIM

KRLICH, GARRICK

OFFENSE

Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME

04-28-2012 22:00

Monday February 20, 2012 Police Chief TAAFE advised reporting Sergeant to receive complaints from Mr KRLICH, 713 East Liberty Street and to complete an Incident report for each occurrence...attempt to identify the driver of this vehicle by sight from Mr KRLICH's surveillance video...then forward any applicable information to the follow up Officer to contact the vehicle's registered owner.

Several days later, on or about Wednesday February 22 I contacted Mr KRLICH and advised him I'd received an assignment from the Chief to receive his complaints of the peace being disturbed by subject (s) "blowing their horn."

I asked Mr KRLICH if there are occurrences of "horn blowing" to put everything together ( his notes and surveillance video) and bring all of the information to the police department.

This alleged occurrence was on Wednesday April 25 @ 8:24:08 AM (this was reported to the police department on Saturday April 28 th)...Mr KRLICH alleges Ohio ETP5789 blew the horn and disturbed his peace...the surveillance CD provided by Mr KRLICH was reviewed... bearing Ohio ETP5789

is observed westbound on East Liberty Street, and, after the vehicle has actually passed the KRLICH residence, the horn is blown some short 2 - 3 times seemingly in the intersection of East Liberty and Creed at that was turning south onto Creed from eastbound on East Liberty.

It is not possible to identify the sight, using Mr KRLICH's CD, who was driving the "suspect's vehicle."

Reporting Sergeant is familiar with this ...this vehicle is typically operated by , resembles a vehicle another subject known to me, , typically operates.

It seems that the horn was blown on purpose as a greeting...the Incident is designated "Investigation Pending", for now, and a referral was made to follow up Officer SMITH.

The surveillance CD was placed in an envelope and attached to the file copy of the Incident report.

REASON CLEARED	<input type="checkbox"/> DEATH OF OFFENDER	<input type="checkbox"/> VICTIM DECEASED	COORP.	<input type="checkbox"/> ARREST - JUVENILE	<input type="checkbox"/> CLOSED	DATE CLEARED
	<input type="checkbox"/> PROSECUTION DECLINED	<input type="checkbox"/> JUVENILE	BODY	<input type="checkbox"/> WARRANT ISSUED	<input type="checkbox"/> UNFOUNDED	04-30-2012
	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> ARRESTED		<input checked="" type="checkbox"/> INVEST. PENDING	<input type="checkbox"/> INVEST. PENDING	
REPORTING OFFICER	FISHER, WILLIAM		BADGE NO			DATE
APPROVING OFFICER	FISHER, WILLIAM					04-30-2012
			BADGE NO			DATE
			020			04-30-2012