

ADMINISTRATIVE		12-0002962	
CALL NUMBER		GEO CODE <b>FIRST WARD</b>	
TOO	05:20	<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT	
TOA	05:20		
TOC	05:20		
Printed: 05-07-2012 13:03		OHIO UNIFORM INCIDENT REPORT	
MONTH		REPORT DATE/TIME DAY YEAR TIME	
04	30	2012 01:26	
MONTH		INCIDENT OCCURED FROM DAY YEAR TIME	
04	28	2012 22:00	
MONTH		INCIDENT OCCURED TO DAY YEAR TIME	
04	28	2012	
INCIDENT LOCATION (Street, Apt. City, State, Zip) <b>713 EAST LIBERTY ST, HUBBARD, OH 44425</b>			
*OFFENSE			
1	Disturbing the Peace of the Neighborh	1	509.11
2		2	
3		3	
4		4	
5		5	
*OFFENSE CODE			
*A/C			
*F/M & DEG			
*HATE/BIAS			
*LARCENY			
*CNT			
*TYPE CRIMINAL ACTIVITY			
1. 2. 3. (Enter up to three for each offense)			
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			
*LOCATION OF OFFENSE (Enter up to two)			
1. 01 2. 12 Jail/Prison 3. 59 Daycare Facility 4. 40 Other Retail Store 5. OTHER			
RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed			
COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service 26 ATM Machine Separate from Bank			
PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 06 Library 10 Church 11 Hospital			
RETAIL 25 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			
OUTSIDE 41 Factory/Mill/Plant 42 Other Building 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 57 Camp/Campground 64 Rest Area			
OTHER 53 Abandoned / Condemned Structure 55 Arena / Stadium Fairgrounds/Coliseum 58 Cargo Container 60 Dock/Wharf/Freight/Modal Terminal 61 Farm Facility 62 Gambling Facility/Casino/Race Track 63 Military Installation 65 Shelter-Mission/Homeless 66 Tribal Lands 77 Other			
*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			
*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			
ENTRY EXIT ENTRY EXIT ENTRY EXIT			
1. BASEMENT 2. 1st FLOOR 3. 2nd FLOOR 4. OTHER			
1. DOOR 2. WINDOW 3. GARAGE 4. SKYLIGHT 5. OTHER			
1. FRONT 2. SIDE 3. REAR 4. ROOF 5. OTHER			
METHODS OF OPERATION			
CARGO THEFT <input type="checkbox"/> Y <input type="checkbox"/> N			
*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) <b>KRILICH, GARRICK</b> PHONE <b>330 5342949</b>			
ADDRESS (Street, Apt., City, State, Zip) <b>713 EAST LIBERTY STREET, HUBBARD, OH 44425</b> PHONE			
EMPLOYER NAME AND (Street, Apt. City, State, Zip) ADDRESS			
*AGE/ D.O.B. 51 12-24-1960 *SEX M *RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <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			
<input type="checkbox"/> 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			
My signature verifies that the information on this report is accurate and true DATE			
REPORTING OFFICER <b>FISHER, WILLIAM</b> BADGE NO. <b>020</b> DATE <b>04-30-2012</b>			
APPROVING OFFICER <b>FISHER, WILLIAM</b> BADGE NO. <b>020</b> DATE <b>04-30-2012</b>			
<input type="checkbox"/> 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"/> FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> SPECIAL COPIES <input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS			

OFFENSE		Disrupting the Peace of the Neighborhood				INCIDENT DATE/TIME		04-28-2012 22:00	
REPORTEE	NO	NAME (Last, First, Middle)				*AGE/DOB			
	1	KRLICH, RICK							
	ADDRESS (Street, Apt., City, State, Zip)						PHONE		
	713 EAST LIBERTY ST, CLEVELAND, OH 44425								
VEHICLE	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		
	CHECK CATEGORIES		<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPROBABLE		<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	DAMAGE TO VEHICLE		LIC	LIS		*VALUE		
	1	THEFT FROM VEHICLE		ENE5908	C		\$		
	VYR	VMO		VNT		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		
	STOLEN MOTOR VEHICLE OR		NO STOLEN		AREA STOLEN		<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL		
	AUTO INSURANCE NAME (Company)		ADDRESS (Street, City, State, Zip)		PHONE		OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		
	MOTOR VEHICLE RECOVERED BY		NO. RECOVERED		DATE RECOVERED		<input type="checkbox"/> STOLEN IN YOUR JURISDICTION		
PROPERTY	*TYPE PROPERTY LOSS		1 NONE 2 BURNED 3 COMBUSTED 4 DESTROYED 5 STOLEN/ETC 6 SEIZED 7 RECOVERED 8 UNKNOWN 9 PHOTO EVIDENCE		TOTAL VALUE				
	*LOSS CODE		QUANTITY		DESCRIPTION		*PROP CODE *VALUE		
	VICT. NO		VEH. NO		MAKE/BRAND		MODEL		
	SERIAL NUMBER		VIN		NUMBER		OTHER NUMBER		
	*LOSS CODE		QUANTITY		DESCRIPTION		*PROP CODE *VALUE		
	VICT. NO		VEH. NO		MAKE/BRAND		MODEL		
	SERIAL NUMBER		VIN		NUMBER		OTHER NUMBER		
	*LOSS CODE		QUANTITY		DESCRIPTION		*PROP CODE *VALUE		
	VICT. NO		VEH. NO		MAKE/BRAND		MODEL		
	SERIAL NUMBER		VIN		NUMBER		OTHER NUMBER		
NARRATIVE	PROPERTY CODES:		10 Other Valuables		20 Police Equipment		72 Musical Instruments		
	EXCHANGE MEDIUMS		PERSONAL EFFECTS		21 Personal Equipment		73 Portable Electronic Equip		
	01 Money		01 Clothing/Furs		22 Personal Construction/Industrial		74 Watercraft Equip /Parts/ACC		
	02 Credit Card		02 Purses/Handbags/Wallets		23 Personal Supplies		29 Other Equipment		
	03 Negotiable Instruments		03 Other Personal Effects		24 Personal		CONSUMABLE ITEMS		
	04 Other Exchange Mediums		HOUSEHOLD ITEMS		25 Personal Parts/Accessories		30 Alcohol		
	DOCUMENTS		14 Household Items		26 Personal Parts/Accessories		31 Drugs/Narcotics		
	05 Non-Exchangeable Instruments		EQUIPMENT		27 Personal Supplies		32 Consumable Goods		
	06 Personal Papers		15 Drug/Narcotic Equip		28 Personal Supplies/Accessories		33 Chemicals		
	62 Documents Personal or Business		16 Gaming Equipment		29 Personal Fishing		34 Crops		
07 Other Documents		17 Computer Hardware/Software		30 Personal Forcement Equip		63 Explosives			
VALUABLES		18 Office Equipment		31 Personal Garden Equip		65 Fuel			
08 Jewelry Precious Metals		19 Stereo TV Equipment		32 Personal Recording Equip		ANIMALS			
09 Art Collectibles Antiques		20 Recordings - Audio Vis		33 Personal Medical Lab Equip		34 Livestock			
		21 Sports Equipment				35 Household Pets			
						VEHICLES			
						35 Aircraft			
						36 Automobiles			
						37 Bicycles			
						38 Buses			
						39 Trucks			
						40 Trailers			
						41 Watercraft			
						42 Recreational Veh			
						43 Other Motor Veh			
						WEAPONS			
						44 Firearms			
						45 Other Weapons			
						64 Firearm Accessories			
						STRUCTURES			
						46 Single Occupancy			
						47 Other Dwellings			
						48 Commercial/Bus			
						49 Indus /Mfg			
						50 Public/Comm			
						51 Storage			
						52 Other Structure			
						OTHER			
						53 Merchandise			
						54 Other Property			
						55 Pending Inventory			
						66 Identity/Intangible			
						71 Metals, Non-Precious			

VICTIM <b>KRLICH, GARRICK</b>		OFFENSE HARBOR POLICE Department		INCIDENT DATE/TIME <b>04-28-2012 22:00</b>			
NO. <b>1</b>		<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <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					
ALIASES				GANG AFFILIATION			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE			
PLACE OF BIRTH				D.L.#/STATE			
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							
ARRESTEE ARMED WITH   1. _____   2. _____   3. _____  <div style="display: flex; justify-content: space-between;"> <div>           99 NONE 11 FIREARM 12 HANDGUN 12A AUTOMATIC HANDGUN 13 RIFLE 13A FULLY AUTOMATIC         </div> <div>           13B OTHER FULLY AUTOMATIC FIREARM 14 SHOTGUN 15 OTHER FIREARM 15A SEMI-AUTOMATIC SPORTING RIFLE 15B SEMI-AUTOMATIC ASSAULT FIREARM 15C MACHINE PISTOL         </div> <div>           16 IMITATION FIREARM 17 SIMULATED FIREARM 18 BB/PELLET GUN 20 KNIFE/CUTTING INSTRUMENT 30 BLUNT OBJECT 35 MOTOR VEHICLE 40 PERSONAL WEAPON         </div> <div>           50 POISON 60 EXPLOSIVES 65 FIRE/INCENDIARY DEVICE 70 DRUGS/NARCS/SLEEPING PILLS 80 OTHER WEAPON U UNKNOWN         </div> </div>							
ASSOC. PERSONS		NAME		ADDRESS (Street, Apt., City, State, Zip)			
		1.		1.			
		2.		2.			
ARREST INFORMATION		*ARREST/CHARGE DESCRIPTION		*ARREST/OFFENSE CODE			
		1.		1.			
		2.		2.			
		3.		3.			
		4.		4.			
		5.		5.			
		*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 <input type="checkbox"/> COURT ARRESTEE <input type="checkbox"/> MULTIPLE INDICATOR <input type="checkbox"/> N/A		*ARREST TYPE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> IN PROGRESS <input type="checkbox"/> SUMMONS <input type="checkbox"/> OTHER <input type="checkbox"/> WARRANT <input type="checkbox"/> ORDER OF PROTECTION					
JUVENILE		<input type="checkbox"/> JUV. ARREST/ 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			
		PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)		RELATIONSHIP			
RUNAWAYS/MISSING		<input type="checkbox"/> PREVIOUS RUNAWAY/MISSING   DATE OF LAST CONTACT _____   DATE OF EMANCIPATION _____   NCIC# _____		DATE/TIME ENTERED			
		LAST SEEN HEARING					
		REPORTING OFFICER/ARRESTING OFFICER <b>FISHER, WILLIAM</b>		BADGE NO. <b>020</b>			
		APPROVING OFFICER <b>FISHER, WILLIAM</b>		BADGE NO. <b>020</b>			
		COURT		COURT DATE			

12-0002962	
VICTIM	INCIDENT DATE/TIME
KRLICH, G. RICK	04-28-2012 22:00
<p>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 search from Mr KRLICH's surveillance video...then forward any applicable information to the follow up Officer to contact the vehicle's registered owner.</p> <p>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."</p> <p>I asked Mr KRLICH if there were occurrences of "horn blowing" to put everything together (his notes and surveillance video) and bring all of the information to the police department.</p> <p>This alleged occurrence was on Saturday April 21 @ 3:36:31 PM...it was reported to police on Saturday April 28...Mr KRLICH alleged Ohio ENE5908 blew it's horn...the surveillance CD provided by Mr KRLICH was reviewed...there is heavy traffic observed, traffic turning from eastbound on East Liberty onto Creed, traffic westbound on East Liberty, some 2 -3 cars, and a vehicle is observed on Creed, pulling up to the stop sign at East Liberty...when the horn is blown at least 2 cars had passed Mr KRLICH's residence and it seems that Ohio ENE5908 blew the horn directly in front of Mr KRLICH's residence almost at Creed and, viewing the CD, the vehicle stopped on Creed is observed pulling up (it does not remain stopped it is pulling forward if only slightly)...as a result of the vehicle pulling forward, the horn likely seems to have been blown as warning to that motorist on Creed by the operator of Ohio ENE5908.</p> <p>It is not possible to identify the driver of ENE5908 by viewing the CD... ENE5908 should appear on the CD.</p> <p>This Incident "Closed", no further action is to be taken</p> <p>The surveillance CD was placed in an envelope and attached to the file copy of the Incident report.</p>	
REASON CLEARED	DATE CLEARED
<input type="checkbox"/> DEATH OF VICTIM <input type="checkbox"/> PROSECUTION REQUIRED <input type="checkbox"/> EXTRADITION REQUIRED	<input type="checkbox"/> VICTIM IDENTIFIED <input type="checkbox"/> JUVENILE <input type="checkbox"/> ARREST
REPORTING OFFICER	DATE
APPROVING OFFICER	DATE
<input type="checkbox"/> COORDINATED <input type="checkbox"/> ARREST - JUVENILE <input type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> INVEST. PENDING	<input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INVEST. PENDING
BADGE NO.	DATE
020	04-30-2012