

ADMINISTRATIVE

CALI NUMBER *GEO CODE
FIRST WARD

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

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 13:11 **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 |
| 04 | 30 | 2012 | 04:59 | 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 | 2. ___ | 12 Jail/Prison | 59 Daycare Facility | 40 Other Retail Store | OTHER | *SUSPECTED OF USING |
| RESIDENTIAL STRUCTURE | | 13 Parking Garage | RETAIL | 41 Factory/Mill/Plant | 53 Abandoned / | <input type="checkbox"/> A ALCOHOL |
| PUBLIC ACCESS BLDGS. | | 14 Other Public Access Buildings | 26 Bar | 42 Other Building | 55 Arena / Stadium | <input type="checkbox"/> D DRUGS |
| 01 Single Family Home | COMMERCIAL LOCATIONS | 15 Auto Shop | 27 Buy/Sell/Trade Shop | OUTSIDE | 58 Cargo Container | <input type="checkbox"/> C COMPUTER EQUIPMENT |
| 02 Multiple Dwelling | 16 Financial Institution | 17 Barber/Beauty Shop | 28 Restaurant | 43 Yard | 60 Dock/Wharf/Freight/ | <input checked="" type="checkbox"/> N NOT APPLICABLE |
| 03 Residential Facility | 18 Hotel/Motel | 19 Dry Cleaners/Laundry | 29 Gas Station | 44 Construction Site | 61 Farm Facility | |
| 04 Other Residential | 20 Professional Office | 21 Doctor's Office | 30 Auto Sales Lot | 45 Lake/Waterway | 62 Gambling Facility/ | *TYPE WEAPON/FORCE USED |
| 05 Garage/Shed | 22 Other Business Office | 23 Amusement Center | 31 Jewelry Store | 46 Fields/Woods | 63 Military Installation | 1. 99 2. ___ 3. ___ |
| 06 Transit Facility | 24 Rental Storage Facility | 25 Other Commercial Service | 32 Clothing Store | 47 Street | 65 Shelter-Mission/ | (Enter up to Three Codes) |
| 07 Government Office | 26 ATM Machine Separate from Bank | 27 Buy/Sell/Trade Shop | 33 Drugstore | 48 Parking Lot | 66 Tribal Lands | |
| 08 School | | 28 Restaurant | 34 Liquor Store | 49 Park/Playground | 67 Other | |
| 09 College | | 29 Gas Station | 35 Shopping Mall | 50 Cemetery | | |
| 067 Library | | 30 Auto Sales Lot | 36 Sporting Goods | 51 Public Transit Vehicle | | |
| 10 Church | | 31 Jewelry Store | 37 Grocery/Supermarket | 52 Other Outside Location | | |
| 11 Hospital | | 32 Clothing Store | 38 Variety/Convenience | 57 Camp/Campground | | |
| | | 33 Drugstore | 39 Department Store | 64 Rest Area | | |

| | | | | | | | | |
|---|---|--|---|--------------------------|---|--------------------------|--|--------------------------|
| *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 CARGO THEFT
 Y N

VICTIM

*NO. **1** *TOTAL VICTIMS **1** *VICTIM TYPE I INDIVIDUAL B BUSINESS F FINANCIAL INSTITUTION G GOVERNMENT P POLICE OFFICER (IN THE LINE OF DUTY) R RELIGIOUS ORGANIZATION S SOCIETY U UNKNOWN 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 W B I A U HEIGHT **602** WEIGHT **220** HAIR **BRO** EYES **HAZ**

OCCUPATION *RESIDENT STATUS RESIDENT TOURIST MILITARY STUDENT OTHER UNKNOWN

VICTIM INJURED IF INJURED DESCRIBE INJURIES

*AGG ASLT/HOMICIDE CIR *VICTIM/SUSPECT RELATIONSHIP **0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___** *VICTIM/OFFENSE LINK **509.11**

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

INCIDENT NUMBER 12-0002965

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 VICTIM/WITNESS PROPERTY STATEMENTS FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES
 SUSPECT/ARRESTEE NARRATIVE OTHER INVESTIGATION RECORDS

INCIDENT REPORT - PART 2

12-0002965

| | | | |
|--|---|---|----------------|
| OFFENSE Disturbing the Peace of the Neighborhood | | INCIDENT DATE/TIME 04-28-2012 22:00 | |
| REPORTEE | NO. 1 | NAME (Last, First, Middle) KRLICH, RICK | *AGE/ D.O.B |
| | ADDRESS (Street, Apt., City, State, Zip) 713 EAST 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 | LIC | LIS | LIY | LIT | VIN/OAN | *VALUE \$ | | |
| | VYR | VMA U | 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 |
| | STOLEN MOTOR VEHICLE ONLY | | NO. STOLEN | AREA STOLEN: <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL | | ADDITIONAL DESCRIPTION | | <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER | | |
| | AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) | | | | | | | | | PHONE |

| | | | | | | | | | | | | | | |
|-----------------|---|---------------|-------------|--|-------------|-------|--|--------------|----------|--------------------------------|---------------|-------------|--------------------|-------------|
| PROPERTY | *TYPE PROPERTY LOSS (Enter Code Below) | | | | | | | | 1 NONE | 3 COUNTERFEITED/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 | | | NCIC NUMBER | | | OTHER NUMBER | | | | | | |
| | *LOSS CODE | QUANTITY | DESCRIPTION | | | | | | | *PROP CODE | *VALUE | | | |
| | VICT. NO | VEH. NO | MAKE/BRAND | | | MODEL | | | | DATE RECOVERED | | | | |
| | | SERIAL NUMBER | | | NCIC NUMBER | | | OTHER NUMBER | | | | | | |
| | *LOSS CODE | QUANTITY | DESCRIPTION | | | | | | | *PROP CODE | *VALUE | | | |
| | VICT. NO | VEH. NO | MAKE/BRAND | | | MODEL | | | | DATE RECOVERED | | | | |

- | | | | | | |
|--|--|---|---|--|--|
| PROPERTY CODES: EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 62 Documents/Personal or Business 07 Other Documents VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques | 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items EQUIPMENT 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/Industrial 25 Building Supplies 26 Tools 27 Vehicle Parts/Accessories 57 Aircraft Parts/Accessories 28 School Supplies 58 Artistic Supplies/Accessories 59 Camping/Hunting/Fishing Equipment/Supplies 67 Law Enforcement Equip 68 Lawn/Yard/Garden Equip 69 Logging Equipment 70 Medical/Medical Lab Equip | 72 Musical Instruments 73 Portable Electronic Equip 74 Watercraft Equip /Parts/ACC 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods 60 Chemicals 61 Crops 63 Explosives 65 Fuel ANIMALS 33 Livestock 34 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 86 Identity-Intangible 71 Metals, Non-Precious |
|--|--|---|---|--|--|

| | |
|------------------|----------------------------|
| NARRATIVE | (SEE NARRATIVE SUPPLEMENT) |
|------------------|----------------------------|

| | | |
|----------------------------------|--|---|
| 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 Thursday, April 26 @ 4:26:16 PM (and was reported to the police department Saturday April 28)...Mr KRLICH alleged . . . blew its' horn disturbing his peace and provided a surveillance CD...I reviewed the CD and observed a lot of traffic...2 vehicles were stopped on Creed at Liberty, vehicles were westbound on East Liberty, and eastbound on East Liberty . . . was coming up the hill slowly and was being followed closely a by . . . in color that had . . . turned south onto Creed and the . . . blew its' horn before the . . . was even completely turned...it's obvious the horn was blown at . . . but it's difficult to see exactly what the . . . may have done to prompt the driver to blow the horn (slamming on brakes ?, no turnsignal ?)because there was a . . . stopped on Creed at Liberty that partially blocked the camera's view of the intersection.

It is not possible to identify the driver of the . . . from the surveillance CD nor can the license plate of the . . . be seen...the . . . ? which comes back Nothing in file. Painted on the . . .

This Incident is closed "Unfounded".

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"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DENIED | <input type="checkbox"/> VICTIM REFUSED TO COORP. <input type="checkbox"/> JUVENILE/NO CUSTODY <input type="checkbox"/> ARREST - ADULT | <input type="checkbox"/> ARREST - JUVENILE <input type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> INVEST. PENDING | <input type="checkbox"/> CLOSED <input checked="" type="checkbox"/> UNFOUNDED <input type="checkbox"/> INVEST. PENDING | DATE CLEARED 04-30-2012 |
| REPORTING OFFICER | FISHER, WILLIAM | | | BADGE NO | DATE 04-30-2012 |
| APPROVING OFFICER | FISHER, WILLIAM | | | BADGE NO 020 | DATE 04-30-2012 |