

ADMINISTRATIVE		12-0002462	
CALL NUMBER		GEO CODE FIRST WARD	
TOA 19:54		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)	
TOA 19:54		<input checked="" type="checkbox"/> OFFENSE	
TOC 19:56		<input type="checkbox"/> SUPPLEMENT	
Printed: 05-07-2012 12:36		OHIO UNIFORM INCIDENT REPORT	
MONTH DAY YEAR TIME		MONTH DAY YEAR TIME	
04 09 2012 00:45		04 08 2012 19:54	
INCIDENT LOCATION (Street, Apt. City, State, Zip)		713 E LIBERTY ST, HUBBARD, OH 44425	
*OFFENSE		*OFFENSE CODE	
1 Disturbing the Peace of the Neighborh		1 509.11	
2		2	
3		3	
4		4	
5		5	
*LOCATION OF OFFENSE (Enter up to two)		*TYPE CRIMINAL ACTIVITY	
1. 01 2. _____		1. _____ 2. _____ 3. _____ (Enter up to three for each offense)	
RESIDENTIAL STRUCTURE		B - Buying/Rec.	
01 Single Family Home		C - Cultivating/Mfg./Pub.	
02 Multiple Dwelling		D - Distributing/Selling	
03 Residential Facility		E - Exploiting Children	
04 Other Residential		O - Oper/Promoting/Ass.	
05 Garage/Shed		P - Possessing/Concealing	
PUBLIC ACCESS BLDGS.		T - Transp/Transmitting	
06 Transit Facility		U - Using/Consuming	
07 Government Office			
08 School			
09 College			
10 Church			
11 Hospital			
12 Jail/Prison			
13 Parking Garage			
14 Other Public Access Buildings			
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			
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			
OTHER			
40 Other Retail Store			
41 Factory/Mill/Plant			
42 Other Building			
53 Abandoned /			
54 Condemned Structure			
55 Arena / Stadium			
56 Fairgrounds/Coliseum			
57 Cargo Container			
58 Dock/Wharf/Freight/			
59 Modal Terminal			
60 Farm Facility			
61 Gambling Facility/			
62 Casino/Race Track			
63 Military Installation			
64 Shelter-Mission/			
65 Homeless			
66 Tribal Lands			
67 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	
<input type="checkbox"/> FORCE		<input type="checkbox"/> 01 MOTOR RUNNING/KEYS IN CAR	
<input type="checkbox"/> NO FORCE		<input type="checkbox"/> 02 UNLOCKED	
*NO. PREMISES ENTERED		<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	
METHODS OF OPERATION		*METHOD OF ENTRY - BURGLARY/B & E	
		ENTRY EXIT ENTRY EXIT 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"/>	
		<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"/>	
		<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"/>	
		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"/> F FINANCIAL INSTITUTION <input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER	
<input type="checkbox"/> B BUSINESS <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS ORGANIZATION <input type="checkbox"/> U UNKNOWN			
NAME (Last, First, Middle)		PHONE	
KRILICH, GARRICK		330 5342949	
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
713 EAST LIBERTY STREET, HUBBARD, OH 44425			
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"/> MILITARY <input type="checkbox"/> OTHER	
		<input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <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	
My signature verifies that the information on this report is accurate and true		509.11	
DATE			
REPORTING OFFICER		BADGE NO	
FISHER, WILLIAM		020	
APPROVING OFFICER		DATE	
FISHER, WILLIAM		04-09-2012	
<input type="checkbox"/> FOLLOW UP		If yes, follow-up assignment	
ADDITIONAL SUPPLEMENTS		FORM RECEIVED BY:	
<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INTELLIGENCE		<input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS	
<input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER		SPECIAL COPIES	

## INCIDENT REPORT - PART 2

INCIDENT NUMBER

12-0002462

OFFENSE

Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME

04-08-2012 19:54

REPORTER

NO 1	NAME (Last First Middle) KRLICH, GARRICK	AGE/ D.O.B	
ADDRESS (Street, Apt. City, State, Zip) 713 E LIBERTY ST, HUBERD, OH 44425			PHONE
EMPI OYER 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 FDX9024	LIS	LIY	LIT	VIN/OAN	*VALUE \$			
VYR	VMA	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"/> BILL OF SALE <input type="checkbox"/> TITLE OTHER	
STOLEN MOTOR VEHICLE ONLY		NO STOLEN		AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL		ADDITIONAL DESCRIPTION				
AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)										PHONE
MOTOR VEHICLE RECOVERY ONLY		NO RECOVERED 1		DATE RECOVERED		<input type="checkbox"/> STOLEN IN YOUR JURISDICTION WHERE RECOVERED?				

PROPERTY

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

<b>PROPERTY CODES:</b> EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 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 28 School Supplies 29 Aircraft Parts/Accessories 30 Consumable Goods 31 Artistic Supplies/Accessories 32 Camping/Hunting/Fishing Equipment/Supplies 33 Law Enforcement Equip 34 Lawn/Yard/Garden Equip 35 Logging Equipment 36 Medical/Medical Lab Equip	72 Musical Instruments 73 Portable Electronic Equip 74 Watercraft Equip/Parts/ACC 75 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 56 Identity-Intangible 71 Metals Non-Precious
---	--	---	--	--	---

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

SUSPECT / ARREST SUPPLEMENT				Hubbard Police Department				12-0002462																													
VICTIM		KRlich, GARRICK				OFFENSE		INCIDENT DATE/TIME																													
NO. 1		<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE		CHECK APPROPRIATE CATEGORY <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		OCCUPATION/SCHOOL																															
		*SEX F		*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U		*HEIGHT		*WEIGHT	HAIR   EYES																												
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. <table style="width:100%; font-size: small;"> <tr> <td>99 NONE</td> <td>13B OTHER FULLY AUTOMATIC FIREARM</td> <td>16 IMITATION FIREARM</td> <td>50 POISON</td> </tr> <tr> <td>11 FIREARM</td> <td>14 SHOTGUN</td> <td>17 SIMULATED FIREARM</td> <td>60 EXPLOSIVES</td> </tr> <tr> <td>12 HANDGUN</td> <td>15 OTHER FIREARM</td> <td>18 BB/PELLET GUN</td> <td>65 FIRE/INCENDIARY DEVICE</td> </tr> <tr> <td>12A AUTOMATIC HANDGUN</td> <td>15A SEMI-AUTOMATIC SPORTING RIFLE</td> <td>20 KNIFE/CUTTING INSTRUMENT</td> <td>70 DRUGS/NARCS/SLEEPING PILLS</td> </tr> <tr> <td>13 RIFLE</td> <td>15B SEMI-AUTOMATIC ASSAULT FIREARM</td> <td>30 BLUNT OBJECT</td> <td>80 OTHER WEAPON</td> </tr> <tr> <td>13A FULLY AUTOMATIC</td> <td>15C MACHINE PISTOL</td> <td>35 MOTOR VEHICLE</td> <td>U UNKNOWN</td> </tr> <tr> <td></td> <td></td> <td>40 PERSONAL WEAPON</td> <td></td> </tr> </table>										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	
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		*F/M & DEGREE		*WARRANT #		*ARREST LARCENY TYPE																											
	1.			1.		1.		1.		23A - POCKET PICKING																											
	2.			2.		2.		2.		23B - PURSE SNATCHING																											
	3.			3.		3.		3.		23C - SHOPLIFTING																											
	4.			4.		4.		4.		23D - THEFT FROM BUILDING																											
	5.			5.		5.		5.		23E - THEFT FROM COIN-OP MACH.																											
											23F - THEFT FROM MOTOR VEH.																										
											23G - MOTOR VEH. PARTS/ACCES.																										
											240 - THEFT OF MOTOR VEHICLE																										
											23H - OTHER																										
*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"/> IN PROGRESS <input type="checkbox"/> SUMMONS <input type="checkbox"/> OTHER <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WARRANT <input type="checkbox"/> ORDER OF PROTECTION																																	
JUVENILE	<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																												
RUNAWAYS / MISSING	<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																											
APPROVING OFFICER								BADGE NO.		DATE																											
COURT										COURT DATE																											

FISHER, WILLIAM

BADGE NO.

020

DATE 04-09-2012

FISHER, WILLIAM

BADGE NO.

020

DATE 04-09-2012

COURT DATE

# NARRATIVE SUPPLEMENT

Investigative Narrative ☐

12-0002462

VICTIM

KRLICH, GARRICK

OFFENSE

Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME

04-08-2012 19:54

Monday February 20, 2012 Police Chief TAAFE advised reporting Sergeant to recieve 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 Officer PORTER for him to contact the vehicle's registered owner for a follow up."

Several days later, on or about Wednesday February 22 I contacted Mr KRLICH and advised him I'd recieved an assignment from the Chief to recieve 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 reported to the police dispatcher on Sunday April 8 th (Easter Sunday) @ 19:54 hours...Mr KRLICH reported at 19:36 hours a FCX9024 went past his residence and blew the horn.

FDX9024

There has been no video surveillance provided by Mr KRLICH at this time.

Incident Closed.

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	04-09-2012
	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> INVEST. PENDING	<input type="checkbox"/> INVEST. PENDING	
REPORTING OFFICER	FISHER, WILLIAM			BADGE NO	DATE
					04-09-2012
APPROVING OFFICER	FISHER, WILLIAM			BADGE NO	DATE
				020	04-09-2012