

ADMINISTRATIVE

CALL NUMBER: \_\_\_\_\_ GEO CODE: **FIRST WARD**

TOD: **19:54**

TOA: **19:54**

TOC: **19:56**

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  Unknow

Printed: 04-10-2012 17:35 OHIO UNIFORM INCIDENT REPORT

\*CLEARANCE DATE: **04-09-2012** CLEARED BY: **020**

| *REPORT DATE/TIME |     |      |       | *INCIDENT OCCURED FROM |     |      |       | *INCIDENT OCCURED TO |     |      |      |
|-------------------|-----|------|-------|------------------------|-----|------|-------|----------------------|-----|------|------|
| MONTH             | DAY | YEAR | TIME  | MONTH                  | DAY | YEAR | TIME  | MONTH                | DAY | YEAR | TIME |
| 04                | 09  | 2012 | 00:45 | 04                     | 08  | 2012 | 19:54 | 04                   | 08  | 2012 |      |

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

OFFENSE

| *OFFENSE                                        | *OFFENSE CODE    | *A/C     | *F/M & DEG. | *HATE/BIAS | *LARCENY | *CNT     | *TYPE CRIMINAL ACTIVITY                                   |
|-------------------------------------------------|------------------|----------|-------------|------------|----------|----------|-----------------------------------------------------------|
| 1. <b>Disturbing the Peace of the Neighborh</b> | 1. <b>509.11</b> | <b>C</b> | <b>MM</b>   | <b>N</b>   |          | <b>1</b> | 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)

| RESIDENTIAL STRUCTURE                                                                                              | COMMERCIAL LOCATIONS                                                                                                                                                                                                                                                                                                                                                                           | RETAIL                                                                                                                                                                                                                                                                         | OUTSIDE                                                                                                                                                                                                                                                                                                           | OTHER                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01 Single Family Home<br>02 Multiple Dwelling<br>03 Residential Facility<br>04 Other Residential<br>05 Garage/Shed | 12 Jail/Prison<br>13 Parking Garage<br>14 Other Public Access Buildings<br>15 Auto Shop<br>16 Financial Institution<br>17 Barber/Beauty Shop<br>18 Hotel/Motel<br>19 Dry Cleaners/Laundry<br>20 Professional Office<br>21 Doctor's Office<br>22 Other Business Office<br>23 Amusement Center<br>24 Rental Storage Facility<br>25 Other Commercial Service<br>26 ATM Machine Separate from Bank | 27 Buy/Sell/Trade Shop<br>28 Restaurant<br>29 Gas Station<br>30 Auto Sales Lot<br>31 Jewelry Store<br>32 Clothing Store<br>33 Drugstore<br>34 Liquor Store<br>35 Shopping Mall<br>36 Sporting Goods<br>37 Grocery/Supermarket<br>38 Variety/Convenience<br>39 Department Store | 40 Other Retail Store<br>41 Factory/Mill/Plant<br>42 Other Building<br>43 Yard<br>44 Construction Site<br>45 Lake/Waterway<br>46 Fields/Woods<br>47 Street<br>48 Parking Lot<br>49 Park/Playground<br>50 Cemetery<br>51 Public Transit Vehicle<br>52 Other Outside Location<br>57 Camp/Campground<br>64 Rest Area | 53 Abandoned /<br>Condemned Structure<br>55 Arena / Stadium<br>Fairgrounds/Coliseum<br>58 Cargo Container<br>60 Dock/Wharf/Freight/<br>Modal Terminal<br>61 Farm Facility<br>62 Gambling Facility/<br>Casino/Race Track<br>63 Military Installation<br>65 Shelter-Mission/<br>Homeless<br>66 Tribal Lands<br>67 Other |

\*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<br><input type="checkbox"/> NO FORCE | <input type="checkbox"/> 01 MOTOR RUNNING/KEYS IN CAR<br><input type="checkbox"/> 02 UNLOCKED<br><input type="checkbox"/> 03 DUPLICATE KEY USED<br><input type="checkbox"/> 04 WINDOW BROKEN<br><input type="checkbox"/> 05 TOWED | <input type="checkbox"/> 06 HOT WIRE<br><input type="checkbox"/> 07 SLIM JIM/COAT HANGER<br><input type="checkbox"/> 08 TUMBLERS REMOVED<br><input type="checkbox"/> 09 COLUMN PEELED<br><input type="checkbox"/> 10 IGNITION PEELED | ENTRY                                                                                                                                                   | EXIT                     | ENTRY                                                                                                                                                                                | EXIT                     | ENTRY                                                                                                                                                                         | EXIT                     |
| <input type="checkbox"/> NO. PREMISES ENTERED                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      | <input type="checkbox"/> 1 BASEMENT<br><input type="checkbox"/> 2 1st FLOOR<br><input type="checkbox"/> 3 2nd FLOOR<br><input type="checkbox"/> 4 OTHER | <input type="checkbox"/> | <input type="checkbox"/> 1 DOOR<br><input type="checkbox"/> 2 WINDOW<br><input type="checkbox"/> 3 GARAGE<br><input type="checkbox"/> 4 SKYLIGHT<br><input type="checkbox"/> 5 OTHER | <input type="checkbox"/> | <input type="checkbox"/> 1 FRONT<br><input type="checkbox"/> 2 SIDE<br><input type="checkbox"/> 3 REAR<br><input type="checkbox"/> 4 ROOF<br><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  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** 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  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 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 \_\_\_\_\_

INCIDENT NUMBER 12-0002462

REPORTING OFFICER **FISHER, WILLIAM** BADGE NO. **020** DATE **04-09-2012**

APPROVING OFFICER **FISHER, WILLIAM** BADGE NO. **020** DATE **04-09-2012**

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 I - PART 2

OFFENSE Disturbing the Peace of the Neighborhood

12-0002462

INCIDENT DATE/TIME 04-08-2012 19:54

|          |                                                                                                                                                                                   |                                            |             |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------|
| REPORTEE | NO. 1                                                                                                                                                                             | NAME (Last, First, Middle) KRLICH, GARRICK | *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 | LIC FDX9024                                                                                                  | LIS NY                                     | LIY 2012               | LIT TK                                  | VIN/OAN 5TFUM5F19AX014877                | *VALUE \$                             |                                           |       |
|         | VYR 2010                                                                                                                                                                                                                                                                                                                        | VMA TOY                                    | VMO 39                                                                                                       | VST PU                                     | VCO TOP BOTTOM WHI     | <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"/> RESID <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL | ADDITIONAL DESCRIPTION TOYOTA TUNDRA TRUCK |                        |                                         |                                          |                                       |                                           |       |
|         | AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)                                                                                                                                                                                                                                                                |                                            |                                                                                                              |                                            |                        |                                         |                                          |                                       |                                           | PHONE |

|          |                     |               |                                |              |                |            |             |
|----------|---------------------|---------------|--------------------------------|--------------|----------------|------------|-------------|
| PROPERTY | *TYPE PROPERTY LOSS | 1 NONE        | 3 COUNTERFEITED/FORGED         | 5 STOLEN/ETC | 7 RECOVERED    | P PHOTO    | TOTAL VALUE |
|          | (Enter Code Below)  | 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                     | 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 |            |             |

- |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROPERTY CODES:</b><br>EXCHANGE MEDIUMS<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>62 Documents/Personal or Business<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 Photographic Equipment<br>23 Farm Equipment<br>24 Heavy Construction/Industrial<br>25 Building Supplies<br>26 Tools<br>27 Vehicle Parts/Accessories<br>28 School Supplies<br>29 Aircraft Parts/Accessories<br>28 School Supplies<br>58 Artistic Supplies/Accessories<br>59 Camping/Hunting/Fishing Equipment/Supplies<br>67 Law Enforcement Equip<br>68 Lawn/Yard/Garden Equip<br>69 Logging Equipment<br>70 Medical/Medical Lab Equip | 72 Musical Instruments<br>73 Portable Electronic Equip<br>74 Watercraft Equip /Parts/ACC<br>29 Other Equipment<br><b>CONSUMABLE ITEMS</b><br>30 Alcohol<br>31 Drugs/Narcotics<br>32 Consumable Goods<br>60 Chemicals<br>61 Crops<br>63 Explosives<br>65 Fuel<br><b>ANIMALS</b><br>33 Livestock<br>34 Household Pets | <b>VEHICLES</b><br>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>64 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>66 Identity-Intangible<br>71 Metals, Non-Precious |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

|                                                                                                                  |                                                                                                                                                                                                                                                    |                                                                             |                                                                                                                                                 |                                                                                                                                                                                                                     |                                                                                              |                      |                                |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------|--------------------------------|
| <b>SUSPECT / ARREST SUPPLEMENT</b>                                                                               |                                                                                                                                                                                                                                                    | Hubbard Police Department                                                   |                                                                                                                                                 | 12-0002462                                                                                                                                                                                                          |                                                                                              |                      |                                |
| VICTIM<br><b>KRLICH, GARRICK</b>                                                                                 |                                                                                                                                                                                                                                                    | OFFENSE                                                                     |                                                                                                                                                 | INCIDENT DATE/TIME<br><b>04-08-2012 19:54</b>                                                                                                                                                                       |                                                                                              |                      |                                |
| NAME/DESCRIPTIVES                                                                                                | NO. <b>1</b>                                                                                                                                                                                                                                       | <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 |                                                                                              |                      |                                |
|                                                                                                                  | ALIAS                                                                                                                                                                                                                                              |                                                                             |                                                                                                                                                 | GANG AFFILIATION                                                                                                                                                                                                    |                                                                                              |                      |                                |
|                                                                                                                  | EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)                                                                                                                                                                                         |                                                                             |                                                                                                                                                 | PHONE                                                                                                                                                                                                               |                                                                                              |                      |                                |
|                                                                                                                  | PLACE OF BIRTH                                                                                                                                                                                                                                     |                                                                             | D.L.#/STATE                                                                                                                                     |                                                                                                                                                                                                                     | OCCUPATION/SCHOOL                                                                            |                      |                                |
|                                                                                                                  |                                                                                                                                                                                                                                                    | *SEX<br><b>F</b>                                                            | *RACE<br><input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U | *HEIGHT                                                                                                                                                                                                             | *WEIGHT                                                                                      |                      |                                |
|                                                                                                                  | MARITAL STATUS                                                                                                                                                                                                                                     | SCARS, MARKS, TATTOOS                                                       |                                                                                                                                                 |                                                                                                                                                                                                                     |                                                                                              |                      |                                |
|                                                                                                                  | 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                                                                                                                                                                                                                                            | 11 FIREARM                                                                  | 12 HANDGUN                                                                                                                                      | 12A AUTOMATIC HANDGUN                                                                                                                                                                                               | 13 RIFLE                                                                                     |                      |                                |
|                                                                                                                  | 13A FULLY AUTOMATIC                                                                                                                                                                                                                                | 13B OTHER FULLY AUTOMATIC FIREARM                                           | 14 SHOTGUN                                                                                                                                      | 15 OTHER FIREARM                                                                                                                                                                                                    | 15A SEMI-AUTOMATIC SPORTING RIFLE                                                            |                      |                                |
| 15B SEMI-AUTOMATIC ASSAULT FIREARM                                                                               | 15C MACHINE PISTOL                                                                                                                                                                                                                                 | 16 IMITATION FIREARM                                                        | 17 SIMULATED FIREARM                                                                                                                            | 18 BB/PELLET GUN                                                                                                                                                                                                    |                                                                                              |                      |                                |
| 20 KNIFE/CUTTING INSTRUMENT                                                                                      | 30 BLUNT OBJECT                                                                                                                                                                                                                                    | 35 MOTOR VEHICLE                                                            | 40 PERSONAL WEAPON                                                                                                                              | 50 POISON                                                                                                                                                                                                           |                                                                                              |                      |                                |
| 60 EXPLOSIVES                                                                                                    | 65 FIRE/INCENDIARY DEVICE                                                                                                                                                                                                                          | 70 DRUGS/NARCS/SLEEPING PILLS                                               | 80 OTHER WEAPON                                                                                                                                 | U UNKNOWN                                                                                                                                                                                                           |                                                                                              |                      |                                |
| 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                                                                                            | 1                    | 23A - POCKET PICKING           |
|                                                                                                                  | 2.                                                                                                                                                                                                                                                 |                                                                             | 2                                                                                                                                               | 2                                                                                                                                                                                                                   | 2                                                                                            | 2                    | 23B - PURSE SNATCHING          |
|                                                                                                                  | 3.                                                                                                                                                                                                                                                 |                                                                             | 3                                                                                                                                               | 3                                                                                                                                                                                                                   | 3                                                                                            | 3                    | 23C - SHOPLIFTING              |
|                                                                                                                  | 4.                                                                                                                                                                                                                                                 |                                                                             | 4                                                                                                                                               | 4                                                                                                                                                                                                                   | 4                                                                                            | 4                    | 23D - THEFT FROM BUILDING      |
|                                                                                                                  | 5.                                                                                                                                                                                                                                                 |                                                                             | 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                              |                                                                                                                                                                                                                     |                                                                                              |                      |                                |
| <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                                                                              |                                                                                                                                                                                                                                                    |                                                                             | FISHER, WILLIAM                                                                                                                                 | BADGE NO. 020                                                                                                                                                                                                       | DATE 04-09-2012                                                                              |                      |                                |
| APPROVING OFFICER                                                                                                |                                                                                                                                                                                                                                                    |                                                                             | FISHER, WILLIAM                                                                                                                                 | BADGE NO. 020                                                                                                                                                                                                       | DATE 04-09-2012                                                                              |                      |                                |
| COURT                                                                                                            |                                                                                                                                                                                                                                                    |                                                                             |                                                                                                                                                 |                                                                                                                                                                                                                     | 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 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 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 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 reported to the police dispatcher on Sunday April 8 th (Easter Sunday) @ 19:54 hours...Mr KRLICH reported at 19:36 hours a white Toyota Tundra pick up truck with New York registration FCX9024 went past his residence and blew the horn.

New York FDX9024 is registered to a 2010 Toyota Pick up, white in color

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   |