

12-0001541

ADMINISTRATIVE

CA# L NUMBER: _____ *GEO CODE: **FIRST WARD**

TOD: **21:26**

TOA: **21:26**

TOC: **21:26**

Printed: 04-03-2012 18:45

*CLEARANCES

A Death of Suspect G Arrest - Juvenile

B Prosecution Declined H Warrant Issued

C In Custody of Other Jurisd. I Invest Pending

D Victim Refused to Coop. J Closed

E Juvenile/No Custody K Unfounded

F Arrest - Adult U Unknown

OHIO UNIFORM INCIDENT REPORT

*CLEARANCE DATE: **03-26-2012** CLEARED BY: **020**

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
03	26	2012	04:02	03	03	2012	17:52	03	03	2012	

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

OFFENSE

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEG	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. Disturbing the Peace of the Neighborh	1 509.11	C	MM	N		1	1. ___ 2. ___ 3. ___ (Enter up to three for each offense)
2.	2.						1. ___ 2. ___ 3. ___ B - Buying/Rec.
3.	3.						1. ___ 2. ___ 3. ___ C - Cultivating/Mfg./Pub
4.	4.						1. ___ 2. ___ 3. ___ D - Distributing/Selling
5.	5.						1. ___ 2. ___ 3. ___ E - Exploiting Children
							1. ___ 2. ___ 3. ___ O - Oper/Promoting/Ass
							1. ___ 2. ___ 3. ___ P - Possessing/Concealing
							1. ___ 2. ___ 3. ___ T - Transp/Transmitting
							1. ___ 2. ___ 3. ___ U - Using/Consuming

*LOCATION OF OFFENSE (Enter up to two)

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

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

METHODS OF OPERATION

CARGO THEFT Y N

VICTIM

*NO. **1** *TOTAL VICTIMS **1** *VICTIM TYPE I INDIVIDUAL 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 A I U HEIGHT **602** WEIGHT **220** HAIR **BRO** EYES **HAZ**

OCCUPATION _____ *RESIDENT STATUS RESIDENT MILITARY OTHER TOURIST STUDENT UNKNOWN

VICTIM INJURED IF INJURED DESCRIBE INJURIES _____

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

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

REPORTING OFFICER **FISHER, WILLIAM** BADGE NO **020** DATE **03-26-2012**

APPROVING OFFICER **FISHER, WILLIAM** BADGE NO. **020** DATE **03-25-2012**

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 NUMBER 12-0001541

REPORTEE

NO. 1	NAME (Last, First, Middle) KRLICH, GARRICK	*AGE/ D.O.B.
ADDRESS (Street, Apt., City, State, Zip) 713 EAST LIBERTY, HUBBARD, No State, 44425		PHONE 330-534-2949
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 FKB1473	LIS OH	LIY	LIT	VIN/OAN 1GMDU06E7TT200414	*VALUE		
VYR 1996	VMA PONT	VMO 43	VST SPORT	VCO TOP	VCO BOTTOM RED	<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 <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER			
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN: <input type="checkbox"/> RESID <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION PONTIAC VAN						
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							

PROPERTY CODES:

EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums	DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 02 Documents/Personal or Business 07 Other Documents	VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques	10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items EQUIPMENT 15 Drug/Narcotic Equip 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equipment 20 Recordings - Audio Vis. 21 Sports Equipment	22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies 26 Tools 27 Vehicle Parts/Accessories 28 Aircraft Parts/Accessories 29 School Supplies 58 Artistic Supplies/Accessories 59 Camping/Hunting/Fishing Equipment/Supplies 67 Law Enforcement Equip 68 Lawn/Yard/Garden Equip 69 Logging Equipment 70 Medical/Medical Lab Equip	72 Musical Instruments 73 Portable Electronic Equip 74 Watercraft Equip /Parts/ACC. 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods 60 Chemicals 61 Crops 63 Explosives 65 Fuel ANIMALS 33 Livestock 34 Household Pets	VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Veh 43 Other Motor Veh	WEAPONS 44 Firearms 45 Other Weapons 64 Firearm Accessories	STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Bus 49 Indus/Mfg 50 Public/Comm 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory 66 Identity-Intangible 71 Metals, Non-Precious
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NARRATIVE

(SEE NARRATIVE SUPPLEMENT)

VICTIM		OFFENSE		INCIDENT DATE/TIME			
KRILICH, GARRICK				03-03-2012 17:52			
NO. 1	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	CHECK APPROPRIATE CATEGORY				<input type="checkbox"/> CHARGES FILED	
		<input checked="" type="checkbox"/> SUSPECT	<input type="checkbox"/> ARRESTEE	<input type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> MISSING	<input type="checkbox"/> OTHER
ALIAS				GANG AFFILIATION			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE			
PLACE OF BIRTH		D.L.#/STATE		OCCUPATION/SCHOOL			
		/					
MARITAL STATUS		SCARS, MARKS, TATTOOS					
ADDITIONAL DESCRIPTIVES							
SUSPECTED OF USING		POTENTIAL INJURIES?					
<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS							
*RESIDENT STATUS <input type="checkbox"/> 1. RESIDENT <input type="checkbox"/> 2. TOURIST <input type="checkbox"/> 3. MILITARY <input type="checkbox"/> 4. STUDENT <input type="checkbox"/> 5. OTHER (Explain) <input type="checkbox"/> 6. UNKNOWN							
*ARRESTEE WAS ARMED WITH							
ARRESTEE ARMED WITH 1. ___ 2. ___ 3. ___							
99 NONE		13B OTHER FULLY AUTOMATIC FIREARM		16 IMITATION FIREARM			
11 FIREARM		14 SHOTGUN		17 SIMULATED FIREARM			
12 HANDGUN		15 OTHER FIREARM		18 BB/PELLET GUN			
12A AUTOMATIC HANDGUN		15A SEMI-AUTOMATIC SPORTING RIFLE		20 KNIFE/CUTTING INSTRUMENT			
13 RIFLE		15B SEMI-AUTOMATIC ASSAULT FIREARM		30 BLUNT OBJECT			
13A FULLY AUTOMATIC		15C MACHINE PISTOL		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.	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 WIN 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 03-26-2012
APPROVING OFFICER	FISHER, WILLIAM	BADGE NO. 020	DATE 03-25-2012
COURT			COURT DATE

VICTIM KRLICH, GARRICK	OFFENSE Disturbing the Peace of the Neighborhood	INCIDENT DATE/TIME 03-03-2012 17:52
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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 were any subjects whom he noted as "blowing their horn" over the past month or so, to put everything together (his notes and surveillance video with the days and times noted) and to bring all the information down.

This alleged occurrence was on Saturday March 3 rd @ 5:41:43 PM...the vehicle was first reported as Ohio FCB1473, but, Mr KRLICH produced his surveillance CD which noted vehicle as Ohio FKB1473 on a 1996 Pontiac).

The surveillance CD was viewed and showed Ohio FKB1473 westbound on East Liberty Street, and, around the area of Mr KRLICH's driveway, blowing the horn once traveling down the street.

It is not possible to see or ID who was driving the vehicle.

This Incident marked "Investigation pending" and referred to Officer PORTER for follow up.

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

REASON CLEARED	<input type="checkbox"/> DEATH OF OFFENDER	<input type="checkbox"/> VICTIM REFUSED TO COORP	<input type="checkbox"/> ARREST - JUVENILE	<input 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	03-26-2012
	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> ARREST - ADULT	<input checked="" type="checkbox"/> INVEST PENDING	<input type="checkbox"/> INVEST PENDING	
REPORTING OFFICER	FISHER, WILLIAM		BADGE NO	DATE	03-26-2012
APPROVING OFFICER	FISHER, WILLIAM		BADGE NO	020	DATE
					03-25-2012