

ADMINISTRATIVE

TOD 04:21  
TOA 04:24  
TOC 04:24

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: 04-03-2012 18:49

OHIO UNIFORM INCIDENT REPORT

\*CLEARANCE DATE 03-12-2012 CLEARED BY 020

Table with columns for REPORT DATE/TIME (MONTH, DAY, YEAR, TIME) and INCIDENT OCCURED FROM (MONTH, DAY, YEAR, TIME). Values: 03, 12, 2012, 04:44; 03, 05, 2012, 04:21.

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

OFFENSE

\*OFFENSE table with columns: OFFENSE, OFFENSE CODE, A/C, FM & DEG., HATE/BIAS, LARCENY, CNT, TYPE CRIMINAL ACTIVITY. Row 1: Disturbing the Peace of the Neighborh, 509.11, C, MM, N, 1, 1.

\*LOCATION OF OFFENSE (Enter up to two)

RESIDENTIAL STRUCTURE, COMMERCIAL LOCATIONS, PUBLIC ACCESS BLDGS., OTHER, \*SUSPECTED OF USING (A ALCOHOL, D DRUGS, C COMPUTER EQUIPMENT, N NOT APPLICABLE), \*TYPE WEAPON/FORCE USED (U).

\*METHOD OF ENTRY, \*METHOD OF ENTRY - MOTOR VEHICLE THEFT, \*METHOD OF ENTRY - BURGLARY/B & E, CARGO THEFT (Y, N).

VICTIM

\*NO VICTIMS, \*VICTIM TYPE (I INDIVIDUAL, B BUSINESS, F FINANCIAL INSTITUTION, G GOVERNMENT, P POLICE OFFICER, R RELIGIOUS ORGANIZATION, S SOCIETY, U UNKNOWN, O OTHER), NAME (KRLICH, GARRICK), ADDRESS (713 EAST LIBERTY, HUBBARD, OH 44425), EMPLOYER NAME AND ADDRESS, \*AGE/DOB (51 12-24-1960), \*SEX (M), \*RACE (W), HEIGHT (602), WEIGHT (220), HAIR (BRO), EYES (HAZ), OCCUPATION, \*RESIDENT STATUS (RESIDENT), \*AGG ASLT/HOMICIDE CIR, \*VICTIM/SUSPECT RELATIONSHIP, \*VICTIM/OFFENSE LINK (509.11).

REPORTING OFFICER (FISHER, WILLIAM), APPROVING OFFICER (FISHER, WILLIAM), BADGE NO (020), DATE (03-12-2012), FOLLOW UP (checkbox), If yes, follow-up assignment.

ADDITIONAL SUPPLEMENTS (VICTIM/WITNESS, SUSPECT/ARRESTEE, PROPERTY, NARRATIVE, STATEMENTS, OTHER, FORM RECEIVED BY: INVESTIGATION, INTELLIGENCE, RECORDS, SPECIAL COPIES).

INCIDENT NUMBER 12-001574

OFFENSE: Disturbing the Peace of the Neighborhood INCIDENT DATE/TIME: 03-05-2012 04:21

REPORTEE: NO. 1 NAME (Last, First, Middle) KRlich, GARRICK \*AGE/ D.O.B. ADDRESS (Street, Apt., City, State, Zip) 713 EAST LIBERTY, HUBBARD, OH 44425 PHONE 330-534-2949 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

STATEMENTS OBTAINED TYPE WRITTEN ORAL TAPED OTHER

CHECK CATEGORIES: STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTH USE ABANDONED

NO. DAMAGE TO VEHICLE LIC LIS LIY LIT VIN/OAN \*VALUE THEFT FROM VEHICLE

VYR VMA VMO VST VCO TOP BOTTOM VEHICLE LOCKED KEYS IN VEHICLE HOLD VEHICLE RELEASE CONTENTS

VEHICLE ASSOC W/ SUSPECT # VEHICLE ASSOC W/ VICTIM # VEHICLE TOWED TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE BILL OF SALE OTHER

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN: RESID BUSINESS RURAL ADDITIONAL DESCRIPTION

AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) PHONE

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE RECOVERED STOLEN IN YOUR JURISDICTION WHERE RECOVERED?

\*TYPE PROPERTY LOSS (Enter Code Below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 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 (01-04), DOCUMENTS (05-07), VALUABLES (08-09), PERSONAL EFFECTS (10-14), HOUSEHOLD ITEMS (15-19), EQUIPMENT (20-24), OTHER VALUABLES (25-29), PHOTOGRAPHIC EQUIPMENT (30-34), FARM EQUIPMENT (35-39), HEAVY CONSTRUCTION/INDUSTRIAL (40-44), TOOLS (45-49), VEHICLE PARTS/ACCESSORIES (50-54), AIRCRAFT PARTS/ACCESSORIES (55-59), CAMPING/HUNTING/FISHING EQUIPMENT/SUPPLIES (60-64), LAW ENFORCEMENT EQUIP (65-69), LOGGING EQUIPMENT (70-74), MUSICAL INSTRUMENTS (75-79), PORTABLE ELECTRONIC EQUIP (80-84), WATERCRAFT EQUIP/PARTS/ACC (85-89), OTHER EQUIPMENT (90-94), CONSUMABLE ITEMS (95-99), WEAPONS (01-04), ANIMALS (05-09), LIVESTOCK (10-14), HOUSEHOLD PETS (15-19), STRUCTURES (20-24), OTHER (25-29), OTHER PROPERTY (30-34), PENDING INVENTORY (35-39), IDENTITY-INTANGIBLE (40-44), METALS, NON-PRECIOUS (45-49)

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

**VICTIM / WITNESS SUPPLEMENT I**

12-0001574

<b>VICTIM</b>	<b>KRLICH, GARRICK</b>	<b>OFFENSE</b> Disturbing the Peace of the Neighborhood	<b>INCIDENT DATE/TIME</b> 03-05-2012 04:21
*NO 2	*TOTAL VICTIMS 2	*VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> B BUSINESS <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS ORGANIZATION	<input checked="" type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER <input type="checkbox"/> U UNKNOWN
NAME (Last, First, Middle) <b>SOCIETY</b>			
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS			PHONE
*AGE/ D.O.B	*SEX	*RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HEIGHT   WEIGHT   HAIR   EYES
OCCUPATION		*RESIDENT STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER <input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> VICTIM INJURED	IF INJURED DESCRIBE INJURIES		
*AGG. ASLT/HOMICIDE CIR.	*VICTIM/SUSPECT RELATIONSHIP 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	*VICTIM/OFFENSE LINK <b>509.11</b>	
My signature verifies that the information on this report is accurate and true			
			DATE _____

<b>VICTIM</b>			
*NO	*TOTAL VICTIMS	*VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> B BUSINESS <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS ORGANIZATION	<input type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER <input type="checkbox"/> U UNKNOWN
NAME (Last, First, Middle)			
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS			PHONE
*AGE/ D.O.B	*SEX	*RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HEIGHT   WEIGHT   HAIR   EYES
OCCUPATION		*RESIDENT STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER <input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> VICTIM INJURED	IF INJURED DESCRIBE INJURIES		
*AGG. ASLT/HOMICIDE CIR.	*VICTIM/SUSPECT RELATIONSHIP 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___	*VICTIM/OFFENSE LINK	
My signature verifies that the information on this report is accurate and true			
			DATE _____

<b>WITNESS</b>	NO.   NAME (Last, First, Middle)	AGE/ D.O.B	
ADDRESS (Street, Apt., City, State, Zip)			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		

<b>WITNESS</b>	NO.   NAME (Last, First, Middle)	AGE/ D.O.B	
ADDRESS (Street, Apt., City, State, Zip)			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		

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ADDRESS (Street, Apt., City, State, Zip)			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		

<b>WITNESS</b>	NO.   NAME (Last, First, Middle)	AGE/ D.O.B	
ADDRESS (Street, Apt., City, State, Zip)			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		

REPORTING OFFICER/ARRESTING OFFICER <b>FISHER, WILLIAM</b>	BADGE NO. <b>020</b>	DATE <b>03-12-2012</b>
APPROVING OFFICER <b>FISHER, WILLIAM</b>	BADGE NO. <b>020</b>	DATE <b>03-12-2012</b>

**NARRATIVE SUPPLEMENT**

Investigative Narrative .....

INCIDENT NUMBER

12-0001574

VICTIM

KRLICH, GARRICK

OFFENSE

Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME

03-05-2012 04:21

Monday February 20, 2012 Police Chief TAAFE advised reporting Sergeant to "recieve complaints from Mr KRLICH, 713 East Liberty and to complete an Incident report for each occurrence ...then attempt to identify the driver of this vehicle by sight from Mr KRLICH's surveillance video...then forward any applicable information to Officer PORTER for him to contact the vehicle's registered owner for a follow up."

Several days later, on or about Wednesday February 22 I contacted Mr KRLICH and advised him I'd recieved an assignment from the Chief to recieve his complaints of the peace being disturbed by subject (s) "blowing their horn".

I asked Mr KRLICH if there was 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 bring it all down so I can begin the assignment by starting with a ledger listing each alleged occurrence.

Sunday February 26 Mr KRLICH brought in some 24 notepads he reported as "horn blowing" over the past month to 6 weeks or so.

The first alleged occurrence was @ January 9, 2012 @ 10:41:08 AM with the vehicle having either Ohio license plate CRL2835 or CAL2835 (with a plastic cover over the license plate). Each license plate was run through LEADS...each attempt came back "Nothing in File".

Since there is "nothing in file" for either license plate, no further action is possible and this Incident is closed.

REASON CLEARED	<input type="checkbox"/> DEATH OF OFFENDER	<input type="checkbox"/> VICTIM REFUSED TO COOP.	<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	03-12-2012
	<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
					03-12-2012
APPROVING OFFICER	FISHER, WILLIAM			BADGE NO	DATE
				020	03-12-2012