

ADMINISTRATIVE		12-0001575	
CALL NUMBER		GEO CODE FIRST WARD	
TOB 04:26		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)	
TOA 04:26		<input checked="" type="checkbox"/> OFFENSE	
TOC 04:29		<input type="checkbox"/> SUPPLEMENT	
Printed: 04-03-2012 18:52		OHIO UNIFORM INCIDENT REPORT	
*REPORT DATE/TIME		*INCIDENT OCCURRED FROM	
MONTH DAY YEAR TIME		MONTH DAY YEAR TIME	
03 12 2012 05:44		03 05 2012 04:26	
*INCIDENT LOCATION (Street, Apt. City, State, Zip)		713 E LIBERTY ST, HUBBARD, OH 44425	
*OFFENSE		*OFFENSE CODE	
1 Disturbing the Peace of the Neighborh		1 509.11	
2		2	
3		3	
4		4	
5		5	
*LOCATION OF OFFENSE (Enter up to two)		*TYPE CRIMINAL ACTIVITY	
1. 01 2.		1. 2. 3. (Enter up to three for each offense)	
RESIDENTIAL STRUCTURE		B - Buying/Rec.	
01 Single Family Home		C - Cultivating/Mfg./Pub.	
02 Multiple Dwelling		D - Distributing/Selling	
03 Residential Facility		E - Exploiting Children	
04 Other Residential		O - Oper/Promoting/Ass.	
05 Garage/Shed		P - Possessing/Concealing	
PUBLIC ACCESS BLDGS.		T - Transp/Transmitting	
06 Transit Facility		U - Using/Consuming	
07 Government Office			
08 School			
09 College			
67 Library			
10 Church			
11 Hospital			
12 Jail/Prison			
13 Parking Garage			
14 Other Public Access Buildings			
COMMERCIAL LOCATIONS			
15 Auto Shop			
16 Financial Institution			
17 Barber/Beauty Shop			
18 Hotel/Motel			
19 Dry Cleaners/Laundry			
20 Professional Office			
21 Doctor's Office			
22 Other Business Office			
23 Amusement Center			
24 Rental Storage Facility			
25 Other Commercial Service			
56 ATM Machine Separate from Bank			
59 Daycare Facility			
RETAIL			
26 Bar			
27 Buy/Sell/Trade Shop			
28 Restaurant			
29 Gas Station			
30 Auto Sales Lot			
31 Jewelry Store			
32 Clothing Store			
33 Drugstore			
34 Liquor Store			
35 Shopping Mall			
36 Sporting Goods			
37 Grocery/Supermarket			
38 Variety/Convenience			
39 Department Store			
40 Other Retail Store			
41 Factory/Mill/Plant			
42 Other Building			
OUTSIDE			
43 Yard			
44 Construction Site			
45 Lake/Waterway			
46 Fields/Woods			
47 Street			
48 Parking Lot			
49 Park/Playground			
50 Cemetery			
51 Public Transit Vehicle			
52 Other Outside Location			
57 Camp/Campground			
64 Rest Area			
OTHER			
53 Abandoned /			
Condemned Structure			
55 Arena / Stadium			
Fairgrounds/Coliseum			
58 Cargo Container			
60 Dock/Wharf/Freight/			
Modal Terminal			
61 Farm Facility			
62 Gambling Facility/			
Casino/Race Track			
63 Military Installation			
65 Shelter-Mission/			
Homeless			
66 Tribal Lands			
77 Other			
*SUSPECTED OF USING			
<input type="checkbox"/> A ALCOHOL			
<input type="checkbox"/> D DRUGS			
<input type="checkbox"/> C COMPUTER EQUIPMENT			
<input checked="" type="checkbox"/> N NOT APPLICABLE			
*TYPE WEAPON/FORCE USED			
1. 99 2. 3. (Enter up to Three Codes)			
*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT	
<input type="checkbox"/> FORCE		<input type="checkbox"/> 01 MOTOR RUNNING/KEYS IN CAR	
<input type="checkbox"/> NO FORCE		<input type="checkbox"/> 02 UNLOCKED	
*NO. PREMISES ENTERED		<input type="checkbox"/> 03 DUPLICATE KEY USED	
		<input type="checkbox"/> 04 WINDOW BROKEN	
		<input type="checkbox"/> 05 TOWED	
		<input type="checkbox"/> 06 HOT WIRE	
		<input type="checkbox"/> 07 SLIM JIM/COAT HANGER	
		<input type="checkbox"/> 08 TUMBLERS REMOVED	
		<input type="checkbox"/> 09 COLUMN PEELED	
		<input type="checkbox"/> 10 IGNITION PEELED	
METHODS OF OPERATION		*METHOD OF ENTRY - BURGLARY/B & E	
		ENTRY EXIT ENTRY EXIT ENTRY EXIT	
		<input type="checkbox"/> 1 BASEMENT <input type="checkbox"/> 1 DOOR <input type="checkbox"/> 1 FRONT <input type="checkbox"/>	
		<input type="checkbox"/> 2 1st FLOOR <input type="checkbox"/> 2 WINDOW <input type="checkbox"/> 2 SIDE <input type="checkbox"/>	
		<input type="checkbox"/> 3 2nd FLOOR <input type="checkbox"/> 3 GARAGE <input type="checkbox"/> 3 REAR <input type="checkbox"/>	
		<input type="checkbox"/> 4 OTHER <input type="checkbox"/> 4 SKYLIGHT <input type="checkbox"/> 4 ROOF <input type="checkbox"/>	
		<input type="checkbox"/> 5 OTHER <input type="checkbox"/> 5 OTHER <input type="checkbox"/>	
		CARGO THEFT	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
*NO 1		*TOTAL VICTIMS 1	
*VICTIM TYPE		<input checked="" type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER	
<input type="checkbox"/> B BUSINESS <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS ORGANIZATION <input type="checkbox"/> U UNKNOWN			
NAME (Last, First, Middle)		PHONE	
KRILICH, GARRICK		330 5342949	
ADDRESS (Street, Apt., City, State, Zip)		PHONE	
713 EAST LIBERTY STREET, HUBBARD, OH 44425			
EMPLOYER NAME AND (Street, Apt., City, State, Zip)			
ADDRESS			
*AGE/ D.O.B 51 12-24-1960		*SEX M	
*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U		HEIGHT 602	
OCCUPATION		WEIGHT 220	
		HAIR BRO	
		EYES HAZ	
<input type="checkbox"/> VICTIM INJURED		*RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER	
IF INJURED DESCRIBE INJURIES		<input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> UNKNOWN	
*AGG ASLT/HOMICIDE CIR.		*VICTIM/SUSPECT RELATIONSHIP	
		0 ST 1 ST 2 3 4 5	
My signature verifies that the information on this report is accurate and true		*VICTIM/OFFENSE LINK 509.11	
DATE			
REPORTING OFFICER		BADGE NO	
FISHER, WILLIAM		020	
APPROVING OFFICER		DATE	
FISHER, WILLIAM		03-12-2012	
<input type="checkbox"/> FOLLOW UP		BADGE NO	
If yes, follow-up assignment		020	
		DATE	
		03-12-2012	
ADDITIONAL SUPPLEMENTS		FORM RECEIVED BY:	
<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INTELLIGENCE		<input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS	
<input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER		SPECIAL COPIES	

OFFENSE		INCIDENT DATE/TIME	
Disturbing the Peace of the Neighborhood		03-05-2012 04:26	
REPORTER	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 <input type="checkbox"/> THEFT FROM VEHICLE	LIC ERN6374 LIS OH LIY LIT VIN/OAN VVWRH63B13P263934 *VALUE \$
	VYR 2003	VMA VOLKS VMO 36 VST 4D VCO TOP BOTTOM MAR	<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 VW PASSAT
	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?
	*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 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 05 Non-Negotiable Instruments 06 Personal Papers 07 Documents/Personal or Business 08 Other Documents VALUABLES 09 Jewelry/Precious Metals 10 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects 14 Household Items 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 30 Artistic Supplies/Accessories 31 Camping/Hunting/Fishing Equipment/Supplies 32 Law Enforcement Equip 33 Lawn/Yard/Garden Equip 34 Logging Equipment 35 Medical/Medical Lab Equip 72 Musical Instruments 73 Portable Electronic Equip 74 Watercraft Equip /Parts/ACC 75 Other Equipment 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods 33 Chemicals 34 Crops 35 Explosives 36 Fuel 37 ANIMALS 38 Livestock 39 Household Pets 36 VEHICLES 35 Aircraft 38 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Veh 43 Other Motor Veh 44 WEAPONS 45 Firearms 46 Other Weapons 47 Firearm Accessories 46 STRUCTURES 47 Single Occupancy 48 Other Dwellings 49 Commercial/Bus 50 Indus /Mfg 51 Public/Comm 52 Storage 53 Other Structure 54 OTHER 53 Merchandise 54 Other Property 55 Pending Inventory 56 Identity-Intangible 57 Metals, Non-Precious			
NARRATIVE	(SEE NARRATIVE SUPPLEMENT)		

SUSPECT / ARREST SUPPLEMENT I				Hubbard Police Department				12-0001575				
VICTIM				OFFENSE				INCIDENT DATE/TIME				
KRlich, GARRICK								03-05-2012 04:26				
NAME/DESCRIPTIVES	NO. 1	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	CHECK APPROPRIATE CATEGORY									
	<input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER										<input type="checkbox"/> CHARGES FILED	
	ALIAS								GANG AFFILIATION			
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)								PHONE			
	PLACE OF BIRTH				D.L.#/STATE				OCCUPATION/SCHOOL			
			*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U								
	MARITAL STATUS		SCARS, MARKS, TATTOOS									
	ADDITIONAL DESCRIPTIVES											
	SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS											
	POTENTIAL INJURIES?											
ASSOC. PERSONS	*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			50 POISON		
	11 FIREARM			14 SHOTGUN			17 SIMULATED FIREARM			60 EXPLOSIVES		
	12 HANDGUN			15 OTHER FIREARM			18 BB/PELLET GUN			65 FIRE/INCENDIARY DEVICE		
	12A AUTOMATIC HANDGUN			15A SEMI-AUTOMATIC SPORTING RIFLE			20 KNIFE/CUTTING INSTRUMENT			70 DRUGS/NARCS/SLEEPING PILLS		
	13 RIFLE			15B SEMI-AUTOMATIC ASSAULT FIREARM			30 BLUNT OBJECT			80 OTHER WEAPON		
	13A FULLY AUTOMATIC			15C MACHINE PISTOL			35 MOTOR VEHICLE			U UNKNOWN		
	40 PERSONAL WEAPON											
ARREST INFORMATION	NAME			ADDRESS (Street, Apt., City, State, Zip)						Phone		
	1.			1.						1.		
	2.			2.						2.		
	*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.		
	*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"/> COMPLAINANT <input type="checkbox"/> WARRANT <input type="checkbox"/> ORDER OF PROTECTION				<input type="checkbox"/> IN PROGRESS <input type="checkbox"/> SUMMONS <input type="checkbox"/> OTHER				
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								BADGE NO.		DATE		
FISHER, WILLIAM								020		03-12-2012		
APPROVING OFFICER								BADGE NO.		DATE		
FISHER, WILLIAM								020		03-12-2012		
COURT								COURT DATE				

Hubbard Police Department				12-0001575		
VICTIM		OFFENSE		INCIDENT DATE/TIME		
KRILICH, GARRICK				03-05-2012 04:26		
NO.	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	CHECK APPROPRIATE CATEGORY				
2		<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		
		/				
MARITAL STATUS		SCARS, MARKS, TATTOOS				
ADDITIONAL DESCRIPTIVES						
SUSPECTED OF USING						
<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS						
POTENTIAL INJURIES?						
*RESIDENT STATUS						
<input type="checkbox"/> 1. RESIDENT <input type="checkbox"/> 2. TOURIST <input type="checkbox"/> 3. MILITARY <input type="checkbox"/> 4. STUDENT <input type="checkbox"/> 5. OTHER (Explain) <input type="checkbox"/> 6. UNKNOWN						
*ARRESTEE WAS ARMED WITH						
ARRESTEE ARMED WITH 1. _____ 2. _____ 3. _____						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> 99 NONE 11 FIREARM 12 HANDGUN 12A AUTOMATIC HANDGUN 13 RIFLE 13A FULLY AUTOMATIC </div> <div style="width: 33%;"> 13B OTHER FULLY AUTOMATIC FIREARM 14 SHOTGUN 15 OTHER FIREARM 15A SEMI-AUTOMATIC SPORTING RIFLE 15B SEMI-AUTOMATIC ASSAULT FIREARM 15C MACHINE PISTOL </div> <div style="width: 33%;"> 16 IMITATION FIREARM 17 SIMULATED FIREARM 18 BB/PELLET GUN 20 KNIFE/CUTTING INSTRUMENT 30 BLUNT OBJECT 35 MOTOR VEHICLE 40 PERSONAL WEAPON </div> <div style="width: 33%;"> 50 POISON 60 EXPLOSIVES 65 FIRE/INCENDIARY DEVICE 70 DRUGS/NARCS/SLEEPING PILLS 80 OTHER WEAPON U UNKNOWN </div> </div>						
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	
	PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE	
	PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE	
RUNAWAYS / MISSING	<input type="checkbox"/> PREVIOUS RUNAWAY/MISSING	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC#	DATE/TIME ENTERED	
	LAST SEEN WEARING					
REPORTING OFFICER/ARRESTING OFFICER				BADGE NO.	DATE	
FISHER, WILLIAM				020	03-12-2012	
APPROVING OFFICER				BADGE NO.	DATE	
FISHER, WILLIAM				020	03-12-2012	
COURT				COURT DATE		

VICTIM

KRLICH, GARRICK

OFFENSE

Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME

03-05-2012 04:26

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 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 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.

This alleged occurrence was January 9, 2012 @ 4:10 PM by a Volkswagen displaying Ohio registration ERN6374

Reporting Sergeant viewed the surveillance CD provided by Mr KRLICH and it seems that the horn was blown by this vehicle...the driver cannot be ID'ed by viewing the surveillance CD. Further, it appears the horn was blown just South of where Mr KRLICH's video camera is and "out of view" of the camera.

As Officer PORTER had been on vacation, a follow up was attempted on Sunday March 4 th @ 22:55 PM as was advised of the complaint and asked who typically operates the car... to which replied " then said in strong terms "if that horn was blown, it was blown for a good and valid reason"

Due to the driver not being able to be positively ID'ed...and the fact that the horn was blown just "off camera", this Incident is closed.

The surveillance CD was placed in a protective envelope and stapled to this Incident report.

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	03-13-2012	
APPROVING OFFICER	FISHER, WILLIAM	BADGE NO	020	DATE	03-12-2012