

12-0001576

ADMINISTRATIVE

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

TOD: **04:32**

TOA: **04:32**

TOC: **04:35**

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 18:55 **OHIO UNIFORM INCIDENT REPORT**

\*CLEARANCE DATE: **03-17-2012** 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	17	2012	05:33	03	05	2012	04:32	03	05	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)

1. <b>01</b>	2. ___	12 Jail/Prison	59 Daycare Facility	40 Other Retail Store	<b>OTHER</b>	*SUSPECTED OF USING
		13 Parking Garage		41 Factory/Mill/Plant	53 Abandoned /	<input type="checkbox"/> A ALCOHOL
		14 Other Public Access Buildings		42 Other Building	Condemned Structure	<input type="checkbox"/> D DRUGS
<b>RESIDENTIAL STRUCTURE</b>	<b>COMMERCIAL LOCATIONS</b>	<b>RETAIL</b>	<b>OUTSIDE</b>		55 Arena / Stadium	<input type="checkbox"/> C COMPUTER EQUIPMENT
01 Single Family Home	15 Auto Shop	26 Bar	43 Yard		Fairgrounds/Coliseum	<input checked="" type="checkbox"/> N NOT APPLICABLE
02 Multiple Dwelling	16 Financial Institution	27 Buy/Sell/Trade Shop	44 Construction Site		58 Cargo Container	
03 Residential Facility	17 Barber/Beauty Shop	28 Restaurant	45 Lake/Waterway		60 Dock/Wharf/Freight/	
04 Other Residential	18 Hotel/Motel	29 Gas Station	46 Fields/Woods		Modal Terminal	
05 Garage/Shed	19 Dry Cleaners/Laundry	30 Auto Sales Lot	47 Street		61 Farm Facility	
<b>PUBLIC ACCESS BLDGS.</b>	20 Professional Office	31 Jewelry Store	48 Parking Lot		62 Gambling Facility/	
06 Transit Facility	21 Doctor's Office	32 Clothing Store	49 Park/Playground		Casino/Race Track	
07 Government Office	22 Other Business Office	33 Drugstore	50 Cemetery		63 Military Installation	
08 School	23 Amusement Center	34 Liquor Store	51 Public Transit Vehicle		65 Shelter-Mission/	
09 College	24 Rental Storage Facility	35 Shopping Mall	52 Other Outside Location		Homeless	
67 Library	25 Other Commercial Service	36 Sporting Goods	57 Camp/Campground		66 Tribal Lands	
10 Church	26 ATM Machine Separate from Bank	37 Grocery/Supermarket	64 Rest Area		77 Other	
11 Hospital		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

VICTIM

*NO. <b>1</b>	*TOTAL VICTIMS <b>1</b>	*VICTIM TYPE	<input checked="" type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	<input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> G GOVERNMENT	<input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> R RELIGIOUS ORGANIZATION	<input type="checkbox"/> S SOCIETY <input type="checkbox"/> U UNKNOWN	<input type="checkbox"/> O OTHER
NAME (Last, First, Middle) <b>KRLICH, GARRICK</b>							PHONE <b>330 5342949</b>
ADDRESS (Street, Apt., City, State, Zip) <b>713 EAST LIBERTY STREET, HUBBARD, OH 44425</b>							PHONE
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS							
*AGE/D.O.B. <b>51 12-24-1960</b>	*SEX <b>M</b>	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> U	HEIGHT <b>602</b>	WEIGHT <b>220</b>	HAIR <b>BRO</b>	EYES <b>HAZ</b>	
OCCUPATION	*RESIDENT STATUS			<input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST	<input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT	<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	
<input type="checkbox"/> VICTIM INJURED	IF INJURED DESCRIBE INJURIES						
*AGG. ASLT/HOMICIDE CIR.	*VICTIM/SUSPECT RELATIONSHIP			*VICTIM/OFFENSE LINK			
	<b>0 SI</b> 1 ___ 2 ___ 3 ___ 4 ___ 5 ___			<b>509.11</b>			
My signature verifies that the information on this report is accurate and true							DATE

INCIDENT NUMBER 12-0001576

REPORTING OFFICER <b>FISHER, WILLIAM</b>	BADGE NO. <b>020</b>	DATE <b>03-17-2012</b>
APPROVING OFFICER <b>FISHER, WILLIAM</b>	BADGE NO. <b>020</b>	DATE <b>03-17-2012</b>
<input type="checkbox"/> FOLLOW UP	If yes, follow-up assignment	
ADDITIONAL SUPPLEMENTS	<input type="checkbox"/> VICTIM/WITNESS <input checked="" type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> PROPERTY <input checked="" type="checkbox"/> NARRATIVE
	<input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER	FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS
	SPECIAL COPIES	

# INCIDENT REPORT - PART 2

12-0001576

OFFENSE		INCIDENT DATE/TIME	
<b>Disturbing the Peace of the Neighborhood</b>		<b>03-05-2012 04:32</b>	
REPORTEE	NO. <b>1</b>	NAME (Last, First, Middle) <b>KRLICH, GARRICK</b>	*AGE/ D.O.B
	ADDRESS (Street, Apt., City, State, Zip) <b>713 E LIBERTY ST, HUBBARD, OH 44425</b>		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. <b>1</b>	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC <b>FGE7219</b>	LIS <b>OH</b>	LIY	LIT	VIN/OAN <b>1G3NL52TOYC384082</b>	*VALUE \$		
	VYR <b>200</b>	VMA <b>OLDS</b>	VMO <b>36</b>	VST <b>4D</b>	VCO TOP BOTTOM <b>TAN</b>	<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"/> OTHER
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN: <input type="checkbox"/> RESID <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION <b>OLDSMOBILE SEDAN</b>						
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)									PHONE

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED <b>1</b>	DATE RECOVERED	<input type="checkbox"/> STOLEN IN YOUR JURISDICTION	WHERE RECOVERED?
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PROPERTY	*TYPE PROPERTY LOSS (Enter Code Below)							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			
	*LOSS CODE		QUANTITY	DESCRIPTION			*PROP CODE	*VALUE

NARRATIVE	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/Purses 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items EQUIPMENT 15 Drug/Narcotic Equip 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equipment 20 Recordings - Audio Vis 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies 26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Artistic Supplies/Accessories 30 Camping/Hunting/Fishing Equipment/Supplies 31 Law Enforcement Equip 32 Lawn/Yard/Garden Equip 33 Logging Equipment 34 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				
	(SEE NARRATIVE SUPPLEMENT)				

SUSPECT / ARREST SUPPLEMENT		Hubbard Police Department		12-0001576			
VICTIM <b>KRLICH, GARRICK</b>		OFFENSE		INCIDENT DATE/TIME <b>03-05-2012 04:32</b>			
NO. <b>1</b>	<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				OCCUPATION/SCHOOL			
		*SEX <b>F</b>	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A			
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		
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.		
					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"/> COMPLAINT	<input type="checkbox"/> WARRANT	<input type="checkbox"/> ORDER OF PROTECTION		
<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> SUMMONS	<input type="checkbox"/> OTHER					
<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			
<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		
<b>FISHER, WILLIAM</b>				<b>020</b>	<b>03-17-2012</b>		
APPROVING OFFICER				BADGE NO.	DATE		
<b>FISHER, WILLIAM</b>				<b>020</b>	<b>03-17-2012</b>		
COURT				COURT DATE			

**NARRATIVE SUPPLEMENT**

Investigative Narrative .....

INCIDENT NUMBER  
12-0001576

VICTIM  
KRLICH, GARRICK

OFFENSE  
Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME  
03-05-2012 04:32

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...and 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 dates and times noted) and bring it all down so I can begin the assignment by starting with a ledger listing each 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 16, 2012 @ 11:40:32 PM by an Oldsmobile displaying Ohio registration FGE7219

Reporting Segeant viewed the surveillance CD provided by Mr KRLICH and it seems that the horn likely was blown from this vehicle...the driver cannot be ID'ed by viewing the surveillance video.

The horn was actually blown two short times...the vehicle was northbound on Creed coming to the stop sign...with a VW bug in front of it.

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

A referral was made to Officer PORTER...there is no telephone number listed in the RMS databank for \_\_\_\_\_ who shows \_\_\_\_\_ license plate which was purchased 03-23-11 and \_\_\_\_\_ drivers license which was issued 11-13-2008.

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	03-17-2012
	<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
					03-17-2012
APPROVING OFFICER	FISHER, WILLIAM			BADGE NO.	DATE
				020	03-17-2012