

12-0001855

ADMINISTRATIVE

CALL NUMBER: _____ GEO CODE: **FIRST WARD**

TO: **22:59**

TOA: **22:59**

TOC: **23:03**

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 20:02 **OHIO UNIFORM INCIDENT REPORT**

*REPORT DATE/TIME: MONTH **03** DAY **27** YEAR **2012** TIME **01:00**

*INCIDENT OCCURED FROM: MONTH **03** DAY **14** YEAR **2012** TIME **22:59**

*INCIDENT OCCURED TO: MONTH **03** DAY **14** YEAR **2012** TIME _____

*CLEARANCE DATE: **03-27-2012** CLEARED BY: **020**

INCIDENT LOCATION (Street, Apt. City, State, Zip) **713 EAST LIBERTY ST, 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. _____

RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 67 Library 10 Church 11 Hospital	COMMERCIAL LOCATIONS 12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings 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	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	OUTSIDE 40 Other Retail Store 41 Factory/Mill/Plant 42 Other Building 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
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***TYPE WEAPON/FORCE USED**

1. **99** 2. _____ 3. _____

(Enter up to Three Codes)

*METHOD OF ENTRY <input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE	*METHOD OF ENTRY - MOTOR VEHICLE THEFT <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	*METHOD OF ENTRY - BURGLARY/B & E <table border="1"> <tr> <th>ENTRY</th> <th>EXIT</th> <th>ENTRY</th> <th>EXIT</th> <th>ENTRY</th> <th>EXIT</th> </tr> <tr> <td><input type="checkbox"/> 1. BASEMENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1. DOOR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 1. FRONT</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 2. 1st FLOOR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2. WINDOW</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 2. SIDE</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 3. 2nd FLOOR</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3. GARAGE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 3. REAR</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 4. OTHER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 4. SKYLIGHT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 4. ROOF</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 5. OTHER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> 5. OTHER</td> <td><input type="checkbox"/></td> </tr> </table>	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT	<input type="checkbox"/> 1. BASEMENT	<input type="checkbox"/>	<input type="checkbox"/> 1. DOOR	<input type="checkbox"/>	<input type="checkbox"/> 1. FRONT	<input type="checkbox"/>	<input type="checkbox"/> 2. 1st FLOOR	<input type="checkbox"/>	<input type="checkbox"/> 2. WINDOW	<input type="checkbox"/>	<input type="checkbox"/> 2. SIDE	<input type="checkbox"/>	<input type="checkbox"/> 3. 2nd FLOOR	<input type="checkbox"/>	<input type="checkbox"/> 3. GARAGE	<input type="checkbox"/>	<input type="checkbox"/> 3. REAR	<input type="checkbox"/>	<input type="checkbox"/> 4. OTHER	<input type="checkbox"/>	<input type="checkbox"/> 4. SKYLIGHT	<input type="checkbox"/>	<input type="checkbox"/> 4. ROOF	<input type="checkbox"/>			<input type="checkbox"/> 5. OTHER	<input type="checkbox"/>	<input type="checkbox"/> 5. OTHER	<input type="checkbox"/>
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METHODS OF OPERATION

*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/D.O.B **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** 1 2 3 4 5 *VICTIM/OFFENSE LINK **509.11**

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

VICTIM

REPORTING OFFICER **FISHER, WILLIAM** BADGE NO. **020** DATE **03-27-2012**

APPROVING OFFICER **FISHER, WILLIAM** BADGE NO. **020** DATE **03-27-2012**

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 12-0001855

OFFENSE **Disturbing the Peace of the Neighborhood** INCIDENT DATE/TIME **03-14-2012 22:59**

REPORTTEE NO. **1** NAME (Last, First, Middle) **KRLICH, RICK** *AGE/D.O.B. ADDRESS (Street, Apt., City, State, Zip) **713 EAST LIBERTY ST, HUBBARD, OH 44425** PHONE 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. **1** DAMAGE TO VEHICLE LIC LIS LIY LIT VIN/OAN *VALUE \$ THEFT FROM VEHICLE

VYR VMA **U** VMO **43** 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 **5 UNKNOWN MOTORCYCLES**

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

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED **1** 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 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 Other Documents 08 Jewelry/Precious Metals 09 Art Objects, Antiques

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 Equip 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 Camping/Hunting/Fishing Equip/Supplies 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods 33 Livestock 34 Household Pets

72 Musical Instruments 73 Portable Electronic Equip 74 Watercraft Equip/Parts/ACC. 75 Other Equipment 76 Firearms 77 Other Weapons 78 Firearm Accessories

VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Trailcraft 42 Recreational Veh 43 Other Motor Veh

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 56 Identity-Intangible 57 Metals, Non-Precious

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

INVESTIGATIVE NARRATIVE SUPPLEMENT

Investigative Narrative.....

INCIDENT NUMBER

12-0001855

VICTIM

KRLICH, GARRICK

OFFENSE

Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME

03-14-2012 22:59

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 on Wednesday, March 14 th @ 16:52...Mr KRLICH reported "5 motorcycles went past his house revving their engines...no license plates observed...he has pictures of the motorcycles in hopes they could be ID'ed."

No surveillance video was provided.

This is not a report of "horn blowing"...apparently Mr KRLICH believes his peace was disturbed by the motorcycles allegedly 'revving' their engines...there were no other complaints from any other neighbor, or, anybody at all this day regarding these motorcycles allegedly 'revving' their engines.

Incident closed.

REASON CLEARED <input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> VICTIM REFUSED TO COOP. <input type="checkbox"/> JUVENILE/NO CUSTODY <input type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> ARREST - JUVENILE <input type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> INVEST. PENDING	<input type="checkbox"/> CLOSED <input checked="" type="checkbox"/> UNFOUNDED <input type="checkbox"/> INVEST. PENDING	DATE CLEARED
				03-27-2012
				REPORTING OFFICER
FISHER, WILLIAM			BADGE NO	DATE
FISHER, WILLIAM			020	03-27-2012
APPROVING OFFICER			BADGE NO	DATE
FISHER, WILLIAM			020	03-27-2012