

ADMINISTRATIVE

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

TOD _____

TOA _____ INCIDENT (NON-CRIMINAL)

TOC _____ 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 20:09

OHIO UNIFORM INCIDENT REPORT

*CLEARANCE DATE **04-01-2012** BY **020**

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
04	01	2012	04:25	03	31	2012	03:09	03	31	2012	

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 | 12 Jail/Prison | 59 Daycare Facility | 40 Other Retail Store | OTHER |
| 2. ___ | 13 Parking Garage | 26 Bar | 41 Factory/Mill/Plant | 53 Abandoned / |
| | 14 Other Public Access Buildings | 27 Buy/Sell/Trade Shop | 42 Other Building | Condemned Structure |
| RESIDENTIAL STRUCTURE | COMMERCIAL LOCATIONS | RETAIL | OUTSIDE | 55 Arena / Stadium |
| 01 Single Family Home | 15 Auto Shop | 28 Restaurant | 43 Yard | Fairgrounds/Coliseum |
| 02 Multiple Dwelling | 16 Financial Institution | 29 Gas Station | 44 Construction Site | 58 Cargo Container |
| 03 Residential Facility | 17 Barber/Beauty Shop | 30 Auto Sales Lot | 45 Lake/Waterway | 60 Dock/Wharf/Freight/ |
| 04 Other Residential | 18 Hotel/Motel | 31 Jewelry Store | 46 Fields/Woods | Modal Terminal |
| 05 Garage/Shed | 19 Dry Cleaners/Laundry | 32 Clothing Store | 47 Street | 61 Farm Facility |
| PUBLIC ACCESS BLDGS. | 20 Professional Office | 33 Drugstore | 48 Parking Lot | 62 Gambling Facility/ |
| 06 Transit Facility | 21 Doctor's Office | 34 Liquor Store | 49 Park/Playground | Casino/Race Track |
| 07 Government Office | 22 Other Business Office | 35 Shopping Mall | 50 Cemetery | 63 Military Installation |
| 08 School | 23 Amusement Center | 36 Sporting Goods | 51 Public Transit Vehicle | 65 Shelter-Mission/ |
| 09 College | 24 Rental Storage Facility | 37 Grocery/Supermarket | 52 Other Outside Location | Homeless |
| 67 Library | 25 Other Commercial Service | 38 Variety/Convenience | 57 Camp/Campground | 66 Tribal Lands |
| 10 Church | 56 ATM Machine Separate from Bank | 39 Department Store | 64 Rest Area | 77 Other |
| 11 Hospital | | | | |

*SUSPECTED OF USING

A ALCOHOL

D DRUGS

C COMPUTER EQUIPMENT

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	*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 <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) 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 <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U HEIGHT 602 WEIGHT 220 HAIR BRO EYES HAZ
OCCUPATION	*RESIDENT STATUS <input checked="" 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 UU	*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 04-01-2012
APPROVING OFFICER FISHER, WILLIAM	BADGE NO. 020	DATE 04-01-2012
<input type="checkbox"/> 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 12-0002283

OFFENSE **Disturbing the Peace of the Neighborhood** INCIDENT DATE/TIME **03-31-2012 03:09**

REPORTER NO. **1** NAME (Last, First, Middle) **KRLICH, GARRICK** *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 **FAA2272** LIS **OH** LIY _____ LIT _____ VIN/OAN _____ *VALUE \$ _____
 THEFT FROM VEHICLE
 VYR **1997** VMA **CHEVY** VMO **39** VST **PU** VCO TOP **BLK** 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 **CHEVROLET S-10 PICK UP TRUCK**
 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	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
1 NONE				
2 BURNED				
3 COUNTERFEITED/FORGED				
4 DESTROYED/DAMAGED/VANDALIZED				
5 STOLEN/ETC.				
6 SEIZED				
7 RECOVERED				
U UNKNOWN				
P PHOTO EVIDENCE				
TOTAL 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

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

SUSPECT / ARREST SUPPLEMENT I

Hubbard Police Department

12-0002283

VICTIM KRLICH, GARRICK	OFFENSE	INCIDENT DATE/TIME 03-31-2012 03:09
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?	
*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 <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE INDICATOR <input type="checkbox"/> N/A			*ARREST TYPE <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		

JUVENILE	<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

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 04-01-2012
APPROVING OFFICER FISHER, WILLIAM	BADGE NO. 020	DATE 04-01-2012
COURT	COURT DATE	

NARRATIVE SUPPLEMENT

Investigative Narrative

INCIDENT NUMBER

12-0002283

VICTIM

KRLICH, GARRICK

OFFENSE

Disturbing the Peace of the Neighborhood

INCIDENT DATE/TIME

03-31-2012 03:09

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 Saturday March 17 @ 01:05:55 AM...Mr KRLICH provided a surveillance video (which was in my mailbox awaiting me Friday March 30 th) which I viewed...a dark colored Chevrolet S-10 pick up with a loud exhaust is observed north bound on Creed, then, stopping at the stop sign at East Liberty. The drivers' door is observed open on the surveillance video...but...the driver never appears to get out...Mr KRLICH reported the driver shouted "Fuck It" and was racing his engine.

NOTE this CD provided by Mr KRLICH would not play on Sergeant FISHER's office computer...nor on Sergeant HAYNIE's...it would play on the squad room computer but was jumpy and started and stopped several times.

The vehicle...which is Ohio FAA2272...may have had it's engine shut off at one point...with the continuity of the CD it's hard to tell...the vehicle is then restarted and driven away east onto East Liberty Street. The engine noise is loud but not excessive and it is not "revved" and it does not rise to the threshold of a crime being committed.

After viewing the surveillance CD it is not possible to see who was driving the vehicle...no ID could be made.

Incident closed at this time...surveillance CD 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 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	04-01-2012
	<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
					04-01-2012
APPROVING OFFICER	FISHER, WILLIAM			BADGE NO.	DATE
				020	04-01-2012