

12-0002289

ADMINISTRATIVE

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

TOO **10:13**

TOA **10:13**

TOC **10:24**

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 20:21 **OHIO UNIFORM INCIDENT REPORT**

*CLEARANCE DATE **03-31-2012** CLEARED BY _____

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
03	31	2012	10:52	03	31	2012	09:46	03	31	2012	10:00

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

OFFENSE

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEG	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1 DISORDERLY CONDUCT - MAKE UNRE	1 2917.11A2	C	MM	N		1	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> (Enter up to three for each offense)
2	2						1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> B - Buying/Rec C - Cultivating/Mfg./Pub.
3	3						1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> D - Distributing/Selling
4	4						1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> E - Exploiting Children
5	5						1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> O - Oper/Promoting/Ass. P - Possessing/Concealing
							1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> T - Transp/Transmitting U - Using/Consuming

*LOCATION OF OFFENSE (Enter up to two)

1. 47	2. _____	12 Jail/Prison	59 Daycare Facility	40 Other Retail Store	OTHER	*SUSPECTED OF USING
RESIDENTIAL STRUCTURE		13 Parking Garage	RETAIL	41 Factory/Mill/Plant	53 Abandoned /	<input type="checkbox"/> A ALCOHOL
PUBLIC ACCESS BLDGS.		14 Other Public Access Buildings	26 Bar	42 Other Building	Condemed Structure	<input type="checkbox"/> D DRUGS
01 Single Family Home	15 Auto Shop	27 Buy/Sell/Trade Shop	28 Restaurant	43 Yard	55 Arena / Stadium	<input type="checkbox"/> C COMPUTER EQUIPMENT
02 Multiple Dwelling	16 Financial Institution	28 Restaurant	29 Gas Station	44 Construction Site	Fairgrounds/Coliseum	<input checked="" type="checkbox"/> N NOT APPLICABLE
03 Residential Facility	17 Barber/Beauty Shop	30 Auto Sales Lot	30 Auto Sales Lot	45 Lake/Waterway	58 Cargo Container	*TYPE WEAPON/FORCE USED
04 Other Residential	18 Hotel/Motel	31 Jewelry Store	31 Jewelry Store	46 Fields/Woods	60 Dock/Wharf/Freight/	1. 99 2. _____ 3. _____
05 Garage/Shed	19 Dry Cleaners/Laundry	32 Clothing Store	32 Clothing Store	47 Street	Modal Terminal	(Enter up to Three Codes)
06 Transit Facility	20 Professional Office	33 Drugstore	33 Drugstore	48 Parking Lot	61 Farm Facility	
07 Government Office	21 Doctor's Office	34 Liquor Store	34 Liquor Store	49 Park/Playground	62 Gambling Facility/	
08 School	22 Other Business Office	35 Shopping Mall	35 Shopping Mall	50 Cemetery	Casino/Race Track	
09 College	23 Amusement Center	36 Sporting Goods	36 Sporting Goods	51 Public Transit Vehicle	63 Military Installation	
10 Church	24 Rental Storage Facility	37 Grocery/Supermarket	37 Grocery/Supermarket	52 Other Outside Location	65 Shelter-Mission/	
11 Hospital	25 Other Commercial Service	38 Variety/Convenience	38 Variety/Convenience	57 Camp/Campground	Homeless	
	56 ATM Machine Separate from Bank	39 Department Store	39 Department Store	66 Tribal Lands	67 Other	

*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 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 checked="" type="checkbox"/> S SOCIETY <input type="checkbox"/> U UNKNOWN	<input type="checkbox"/> O OTHER
NAME (Last, First, Middle) SOCIETY							PHONE _____
ADDRESS (Street, Apt., City, State, Zip)							PHONE _____
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS							
*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"/> 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	0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___		*VICTIM/OFFENSE LINK	2917.11A2		
My signature verifies that the information on this report is accurate and true							
DATE _____							

INCIDENT NUMBER 12-0002289

REPORTING OFFICER	BANIC, MICHAEL	BADGE NO	108	DATE	03-31-2012
APPROVING OFFICER	MOFFITT, CHRISTOPHER	BADGE NO.	098	DATE	04-03-2012
<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
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OFFENSE DISORDERLY CONDUCT - MAKE UNREASONABLE NOISE / GESTURE OR USE ABUSIVE LANGUAGE INCIDENT DATE/TIME 03-31-2012 09:46

REPORTTEE NO. 1 NAME (Last, First, Middle) KRLICH, GARRICK ADDRESS (Street, Apt., City, State, Zip) 713 EAST LIBERTY, HUBBARD, OH 44425 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) 713 EAST LIBERTY, HUBBARD, OH 44425

CHECK CATEGORIES: STOLEN, RECOVERED, IMPOUNDED, RECEIVED, SUSPECT'S VEHICLE, VICTIM'S VEHICLE, UNAUTH USE, ABANDONED. VEHICLE ASSOC W/ SUSPECT #, VEHICLE ASSOC W/ VICTIM #, TOWED BY, OWNERSHIP VERIFIED BY, TAG RECEIPT, TITLE, BILL OF SALE, OTHER.

PROPERTY LOSS table with columns: *LOSS CODE, QUANTITY, DESCRIPTION, *PROP CODE, *VALUE. Includes sub-sections for VICT. NO, VEH. NO, MAKE/BRAND, MODEL, SERIAL NUMBER, NCIC NUMBER, OTHER NUMBER.

PROPERTY CODES: EXCHANGE MEDIUMS, DOCUMENTS, VALUABLES, PERSONAL EFFECTS, HOUSEHOLD ITEMS, EQUIPMENT, PHOTOGRAPHIC EQUIPMENT, MUSICAL INSTRUMENTS, VEHICLES, STRUCTURES.

NARRATIVE On 3/31/2012 I (Ptl. Banic) was dispatched to the above location for a disorderly conduct incident.

SUBJECT / ARREST SUPPLEMENT		Hubbard Police Department		12-0002289		
VICTIM		OFFENSE		INCIDENT DATE/TIME		
NO. 1		<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <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		03-31-2012 09:46		
ALIAS				GANG AFFILIATION		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE		
PLACE OF BIRTH			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 SI						
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	
	1.		1.		1.	
	2.		2.		2.	
	3.		3.		3.	
	4.		4.		4.	
	5.		5.		5.	
	*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			
<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 BASIC, MICHAEL				BADGE NO. 108	DATE 03-31-2012	
APPROVING OFFICER MOFFITT, CHRISTOPHER				BADGE NO. 098	DATE 04-03-2012	
COURT				COURT DATE		

NARRATIVE SUPPLEMENT

Investigative Narrative

12-0002289

VICTIM

SOCIETY

OFFENSE

DISORDERLY CONDUCT - MAKE UNREAS

INCIDENT DATE/TIME

03-31-2012 09:46

On 3/31/2012 I (Ptl. Banic) was dispatched to the above location for a disorderly conduct incident. Upon arrival I spoke with Mr. Krlich who stated that while pulling out of his driveway and heading West bound on E. Liberty St. a blue Dodge Charger that was turning onto Creed Ave. From E. Liberty St. The operator of the vehicle gave Mr. Krlich the middle finger. Mr. Krlich did not know who the person was and turned his vehicle around to follow the person in attempt to identify them. Mr. Krlich followed the vehicle to _____ When the person got out of the vehicle Mr. Krlich observed the person to be _____ then gave Mr. Krlich the finger again at which Mr. Krlich stated to that he would see him in court and then left the area.

Mr. Krlich advised that he is interested in obtaining _____ address in _____ so that he can summons him to Civil court in addition to what ever the Police is action taken. Mr. Krlich allowed me to observe the video footage where a blue Dodge Charger turned onto Creed Ave. and then seconds later Mr. Krlich turning onto Creed Ave. to follow the subject. The gesture took place off camera.

Shortly after leaving Mr. Krlich's residence, he called to advise that _____ drove by and gave him the middle finger. See incident 12-0002296.

I followed up with _____ with Hubbard Twp. Unit 2153 (Ptl. Jacobs). _____ stated that he did see Mr. Krlich at the intersection of E. Liberty St. and Creed Ave. and after he arrived at _____ Mr. Krlich was on the Street and stated to _____ "You got something to say?". _____ admitted to giving Mr. Krlich the finger at this time. _____ also stated that he did not give Mr. Krlich the finger at the intersection of E. Liberty St. and Creed Ave. _____ asked if he was going to be charged with a crime. I advised him that I was investigating a minor misdemeanor disorderly conduct incident and that I would not be filing a charge in this case. I advised _____ that I just wanted to communicate the complaint and provide him with the opportunity to provide his statement.

_____ were also present while I was speaking with _____ inquired about Mr. Krlich's actions of following _____ and making statements to him _____ also wanted to know how to keep Mr. Krlich away from their residence. I advised _____ that _____ would have to contact Hubbard Twp. Police to file any reports. Ptl. Jacobs advised _____ of what actions to take to file a report.

Case closed, No charges will be filed.

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 checked="" type="checkbox"/> UNFOUNDED	03-31-2012
	<input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> INVEST PENDING	<input type="checkbox"/> INVEST PENDING	
REPORTING OFFICER	BANIC, MICHAEL			BADGE NO	DATE
					03-31-2012
APPROVING OFFICER	MOFFITT, CHRISTOPHER			BADGE NO	DATE
				098	04-03-2012