

AGENCY NAME
Hubbard Police Department

CALL NUMBER
GEO CODE
FIRST WARD

Printed: 02-09-2011 19:16

*INCIDENT NUMBER-INVESTIGATIVE NUMBER
11-0000480

*CLEARANCES
A Death of Suspect G Arrest - Juvenile
B Prosecution Declined H Warrant Issued
C Extradition Denied I Invest Pending
D Victim Refused to Coop. J Closed
E Juvenile/No Custody K Unfounded
F Arrest - Adult U Unknow

*CLEARANCE DATE
01-20-2011

CLEARED BY
020

OHIO UNIFORM INCIDENT REPORT

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
01	20	2011	21:06	01	20	2011	16:16	01	20	2011	

INCIDENT LOCATION (Street, Apt. City, State, Zip)
EAST LIBERTY ST @ CREED AVE, HUBBARD, OH 44425

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. HORN, SIREN AND THEFT ALARM SIG	1. 337.19(C)						1. 2. 3. (Enter up to three for each offense)
2.	2.						1. 2. 3. B - Buying/Rec. C - Cultivating/Mfg./Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Promoting/Ass. P - Possessing/Concealing
3.	3.						1. 2. 3. T - Transp/Transmitting U - Using/Consuming
4.	4.						
5.	5.						

*LOCATION OF OFFENSE (Enter up to two)

RESIDENTIAL STRUCTURE			COMMERCIAL LOCATIONS			OUTSIDE			*SUSPECTED OF USING																																	
01 Single Family Home	02 Multiple Dwelling	03 Residential Facility	04 Other Residential	05 Garage/Shed	06 Transit Facility	07 Government Office	08 School	09 College	10 Church	11 Hospital	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	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	<input type="checkbox"/> A ALCOHOL <input type="checkbox"/> D DRUGS <input type="checkbox"/> C COMPUTER EQUIPMENT <input type="checkbox"/> N NOT APPLICABLE
									*TYPE WEAPON/FORCE USED																																	
									1. 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

*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) **SOCIETY** PHONE _____

ADDRESS (Street, Apt., City, State, Zip) _____ PHONE _____

EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS _____

*AGE/D.O.B. _____ *SEX _____ *RACE B A W I U HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

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 _____

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

REPORTING OFFICER FISHER, SGT. WILLIAM	BADGE NO. 020	DATE 01-20-2011
APPROVING OFFICER FISHER, SGT. WILLIAM	BADGE NO. 020	DATE 01-20-2011

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
11-0000480

ADMINISTRATIVE

OFFENSE

VICTIM

INCIDENT REPORT - PART 2

INCIDENT NUMBER **11-0000480**

OFFENSE _____ INCIDENT DATE/TIME **01-20-2011 16:16**

REPORTEE	NO. 1	NAME (Last, First, Middle) FISHER, SGT WILLIAM	*AGE/ D.O.B
	ADDRESS (Street, Apt., City, State, Zip) 233 SCHOOL ST, HUBBARD, OH 44425		PHONE 330-534-1133
	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	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC EMQ7724	LIS OH	LIY 2011	LIT PC	VIN/OAN 1G1AT18H697134620	*VALUE \$	
VYR 2009	VMA CHEVY	VMO 36	VST 2D	VCO TOP BOTTOM BLK	<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 # _____ 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 _____

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	1 NONE	2 BURNED	3 COUNTERFEITED/FORGED	4 DESTROYED/DAMAGED/VANDALIZED	5 STOLEN/ECT.	6 SEIZED	7 RECOVERED	U UNKNOWN	P PHOTO E EVIDENCE	TOTAL VALUE
*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE	
VICT. NO	VEH. NO	MAKE/BRAND			MAKE/BRAND			DATE RECOVERED		
	SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					
*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE	
VICT. NO	VEH. NO	MAKE/BRAND			MAKE/BRAND			DATE RECOVERED		
	SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					
*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE	
VICT. NO	VEH. NO	MAKE/BRAND			MAKE/BRAND			DATE RECOVERED		
	SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					

PROPERTY CODES:	VALUABLES	EQUIPMENT	24 Heavy Construction	ANIMALS	41 Watercraft	49 Indus./Mfg
EXCHANGE MEDIUMS	08 Jewelry/Precious Metals	15 Drug/Narcotic Equip.	25 Building Supplies	33 Livestock	42 Recreational Veh.	50 Public/Comm.
01 Money	09 Art Objects, Antiques	16 Gambling Equipment	26 Tools	34 Household Pets	43 Other Motor Veh.	51 Storage
02 Credit/Debit Card	10 Other Valuables	17 Computer Hardware/Soft.	27 Vehicle Parts/Acces.	VEHICLES	WEAPONS	52 Other Structure
03 Negotiable Instruments	PERSONAL EFFECTS	18 Office Equipment	28 School Supplies	35 Aircraft	44 Firearms	OTHER
04 Other Exchange Mediums	11 Clothing/Furs	19 Stereo TV Equipment	29 Other Equipment	36 Automobiles	45 Other Weapons	53 Merchandise
DOCUMENTS	12 Purses/Handbags/Wallets	20 Recordings - Audio Vis.	CONSUMABLE ITEMS	37 Bicycles	STRUCTURES	54 Other Property
05 Non-Negotiable Instruments	13 Other Personal Effects	21 Sports Equipment	30 Alcohol	38 Buses	46 Single Occupancy	55 Pending Inventory
06 Personal Papers	HOUSHOLD ITEMS	22 Photographic Equipment	31 Drugs/Narcotics	39 Trucks	47 Other Dwellings	
07 Other Documents	14 Household Items	23 Farm Equipment	32 Consumable Goods	40 Trailers	48 Commercial/Bus	

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

SUSPECT / ARREST SUPPLEMENT

ARRESTING AGENCY Hubbard Police Department	INCIDENT NUMBER 11-0000480
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VICTIM	OFFENSE	INCIDENT DATE/TIME 01-20-2011 16:16
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NO. 1	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	CHECK APPROPRIATE CATEGORY			<input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> CHARGES FILED
NAME (Last, First, Middle) SMITH, CHAD J						
ALIAS						GANG AFFILIATION
ADDRESS (Street, Apt., City, State, Zip) 3120 POTHOUR WHEELER ROAD, HUBBARD, OH 44425						PHONE 330-534-9510
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE
PLACE OF BIRTH				D.L.#/STATE /		OCCUPATION/SCHOOL
*AGE/ D.O.B 39 - 39 / 10-18-1971		*SEX M	*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U <input checked="" type="checkbox"/> B <input type="checkbox"/> A	*HEIGHT 510	*WEIGHT 230	HAIR BLD EYES HAZ
MARITAL STATUS	SCARS, MARKS, TATTOOS					
ADDITIONAL DESCRIPTIVES						
SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS						
POTENTIAL INJURIES?						
*RESIDENT STATUS <input checked="" 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			

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 23B - PURSE SNATCHING
2.		2.	2.	2.	23C - SHOPLIFTING 23D - THEFT FROM BUILDING
3.		3.	3.	3.	23E - THEFT FROM COIN-OP MACH. 23F - THEFT FROM MOTOR VEH.
4.		4.	4.	4.	23G - MOTOR VEH. PARTS/ACCES. 240 - THEFT OF MOTOR VEHICLE
5.		5.	5.	5.	23H - OTHER
*ARREST DATE 01-20-2011		TIME 20:30	ARREST LOCATION (Street, Apt., City, State, Zip)		
*INCIDENT TRACKING NUMBER 11-0000480			*ARREST DISPOSITION		BAIL
MIRANDA WITNESSED BY:					TIME READ
<input type="checkbox"/> FINGERPRINTED	FINGERPRINT CARD NO.	<input checked="" type="checkbox"/> PHOTOS TAKEN	NO. TAKEN 1	PHOTO ID NO.	FBI/BCI#
MULTIPLE ARRESTEE SEGMENTS INDICATOR <input checked="" type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE INDICATOR <input type="checkbox"/> N/A			*ARREST TYPE <input type="checkbox"/> IN PROGRESS <input checked="" 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/ GAURDIAN NOTIFIED	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION <input type="checkbox"/> HANDLED W/IN DEPT. <input type="checkbox"/> REFERRED TO OTHER AUTH.
PARENT/GAURDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE
PARENT/GAURDIAN 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, SGT. WILLIAM	BADGE NO. 020	DATE 01-20-2011
APPROVING OFFICER FISHER, SGT. WILLIAM	BADGE NO. 020	DATE 01-20-2011
COURT HUBBARD MAYORS COURT		COURT DATE 02-10-2011

ADDITIONAL PERSONS SUPPLEMENT

INCIDENT NUMBER **11-0000480**

VICTIM **SOCIETY** OFFENSE _____ INCIDENT DATE/TIME **01-20-2011 16:16**

PERSON	NO. 1	NAME (Last, First, Middle) FISHER, SGT WILLIAM			NAME TYPE PC - PRIMARY CALLER	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip) 233 SCHOOL ST, HUBBARD, No State, 44425					PHONE 330-534-1133
	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			

PERSON	NO. 2	NAME (Last, First, Middle) SMITH, CHAD J.			NAME TYPE OWN - OWNER	
	GENDER M		RACE		AGE/ D.O.B 39 10-18-1971	
	ADDRESS (Street, Apt., City, State, Zip) 3120 POTHOUR WHEELER RD, HUBBARD, TRUM 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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

PERSON	NO.	NAME (Last, First, Middle)			NAME TYPE	
	GENDER		RACE		AGE/ D.O.B	
	ADDRESS (Street, Apt., City, State, Zip)					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			

REPORTING OFFICER/ARRESTING OFFICER FISHER, SGT. WILLIAM				BADGE NO. 020	DATE 01-20-2011
APPROVING OFFICER FISHER, SGT. WILLIAM				BADGE NO. 020	DATE 01-20-2011

NARRATIVE SUPPLEMENT

Investigative Narrative <input type="checkbox"/>	INCIDENT NUMBER 11-000480
VICTIM SOCIETY	OFFENSE
	INCIDENT DATE/TIME 01-20-2011 16:16

Tuesday January 18 at about 9 PM Rick KRLICH reported a car had just sped past his house blowing the horn all the way up the hill and past his house. Officer THIRION viewed KRLICH's tape, and, observed the suspect's car indeed blew the horn from down the hill, and, past KRLICH's house travelling eastbound. The license plate appeared to be Ohio ENQ7724 which came back to a subject from outside of the area.

Thursday evening January 20 KRLICH reported the same car from Tuesday night just "did it again" and he'd like to see an Officer. The horn was blown exaggeratedly for some 4 - 5 seconds with the car travelling towards town...the license plate was noted as Ohio EMQ7724 which is registered to a black 2009 Chevrolet 2 door, which is consistent with the car observed in the surveillance video...the registered owner is Suspect Chad SMITH.

SMITH was contacted at 330-534-9510, advised of the complaint, and asked to come into the office. SMITH was very animated saying " I ain't done nothing, I don't know what you're talking about."

SMITH did come into the police station at about 8:30 PM and SMITH was advised of the circumstances of the on going matter on East Hill, advised of the Mayor's orders to the police department, and, advised of the neighbors concerns about the whole thing...in addition to being explained the sophistication of KRLICH's surveillance system and explained how his license plate number was clearly visible on the infra red camera.

SMITH...still animated, said "I ain't gonna lie...I was driving by and had my brother Brad with me and I laid on the horn big to see what it was all about and to see what would happen."

SMITH was served a summons for "horn blowing prohibited MM"...which he said he "wasn't going to pay". SMITH was cautioned to think it over, calm down, and resolve the matter properly by appearing in Court...even if it is to plead not guilty.

SMITH was asked not to do it anymore because it is a big problem for everybody...SMITH said "you don't need to worry about that, I won't do it anymore".

REASON CLEARED	<input type="checkbox"/> DEATH OF OFFENDER	<input type="checkbox"/> VICTIM REFUSED TO COOP.	<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	01-20-2011
	<input type="checkbox"/> EXTRADITION DENIED	<input checked="" type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> INVEST. PENDING	<input type="checkbox"/> INVEST. PENDING	
REPORTING OFFICER	FISHER, SGT. WILLIAM			BADGE NO.	DATE
					01-20-2011
APPROVING OFFICER	FISHER, SGT. WILLIAM			BADGE NO.	DATE
				020	01-20-2011