

CALL NUMBER GEO CODE
FIRST WARD

TOD **17:34**
TOA **17:47**
TOC **19:31**

INCIDENT (NON-CRIMINAL)
 OFFENSE
 SUPPLEMENT

*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

OHIO UNIFORM INCIDENT REPORT

*CLEARANCE DATE **08-31-2009** CLEARED BY **020**

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
08	31	2009	20:41	08	30	2009	17:33	08	30	2009	

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

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

*LOCATION OF OFFENSE (Enter up to two)

- | | | | | |
|------------------------------|-----------------------------|----------------------------------|------------------------|---------------------------|
| 1. 47 | 2. ___ | 12 Jail/Prison | RETAIL | 40 Other Retail Store |
| | | 13 Parking Garage | 26 Bar | 41 Factory/Mill/Plant |
| | | 14 Other Public Access Buildings | 27 Buy/Sell/Trade Shop | 42 Other Building |
| RESIDENTIAL STRUCTURE | COMMERCIAL LOCATIONS | 15 Auto Shop | 28 Restaurant | OUTSIDE |
| 01 Single Family Home | 16 Financial Institution | 17 Barber/Beauty Shop | 29 Gas Station | 43 Yard |
| 02 Multiple Dwelling | 18 Hotel/Motel | 19 Dry Cleaners/Laundry | 30 Auto Sales Lot | 44 Construction Site |
| 03 Residential Facility | 20 Professional Office | 21 Doctor's Office | 31 Jewelry Store | 45 Lake/Waterway |
| 04 Other Residential | 22 Other Business Office | 23 Amusement Center | 32 Clothing Store | 46 Fields/Woods |
| 05 Garage/Shed | 24 Rental Storage Facility | 25 Other Commercial Service | 33 Drugstore | 47 Street |
| PUBLIC ACCESS BLDGS. | | | 34 Liquor Store | 48 Parking Lot |
| 06 Transit Facility | | | 35 Shopping Mall | 49 Park/Playground |
| 07 Government Office | | | 36 Sporting Goods | 50 Cemetery |
| 08 School | | | 37 Grocery/Supermarket | 51 Public Transit Vehicle |
| 09 College | | | 38 Variety/Convenience | 52 Other Outside Location |
| 10 Church | | | 39 Department Store | 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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <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) **KRLICH, GARRICK G** PHONE **330-534-2949**

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

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

*AGE/D.O.B **48 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 ST** 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ *VICTIM/OFFENSE LINK **2917.11A2**

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

REPORTING OFFICER **FISHER, SGT. WILLIAM** BADGE NO **020** DATE **08-31-2009**

APPROVING OFFICER **FISHER, SGT. WILLIAM** BADGE NO. **020** DATE **08-30-2009**

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

ADMINISTRATIVE

OFFENSE

VICTIM

INCIDENT NUMBER
09-0006358

INCIDENT REPORT - PART 2

INCIDENT NUMBER **09-0006358**

OFFENSE
DISORDERLY CONDUCT - MAKE UNREASONABLE NOISE / GESTURE OR USE ABUSIVE LANGUAGE

INCIDENT DATE/TIME
08-30-2009 17:33

REPORTEE	NO 1	NAME (Last, First, Middle) KRLICH, RICK	*AGE/ D.O.B
	ADDRESS (Street, Apt., City, State, Zip) 713 E LIBERTY ST, HUBBARD, OH 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		

VEHICLE	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED											
	NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE				
	VYR	VMA	VMO	VST	VCO TOP BOTTOM	<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
	STOLEN MOTOR VEHICLE ONLY		NO. STOLEN	AREA STOLEN: <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL		RESID		ADDITIONAL DESCRIPTION				
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)											PHONE

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE RECOVERED	<input type="checkbox"/> 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:	EXCHANGE MEDIUMS	VALUABLES	EQUIPMENT	ANIMALS	VEHICLES	WEAPONS	STRUCTURES	OTHER																																														
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	10 Other Valuables	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.	18 Office Equipment	19 Stereo TV Equipment	20 Recordings - Audio Vis.	21 Sports Equipment	22 Photographic Equipment	23 Farm Equipment	24 Heavy Construction	25 Building Supplies	26 Tools	27 Vehicle Parts/Access.	28 School Supplies	29 Other Equipment	30 Alcohol	31 Drugs/Narcotics	32 Consumable Goods	33 Livestock	34 Household Pets	35 Aircraft	36 Automobiles	37 Bicycles	38 Buses	39 Trucks	40 Trailers	41 Watercraft	42 Recreational Veh.	43 Other Motor Veh.	44 Firearms	45 Other Weapons	46 Single Occupancy	47 Other Dwellings	48 Commercial/Bus	49 Indus./Mfg.	50 Public/Comm.	51 Storage	52 Other Structure	53 Merchandise	54 Other Property	55 Pending Inventory

NARRATIVE

Sunday August 30 Rick KRLICH came into the police station to drop off a statement, and, wanted to see an Officer...KRLICH alleged Suspect Josh WILSON on August 24 th at 1:34 AM blew the horn 4 long times in front of his house, then, somehow "revved" the motor loudly directly in front of KRLICH's house. KRLICH presented a surveillance DVD with video and audio as proof...KRLICH advised "this kid caused annoyance, inconvenience, and alarm to me and my wife, disturbing our peace and I'm sick of it".

Summons for Disorderly Conduct MM filed with the court and mailed to WILSON.

SUSPECT / ARREST SUPPLEMENT

ARRESTING AGENCY Hubbard Police Department	INCIDENT NUMBER 09-0006358
OFFENSE DISORDERLY CONDUCT - MAKE UNREAS	INCIDENT DATE/TIME 08-30-2009 17:33

VICTIM KRlich, GARRICK G	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 type="checkbox"/> CHARGES FILED	
NO. 1	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	
NAME (Last, First, Middle) WILSON, JOSHUA D		
ALIAS		
ADDRESS (Street, Apt., City, State, Zip) 3309 FRANKLIN AVE, HUBBARD, OH 44425		PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE
PLACE OF BIRTH	D.L.#/STATE /	OCCUPATION/SCHOOL
*AGE/ D.O.B 20 - 20 / 04-01-1989	*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	*HEIGHT 504
ADDITIONAL DESCRIPTIVES		*WEIGHT 150
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	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

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 DISORDERLY CONDUCT - MAKE UNREASONABL	1. 2917.11A2	1. MM	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 08-30-2009	TIME 19:00	ARREST LOCATION (Street, Apt., City, State, Zip)		
*INCIDENT TRACKING NUMBER 09-0006358		*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.
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		

<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

<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 08-31-2009
APPROVING OFFICER FISHER, SGT. WILLIAM	BADGE NO. 020	DATE 08-30-2009
COURT GIRARD MUNICIPAL COURT	COURT DATE 09-15-2009	

ADDITIONAL PERSONS SUPPLEMENT

INCIDENT NUMBER **09-0006358**

VICTIM **KRLICH, GARRICK G** OFFENSE **DISORDERLY CONDUCT - MAKE UNREASONAB** INCIDENT DATE/TIME **08-30-2009 17:33**

PERSON	NO. 1	NAME (Last, First, Middle) KRLICH, RICK		NAME TYPE PC - PRIMARY CALLER		
	GENDER		RACE	AGE/ D.O.B		
	ADDRESS (Street, Apt., City, State, Zip) 713 E LIBERTY ST, HUBBARD, No State, 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			

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 08-31-2009
APPROVING OFFICER FISHER, SGT. WILLIAM	BADGE NO. 020	DATE 08-30-2009