

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
 55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 01-265 / Ref. Report #

| | | | | | | | | | | | | | | |
|--------------------|--|--|---|--|--|--|---|--|---|--|---|--|---|--|
| Incident | Date Occurred <u>1-17-01</u> | | Time Occurred <u>1930</u> | | Day of Week <u>4</u> | | Dept. Classification <u>Drug Abuse</u> | | <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Biased <input type="checkbox"/> Prosecute | | Zone: <u>1</u> | | | |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>Google & Crider Rd Shawnee</u> | | | | | | | | | | DBA <input type="checkbox"/> Insured By: _____ | | Location Type <u>Business</u> | |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 11W Madison w. | | <input checked="" type="checkbox"/> 12 Milfin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario | | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 27 V. Butler | |
| | Offense <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon <input type="checkbox"/> Assault <input type="checkbox"/> Simple <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other | | | | | | | | | | | | | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other | | | | | | | | | | | | | |
| | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer | | | | | | | | | | | | | |
| Victim | Last Name <u>State of Ohio</u> | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | | | | |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | | | |
| Reportee | Last Name <u>Google M. R.</u> | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | | | | |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | | | |
| Witness | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | | | | |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | | | |
| Suspect 1 | <input checked="" type="checkbox"/> Arrested <input type="checkbox"/> Wanted | | Last Name <u>Edwards</u> | | First Name <u>Jada</u> | | Middle | | Clothing / Other Info. | | | | | |
| | Address (Apt/Lot#, City, State, Zip) <u>1726 Honeysuckle Rd, Mansfield, OH</u> | | DOB <u>12-23-76</u> | | Age <u>24</u> | | SSN | | Race <u>B</u> | | Sex <u>F</u> | | | |
| Suspect 2 | Charge: <u>Poss of Marij.</u> | | <input type="checkbox"/> Warrants / Date # _____ / _____ # _____ / _____ # _____ / _____ # _____ / _____ | | <input checked="" type="checkbox"/> Summons: # <u>68615</u> # _____ # _____ # _____ | | <input type="checkbox"/> Indictment / Date # _____ / _____ # _____ / _____ # _____ / _____ # _____ / _____ | | <input type="checkbox"/> Citations: # _____ # _____ # _____ # _____ | | | | | |
| | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC <input type="checkbox"/> Damaged <input type="checkbox"/> Other License / Plate# _____ State _____ Year _____ Make _____ Model _____ Color Top _____ Bottom _____ V.I.N.# _____ Impounded _____ <input type="checkbox"/> Owners Request <input type="checkbox"/> RCO Request <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process Towing Company Used _____ Value _____ <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked Date _____ Time _____ Recovery Code _____ <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other Location Address (Apt/Lot#, City, State, Zip) _____ Description _____ Recovered By _____ Recovered Value _____ <input type="checkbox"/> Owner Notified By: # _____ | | | | | | | | | | | | | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | | | | | | | |
| | QTY. | | Description | | Make | | Model | | Color/Year | | Serial Number | | | |
| Property | Report Date <u>1-17-01</u> | | Report Time <u>1945</u> | | Assisting Officer's Unit # <u>254</u> | | Crime Lab Unit # | | Assigned To: Unit #s: _____ | | | | | |
| | Unit # <u>255</u> | | Reporting Officer <u>Google M. R.</u> | | Unit # | | Supervisor Approval <u>[Signature]</u> | | | | | | | |
| Case Status | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed <input type="checkbox"/> Inactive <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section | | | | | | | | | | | | | |
| | Narrative <u>See Supplemental</u> | | | | | | | | | | | | | |

01-365
SUPPLEMENTAL
01-18-01

ON THE LISTED DATE AND TIME, I RECEIVED INFORMATION THAT #1 WAS IN POSSESSION OF MARIJUANA. #1 WAS CONTACTED IN THE PARKING LOT OF SHOWTIME.

WHEN SHE WAS TOLD OF THE ALLEGATION, SHE DENIED HAVING MARIJUANA BUT STATED THAT SHE DID HAVE PRESCRIPTION PAIN KILLERS. SHE HANDED DEP. OSBORN AND I SEVEN DIFFERENT TYPES OF PRESCRIPTION PAIN KILLERS. AS DEP. OSBORN LOOKED AT HIS BOTTLES HE RECOGNIZED SUSPECTED MARIJUANA IN ONE OF THE BOTTLES AND WHEN TOLD #1 THIS SHE STATED, "DAMN !".

SHE WAS TAKEN TO RCSO WHERE SHE WAS ISSUED THE ABOVE SUMMONS AND RELEASED.

DEP. M.R. GOUGE
RCSO.

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 2001-01618 / Ref. Report #

| | | | | | | | | | |
|--------------------|---|-----------------------------------|--|--|---|--|--|---|---|
| Incident | Date Occurred <u>03-14-01</u> | Time Occurred <u>0000-0100</u> | Day of Week <u>04</u> | Dept. Classification <u>Criminal Damaging</u> | | <input type="checkbox"/> Domestic <input type="checkbox"/> Biased <input type="checkbox"/> Prosecute | Zone: <u>1</u> <u>3</u> | | |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 Crider Road</u> | | | | | DBA <u>Showtime</u> | Insured By: <u>Progressive</u> | Location Type: <u>Juice Bar</u> | |
| TWP | <input type="checkbox"/> 1 Plymouth | | <input type="checkbox"/> 5 Sharon | | <input type="checkbox"/> 9 Sandusky | <input checked="" type="checkbox"/> 12 Milfin | <input type="checkbox"/> 16 Perry | <input type="checkbox"/> 20 V. Plymouth | <input type="checkbox"/> 24 V. Lucas |
| | <input type="checkbox"/> 2 Cass | | <input type="checkbox"/> 6 Jackson | | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson | <input type="checkbox"/> 21 V. Shiloh | <input type="checkbox"/> 25 V. Lexington |
| Offense | <input type="checkbox"/> 3 Bloomingrove | | <input type="checkbox"/> 7 Franklin | | <input type="checkbox"/> 11E Madison e. | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 18 Worthington | <input type="checkbox"/> 22 C. Shelby | <input type="checkbox"/> 26 V. Bellville |
| | <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 11W Madison w. | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 23 V. Ontario | <input type="checkbox"/> 27 V. Butler |
| Victim | <input type="checkbox"/> Homicide | | <input type="checkbox"/> Rape | | <input type="checkbox"/> Robbery | <input type="checkbox"/> Agg. Assault: | <input type="checkbox"/> Assault | <input type="checkbox"/> Arson | <input type="checkbox"/> Other Residential |
| | <input type="checkbox"/> Murder | | <input type="checkbox"/> Forced Attempt | | <input type="checkbox"/> Firearm | <input type="checkbox"/> Firearm | <input type="checkbox"/> Simple | <input type="checkbox"/> Single Residential | <input type="checkbox"/> Other Comm. |
| Reportee | <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Knife | | <input type="checkbox"/> Knife | <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Other | <input type="checkbox"/> Industrial / Manf. | <input type="checkbox"/> Other Structure |
| | <input type="checkbox"/> MV Theft | | <input type="checkbox"/> Burglary / B & E | | <input type="checkbox"/> Point of Entry | <input type="checkbox"/> First Floor | <input type="checkbox"/> Place of Entry | <input type="checkbox"/> Larceny / Theft | <input type="checkbox"/> Purse Snatch |
| Witness | <input type="checkbox"/> Window Broken | | <input type="checkbox"/> Forced Unlawful Entry | | <input type="checkbox"/> Basement | <input type="checkbox"/> Door | <input type="checkbox"/> Front | <input type="checkbox"/> Pickpocket | <input type="checkbox"/> From MV |
| | <input type="checkbox"/> Locked | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Garage | <input type="checkbox"/> Side | <input type="checkbox"/> Shoplifting | <input type="checkbox"/> Building |
| Suspect 1 | <input type="checkbox"/> Unlocked | | <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Window | <input type="checkbox"/> Other | <input type="checkbox"/> Rear | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Ignition Peeled | | | | <input type="checkbox"/> Adjoining Area | <input type="checkbox"/> Other | <input type="checkbox"/> Roof | <input type="checkbox"/> Coin OP Machine | <input type="checkbox"/> Other |
| Vehicle | <input type="checkbox"/> Weapon Type | | <input type="checkbox"/> Knife/Cutting Inst. | | <input type="checkbox"/> Structure Occupancy | <input type="checkbox"/> Attack Reason | <input type="checkbox"/> Religious Bias | <input type="checkbox"/> Evidence Collected | |
| | <input type="checkbox"/> Handgun | | <input type="checkbox"/> Blunt Object | | <input type="checkbox"/> Occupied | <input type="checkbox"/> Racial Bias | <input type="checkbox"/> Sexual Bias | <input type="checkbox"/> Theft by Computer | |
| Property | <input type="checkbox"/> Rifle | | <input type="checkbox"/> Motor Vehicle | | <input type="checkbox"/> Uninhabited | <input type="checkbox"/> Ethnicity Bias | <input type="checkbox"/> Theft | | |
| | <input type="checkbox"/> Shotgun | | <input type="checkbox"/> Personal Weapon | | <input type="checkbox"/> Abandoned | <input type="checkbox"/> Assault | <input type="checkbox"/> Other | | |
| Case Status | <input type="checkbox"/> BB/Pellet | | <input type="checkbox"/> Other Weapon | | | <input type="checkbox"/> Menace | | | |
| | <input type="checkbox"/> Other Firearm | | | | | | | | |
| Narrative | Last Name <u>Rutan</u> | | First Name <u>Michael</u> | | Middle <u>E</u> | Address (Apt/Lot#, City, State, Zip) <u>57 South Wicker Ave Lot# 27</u> | | Res: _____ | |
| | DOB <u>10-17-58</u> | | Age <u>42</u> | | SSN _____ | Race <u>W</u> Sex <u>M</u> Employer <u>Showtime</u> | | Bus: _____ Cell: _____ | |
| Vehicle | Last Name <u>SAME</u> | | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | |
| | DOB | | Age | | SSN | Race Sex Employer | | Bus: _____ Cell: _____ | |
| Vehicle | Last Name <u>NONE</u> | | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | |
| | DOB | | Age | | SSN | Race Sex Employer | | Bus: _____ Cell: _____ | |
| Vehicle | <input type="checkbox"/> Arrested # _____ | | Last Name <u>Unknown</u> | | First Name | Middle | Clothing / Other Info. | | Res: _____ |
| | <input type="checkbox"/> Wanted | | Address (Apt/Lot#, City, State, Zip) | | Bus: _____ Cell: _____ | | | | |
| Vehicle | DOB | | Age | | SSN | Race | Sex | Height | Weight |
| | | | | | | | | | |
| Vehicle | <input type="checkbox"/> Charge: | | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Surrimons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: |
| | | | | | | | | | |
| Vehicle | <input type="checkbox"/> Stolen | | <input checked="" type="checkbox"/> Damaged | | License / Plate# <u>CQJ2205</u> | | State <u>OH</u> | Year <u>87</u> | Make <u>Cadillac</u> |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Other | | | | | | Model <u>Deville</u> |
| Vehicle | <input type="checkbox"/> NCIC | | | | V.I.N.# <u>1G6CD5180R4336077</u> | | Impounded | | Color <u>Red</u> |
| | | | | | | | <input type="checkbox"/> Owners Request | | |
| Vehicle | | | | | | | <input type="checkbox"/> Hold for Court | | |
| | | | | | | | <input type="checkbox"/> Lab Process | | |
| Vehicle | Date | | Time | | Recovery Code | | Towing Company Used | | Value <u>\$300.00</u> |
| | | | | | <input type="checkbox"/> Stolen/Recovered Local | | | | |
| Vehicle | | | | | <input type="checkbox"/> Stolen Local/Recovered Other | | | | Recovery Value |
| | | | | | | | | | |
| Vehicle | Location Address (Apt/Lot#, City, State, Zip) | | | | Description <u>1 Mirror broke / Rear seat Belt</u> | | Recovered By | | <input type="checkbox"/> Keys in Car |
| | | | | | | | | | <input type="checkbox"/> Vehicle Locked |
| Vehicle | <input type="checkbox"/> Stolen | | <input type="checkbox"/> NCIC | | Date | | Time | | <input type="checkbox"/> Owner Notified By:# |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Missing | | | | | | |
| Vehicle | <input type="checkbox"/> Found | | <input type="checkbox"/> Damaged | | QTY. | | Description | | Recovered Value |
| | | | | | | | | | |
| Vehicle | Make | | Model | | Color/Year | | Serial Number | | Value |
| | | | | | | | | | |
| Vehicle | Report Date <u>03-14-01</u> | | Report Time <u>0215</u> | | Assisting Officer's Unit # | | Crime Lab Unit # | | Assigned To: |
| | Unit # <u>713</u> | | Reporting Officer <u>Det. Dierham</u> | | Unit # <u>726</u> | | Supervisor Approval <u>[Signature]</u> | | Unit #s: |
| Vehicle | <input type="checkbox"/> Cleared by Arrest | | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Warrant Issued | | <input type="checkbox"/> Closed | | <input type="checkbox"/> Active |
| | <input type="checkbox"/> Adult | | <input type="checkbox"/> Missing | | <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Inactive | | <input type="checkbox"/> Dom. Viol. Advocate |
| Vehicle | <input type="checkbox"/> Juvenile | | <input type="checkbox"/> Found | | <input type="checkbox"/> Follow Up | | <input type="checkbox"/> Statements | | <input type="checkbox"/> Victim of Crime Notification |
| | | | | | <input type="checkbox"/> Completed | | <input type="checkbox"/> Photos Taken | | <input type="checkbox"/> Detective Bureau |
| Vehicle | | | | | <input type="checkbox"/> Juvenile Section | | | | |
| | | | | | | | | | |
| Vehicle | <p>Reportee advised while he was at work unknown suspect(s) got into his unlocked vehicle and broke the rear view mirror and bent the right rear seat, unknown suspects or witnesses.</p> | | | | | | | | |
| | | | | | | | | | |

Case #

01-1735

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 E. 2nd St., Mansfield, OH 44902 - 419.774.5678

| | | | | | | | |
|--------|--|-----------|------------|--------|--------------------------------------|----------|---------------------------|
| Name 1 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |
| Name 2 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |
| Name 3 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |

Suspect Supplemental

| | | | | | | | | | | |
|-----------|--|-----------------|------------|----------|--------------------------------------|-------------------|---------------------------|------------|----------|----------|
| Suspect 1 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | | | |
| | Clothing / Other Info. | | | | | | Bus: _____ Cell: _____ | | | |
| Suspect 2 | DOB | Age | Race | Sex | Height | Weight | Hair | Eyes | Employer | |
| | Charge: | Warrants / Date | | Summons: | | Indictment / Date | | Citations: | | |
| Suspect 3 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | | | |
| | Clothing / Other Info. | | | | | | Bus: _____ Cell: _____ | | | |
| Suspect 4 | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | Charge: | Warrants / Date | | Summons: | | Indictment / Date | | Citations: | | |

Property Supplemental


| | | | | | | | | |
|------------|---|---|------|-------|---|---------------|--------------|-----------------|
| Property 1 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 2 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 3 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 4 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 5 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 6 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 7 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 8 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |

SUPPLEMENTAL

REPORT # 01- 1735

ON 03/18/01 THIS OFFICER ALONG WITH DEPUTY ROGERS MADE CONTACT WITH THE VICTIM AT 2921 CLAYBERG ROAD. VICTIM ADVISED THAT ON 03/16/01 TO 03/17/01 AT 2200- 0230 HOURS SUSPECTS #1 AND #2 DAMAGED THE LISTED VEHICLE BY THROWING BRASS KNUCKLES THREW THE PASSENGER SIDE WINDOW OF LISTED VEHICLE. THE ITEM WAS PROVIDED TO THIS OFFICER AND SUBMITTED TO CRIME LAB. THE ITEM PROVIDED TO THIS OFFICER APPEARED TO BE SEVERAL LARGE SCREWS THAT HAD BEEN WELDED TOGETHER. A STATEMENT WAS OBTAINED FROM THE VICTIM AND LISTED WITNESS. OFFICERS WILL ATTEMPT TO CONTACT THE SUSPECTS TO OBTAIN A STATEMENT IN REGARD TO THE OCCURRENCE.

IT WAS ADVISED THAT THE WITNESS HAD CALLED TO FILE A REPORT AND THEN CALLED BACK ON 03/18/01 TO ADVISE THAT A REPORT WAS NOT REQUESTED. SINCE THE VICTIM AND WITNESS WERE INVOLVED IN A SECOND ALTERCATION WITH THE SUSPECT (SEE REPORT #01- 1736) THE VICTIM NOW REQUESTED THIS REPORT. PHOTOS OF THE BROKEN WINDOW WERE TAKEN BY THIS OFFICER.


SGT. GORDON
03/18/01

FOLLOW UP

GO# 01-1736-01-1735
OFFENSIVE AGG.MENACING//CRI
MINAL DAMAGING

DATE OF REPORT 03-18-2001
DATE OF FOLLOW UP 03-21-2001
TIME OF FOLLOW UP 0130

PLACE OF OCCURRENCE:
1121 CLAYBERG RD. LOT #01

ON 03-21-2001 AT ABOUT 0130 HOURS THIS OFFICER AND SGT. NICHOLSON CONTACTED JEFFREY L. ROBINSON IN REFERENCE TO THE ABOVE TWO REPORTS. THESE OFFICERS WERE ADVISED THAT #1 HAD A WARRANT OUT OF THIS DEPARTMENT FOR FAILURE TO APPEAR. #1 WAS LOCATED AT HIS PLACE OF EMPLOYMENT, 1595 WEST LONGVIEW { BROSHCO CO.}. THIS OFFICER ADVISED #1 THAT HE WAS UNDER ARREST FOR THE WARRANT AND THAT I ALSO NEEDED TO SPEAK WITH HIM IN REFERENCE TO TWO OTHER REPORTS ONCE WE WERE ON STATION. #1 WAS TRANSPORTED TO THE RICHLAND COUNTY SHERIFF'S DEPARTMENT BY THIS OFFICER AND ONCE INSIDE HE WAS ADVISED OF HIS MIRANDA WARNING AND WITNESSED BY SGT. NICHOLSON. #1 WAVED HIS RIGHTS AND GAVE A VOLUNTARY STATEMENT TO THE REPORTS. #1 STATED THAT HE WAS NOT AT THE VICTIMS RESIDENCE ON CLAYBERG ROAD AND THAT HE DID NOT EVEN KNOW WHERE THE VICTIMS RESIDENCE WAS. #1 ALSO STATED THAT ON 03-18-2001 THE VICTIM CAME TO HIS RESIDENCE ON AGATE AVENUE AND CUT THE TIRES ON HIS GRANDMOTHERS VEHICLE WHILE IT WAS PARKED IN HIS DRIVEWAY AND ALSO MADE SEVERAL THREATS TOWARD HIM AND HIS WIFE, DEISEREA ROBINSON. #1 ADVISED THAT WHEN THE VICTIM AND SEVERAL OF HIS FRIENDS LEFT THE AREA OF HIS RESIDENCE HE DID NOT GO ANYWHERE ELSE THE REST OF THE EVENING AND THAT HE STAYED HOME WITH HIS WIFE AND THEIR TWO CHILDREN. #1 ADVISED THAT HE DID MAKE THE WEAPON THAT WAS USED IN THE BREAKING OF THE VICTIMS VEHICLE WINDOW, HOWEVER HE DID NOT BREAK THE WINDOW. #1 ADVISED THAT HE GAVE THE WEAPON TO A WHITE MALE BY THE NAME OF TOM, UNKNOWN LAST NAME. #1 ADVISED THAT HE ONLY KNEW TOM FROM BEING IN SHOWTIME WHEN HIS WIFE USED TO WORK THERE. #1 ALSO STATED THAT HE DID NOT KNOW THE PERSON KNOWN AS LUCAS MAUK AND THAT HE WAS NOT NOR WAS HE EVER AT THE VICTIMS RESIDENCE. SEE #1'S VOLUNTARY STATEMENT FOR FURTHER INFORMATION.

CONTINUED ☐

INACTIVE ☐

CLOSED ☒

SIGNED

Deputy W. Rogers

UNIT#

710

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # **2001-02334**

Ref. Report #

| | | | | | | | | |
|--------------------|--|-----------------------------------|---------------------------|--------------------------------------|------------------------|----------------------------|---|----------------------------|
| Incident | Date Occurred 04-12/0413 | Time Occurred 1930-0230 | Day of Week 5-6 | Dept. Classification THEFT | | | <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Biased <input type="checkbox"/> Prosecute | Zone: 1 3 |
| | Occurrence (Apt/Lot#, City, State, Zip) 2921 Cedar Road | | | | DBA Showtime | Insured By: Eric | Location Type June Bar | |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 9 Sandusky <input checked="" type="checkbox"/> 12 Millin <input type="checkbox"/> 16 Perry <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 2 Cass <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 13 Troy <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 14 Washington <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 4 Butler <input type="checkbox"/> 8 Weller <input type="checkbox"/> 11W Madison w. <input type="checkbox"/> 15 Monroe <input type="checkbox"/> 19 C. Mansfield <input type="checkbox"/> 23 V. Ontario <input type="checkbox"/> 27 V. Butler | | | | | | | |
| | <input type="checkbox"/> Homicide <input type="checkbox"/> Rape <input type="checkbox"/> Robbery <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Assault <input type="checkbox"/> Arson <input type="checkbox"/> Murder <input type="checkbox"/> Forced <input type="checkbox"/> Firearm <input type="checkbox"/> Firearm <input type="checkbox"/> Simple <input type="checkbox"/> Single Residential <input type="checkbox"/> Neg. Manslaughter <input type="checkbox"/> Attempt <input type="checkbox"/> Knife <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public <input type="checkbox"/> Other Mobile <input type="checkbox"/> <input type="checkbox"/> Other | | | | | | | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Point of Entry <input type="checkbox"/> Place of Entry <input checked="" type="checkbox"/> Larceny / Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Forced <input type="checkbox"/> Basement <input type="checkbox"/> Front <input type="checkbox"/> Pickpocket <input type="checkbox"/> Purse Snatch <input type="checkbox"/> Locked <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Second Floor <input type="checkbox"/> Side <input type="checkbox"/> Shoplifting <input type="checkbox"/> From MV <input type="checkbox"/> Unlocked <input type="checkbox"/> Attempt <input type="checkbox"/> Window <input type="checkbox"/> Rear <input type="checkbox"/> Bicycle <input type="checkbox"/> Building <input type="checkbox"/> Ignition Picked <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Other <input type="checkbox"/> Roof <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Other | | | | | | | |
| | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Attack Reason <input type="checkbox"/> Religious Bias <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Handgun <input type="checkbox"/> Occupied <input type="checkbox"/> Racial Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft by Computer <input type="checkbox"/> Rifle <input type="checkbox"/> Uninhabited <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other <input type="checkbox"/> Shotgun <input type="checkbox"/> Abandoned <input type="checkbox"/> Assault <input type="checkbox"/> Other <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Weapon <input type="checkbox"/> Menace <input type="checkbox"/> Other | | | | | | | |
| Victim | Last Name: Munday First Name: Crystal Middle: M Address (Apt/Lot#, City, State, Zip): 631 1/2 High St., Wooster, Ohio 44691 Res: _____ DOB: 04-16-79 Age: 21 Race: W Sex: F Employer: Showtime Bus: _____ Cell: _____ | | | | | | | |
| | Last Name: SAME First Name: _____ Middle: _____ Address (Apt/Lot#, City, State, Zip): _____ Res: _____ DOB: _____ Age: _____ SSN: _____ Race: _____ Sex: _____ Employer: _____ Bus: _____ Cell: _____ | | | | | | | |
| Witness | Last Name: NONE First Name: _____ Middle: _____ Address (Apt/Lot#, City, State, Zip): _____ Res: _____ DOB: _____ Age: _____ SSN: _____ Race: _____ Sex: _____ Employer: _____ Bus: _____ Cell: _____ | | | | | | | |
| | Arrested: <input type="checkbox"/> # _____ Last Name: UNKNOWN First Name: _____ Middle: _____ Clothing / Other Info: _____ Res: _____ Wanted: <input type="checkbox"/> Address (Apt/Lot#, City, State, Zip): _____ Bus: _____ Cell: _____ | | | | | | | |
| Suspect 1 | DOB: _____ Age: _____ SSN: _____ Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____ Employer: _____ | | | | | | | |
| | <input type="checkbox"/> Charge: _____ <input type="checkbox"/> Warrants / Date: _____ <input type="checkbox"/> Summons: _____ <input type="checkbox"/> Indictment / Date: _____ <input type="checkbox"/> Citations: _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ | | | | | | | |
| Vehicle | <input type="checkbox"/> Stolen <input checked="" type="checkbox"/> Damaged License / Plate#: CLU 1478 State: OH Year: 1991 Make: FORD Model: ESCORT Color: Red <input type="checkbox"/> Recovered <input type="checkbox"/> Other V.I.N.#: 1FAPP1284PW202805 Impounded: <input type="checkbox"/> Owners Request <input type="checkbox"/> Hold for Court Towing Company Used: _____ Value: 150.00 <input type="checkbox"/> Keys in Car <input type="checkbox"/> NCIC <input type="checkbox"/> RCSI Request <input type="checkbox"/> Lab Process <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Vehicle Locked Date: _____ Time: _____ Recovery Code: <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other Recovery Value: _____ <input type="checkbox"/> Owner Notified By: # _____ | | | | | | | |
| | Location Address (Apt/Lot#, City, State, Zip): _____ Description: Passenger side window broke Recovered By: _____ | | | | | | | |
| Property | <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> NCIC Date: _____ Time: _____ Location Address (Apt/Lot#, City, State, Zip): _____ Recovered By: _____ <input type="checkbox"/> Recovered <input type="checkbox"/> Missing <input type="checkbox"/> Found <input type="checkbox"/> Damaged | | | | | | | |
| | QTY: 01 Description: BLK PURSE w/ misc CASH Make: _____ Model: _____ Color/Year: _____ Serial Number: _____ Value: \$330.00 Recovered Value: _____ Report Date: 04-13-01 Report Time: 0232 Assisting Officer's Unit #: _____ Crime Lab Unit #: _____ Assigned To: _____ Unit #: 713 Reporting Officer: Deputy Dickson Unit #: 712 Supervisor Approval: _____ | | | | | | | |
| Case Status | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> NCIC <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Closed <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Follow Up <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Adult <input type="checkbox"/> Missing <input type="checkbox"/> Unfounded <input type="checkbox"/> Inactive <input type="checkbox"/> Completed <input type="checkbox"/> Statements <input type="checkbox"/> Photos Taken <input type="checkbox"/> Juvenile Section <input type="checkbox"/> Juvenile <input type="checkbox"/> Found | | | | | | | |
| | Narrative: See report 2001-02324 NARRATIVE for further | | | | | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # **01-2867**

Ref. Report #

| | | | | | | | | |
|--------------------|--|-------------------------------------|--|--|---|---|--|----------------------------------|
| Incident | Date Occurred 05-05-01 | Time Occurred 0130 | Day of Week 07 | Dept. Classification THEFT | | | <input type="checkbox"/> Domestic <input type="checkbox"/> Biased <input type="checkbox"/> Prosecute | Zone: 1-3 |
| | Occurrence (Apt/Lot#, City, State, Zip) 2921 CREDER RD. MANSFIELD, OHIO | | | | DBA SHOWTIME | | <input type="checkbox"/> Insured By: _____ | Location Type BUSINESS |
| TWP | <input type="checkbox"/> 1 Plymouth | <input type="checkbox"/> 5 Sharon | <input type="checkbox"/> 9 Sandusky | <input checked="" type="checkbox"/> 12 Mifflin | <input type="checkbox"/> 18 Perry | <input type="checkbox"/> 20 V. Plymouth | <input type="checkbox"/> 24 V. Lucas | |
| | <input type="checkbox"/> 2 Cass | <input type="checkbox"/> 6 Jackson | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson | <input type="checkbox"/> 21 V. Shiloh | <input type="checkbox"/> 25 V. Lexington | |
| Offense | <input type="checkbox"/> 3 Bloomingrove | <input type="checkbox"/> 7 Franklin | <input type="checkbox"/> 11E Madison e. | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 16 Worthington | <input type="checkbox"/> 22 C. Shelby | <input type="checkbox"/> 26 V. Bellville | |
| | <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 11W Madison w. | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 23 V. Ontario | <input type="checkbox"/> 27 V. Butler | |
| Victim | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | |
| | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | |
| Reportee | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | |
| | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer | | | | | |
| Witness | Last Name ADKINS | | First Name TISHA | | Middle M. | | Address (Apt/Lot#, City, State, Zip) 18 FORD ST. MANSFIELD, OHIO | |
| | DOB 1-18-79 | | Age 22 | | SSN _____ | | Race W Sex F Employer SHOWTIME | |
| Suspect 1 | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | | Race Sex Employer | |
| Vehicle | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | | Race Sex Employer | |
| Property | <input type="checkbox"/> Arrested # _____ <input type="checkbox"/> Wanted | | Last Name | | First Name | | Middle | |
| | Address (Apt/Lot#, City, State, Zip) | | Clothing / Other Info. White T-Shirt TAN Shorts | | Res: _____ Bus: _____ Cell: _____ | | | |
| Case Status | DOB | | Age | | SSN | | Race Sex Height Weight Hair Eyes Employer | |
| | <input type="checkbox"/> Charge: _____ | | <input type="checkbox"/> Warrants / Date # _____ # _____ # _____ # _____ | | <input type="checkbox"/> Summons: _____ # _____ # _____ # _____ | | <input type="checkbox"/> Indictment / Date # _____ # _____ # _____ # _____ | |
| Narrative | <input type="checkbox"/> Citations: _____ # _____ # _____ # _____ | | | | | | | |
| | <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> License / Plate# CN6-1958 <input type="checkbox"/> Recovered <input checked="" type="checkbox"/> Other | | State Ohio Year _____ | | Make Chevy Model CAPRICE | | Color Top Bottom WHITE | |
| Vehicle | V.I.N.# _____ | | <input type="checkbox"/> Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSO Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used _____ Value _____ | |
| | Date _____ Time _____ | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | Recovery Value _____ | | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked <input type="checkbox"/> Owner Notified By: # _____ | |
| Property | Location Address (Apt/Lot#, City, State, Zip) | | Description | | Recovered By | | | |
| | <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date _____ Time _____ | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| Case Status | QTY. 1 Description 750.00 DOLLAR BILL (US CURRENCY) | | Make _____ Model _____ | | Color/Year _____ Serial Number _____ | | Value 750.00 Recovered Value _____ | |
| | Report Date 05-05-01 Report Time 0138 | | Assisting Officer's Unit # 708 | | Crime Lab Unit # _____ | | Assigned To: Unit #s: _____ | |
| Case Status | Unit # _____ Reporting Officer Det. Kachis, TVC | | Unit # _____ Supervisor Approval [Signature] | | | | | |
| | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> NCIC <input type="checkbox"/> Adult <input type="checkbox"/> Missing <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Closed <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Follow Up <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juveniles <input type="checkbox"/> Found <input type="checkbox"/> Unfounded <input type="checkbox"/> Inactive <input type="checkbox"/> Completed <input type="checkbox"/> Statements <input type="checkbox"/> Photos Taken <input type="checkbox"/> Juvenile Section | | | | | | | |
| Narrative | VICTIM ADVISED SHE DROPPED A 750.00 DOLLAR BILL ON THE FLOOR OF HER PLACE OF EMPLOYMENT. #1 PICKED IT UP AND PUT IT IN HER POCKET. #1 WAS CONFRONTED BY MANAGEMENT AND HE SAID IT BELONGED TO HIM. #1 LEFT THE BUSINESS IN A WHITE CHEVY CAPRICE (CN6-1958) BELONGING TO A GREGORY LONGOOD, 266 ROWLAND AVE. AREA WAS CHECKED AND THE VEHICLE COULD NOT BE LOCATED. | | | | | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 01-6543 / Ref. Report #

| | | | | | | | |
|--------------------|--|------------------------------|--|---|---|--|--|
| Incident | Date Occurred <u>10-5-01</u> | Time Occurred <u>2345</u> | Day of Week <u>6</u> | Dept. Classification <u>DRUG OFFENSE</u> | | <input type="checkbox"/> Domestic Biased Prosecute | Zone: <u>1</u> |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 Cedar Rd. Mansfield</u> | | | | DBA <u>Show Time</u> | <input type="checkbox"/> Insured By: _____ | Location Type <u>Strip Bar</u> |
| TWP | <input type="checkbox"/> 1 Plymouth | | <input type="checkbox"/> 5 Sharon | | <input type="checkbox"/> 9 Sandusky | | <input type="checkbox"/> 16 Perry |
| | <input type="checkbox"/> 2 Cass | | <input type="checkbox"/> 6 Jackson | | <input type="checkbox"/> 10 Springfield | | <input type="checkbox"/> 17 Jefferson |
| Offense | <input type="checkbox"/> 3 Bloominggrove | | <input type="checkbox"/> 7 Franklin | | <input type="checkbox"/> 11E Madison e. | | <input type="checkbox"/> 18 Worthington |
| | <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 11W Madison w. | | <input type="checkbox"/> 19 C. Mansfield |
| Victim | <input type="checkbox"/> Homicide | | <input type="checkbox"/> Rape | | <input type="checkbox"/> Robbery | | <input type="checkbox"/> Agg. Assault |
| | <input type="checkbox"/> Murder | | <input type="checkbox"/> Forced Attempt | | <input type="checkbox"/> Firearm | | <input type="checkbox"/> Knife |
| Reportee | <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Simple | | <input type="checkbox"/> Arson |
| | <input type="checkbox"/> MV Theft | | <input type="checkbox"/> Burglary / B & E | | <input type="checkbox"/> Point of Entry | | <input type="checkbox"/> Single Residential |
| Witness | <input type="checkbox"/> Window Broken | | <input type="checkbox"/> Forced Entry | | <input type="checkbox"/> Basement | | <input type="checkbox"/> Storage |
| | <input type="checkbox"/> Locked | | <input type="checkbox"/> Unlawful Entry | | <input type="checkbox"/> Second Floor | | <input type="checkbox"/> Industrial / Manf. |
| Suspect 1 | <input type="checkbox"/> Unlocked | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Window | | <input type="checkbox"/> Motor Vehicle |
| | <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Other | | <input type="checkbox"/> Adjoining Area | | <input type="checkbox"/> Other |
| Vehicle | <input type="checkbox"/> Weapon Type | | <input type="checkbox"/> Knife/Cutting Inst. | | <input type="checkbox"/> Structure Occupancy | | <input type="checkbox"/> Attack Reason |
| | <input type="checkbox"/> Handgun | | <input type="checkbox"/> Blunt Object | | <input type="checkbox"/> Occupied | | <input type="checkbox"/> Religious Bias |
| Property | <input type="checkbox"/> Rifle | | <input type="checkbox"/> Motor Vehicle | | <input type="checkbox"/> Uninhabited | | <input type="checkbox"/> Sexual Bias |
| | <input type="checkbox"/> Shotgun | | <input type="checkbox"/> Personal Weapon | | <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Theft |
| Case Status | <input type="checkbox"/> BB/Pellet | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Assault | | <input type="checkbox"/> Menace |
| | <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other |
| Narrative | Last Name <u>STATE OF OHIO</u> | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) |
| | DOB | | Age | | SSN | | Race Sex Employer |
| Vehicle | Last Name <u>OSBORN</u> | | First Name <u>BRUCE</u> | | Middle | | Address (Apt/Lot#, City, State, Zip) <u>55 E Second St</u> |
| | DOB | | Age | | SSN | | Race Sex Employer <u>H.C.S.O.</u> |
| Property | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) |
| | DOB | | Age | | SSN | | Race Sex Employer |
| Case Status | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) |
| | DOB | | Age | | SSN | | Race Sex Employer |
| Vehicle | <input checked="" type="checkbox"/> Arrested <u>754</u> | | Last Name <u>EMERSON</u> | | First Name <u>MATTHEW</u> | | Middle Clothing / Other Info. |
| | <input type="checkbox"/> Wanted | | Address (Apt/Lot#, City, State, Zip) <u>6356 SHELBY BELLEVILLE OH</u> | | DOB <u>8-23-84</u> | | Age <u>17</u> |
| Property | DOB | | Age | | SSN | | Race Sex Height Weight Hair Eyes |
| | Charge: <u>UNDERAGE CONSUMPTION</u> | | <input type="checkbox"/> Warrants / Date | | <input checked="" type="checkbox"/> Summons: <u># 73877</u> | | <input type="checkbox"/> Indictment / Date |
| Case Status | <input type="checkbox"/> Stolen | | <input type="checkbox"/> Damaged | | License / Plate# | | State Year Make Model Color Top Bottom |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Other | | Impounded | | <input type="checkbox"/> Owners Request <input type="checkbox"/> Hold for Court <input type="checkbox"/> Towing Company Used |
| Vehicle | V.I.N.# | | Date | | Time | | Recovery Code |
| | Date | | Time | | Recovery Code | | <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local |
| Property | Location Address (Apt/Lot#, City, State, Zip) | | Description | | Recovered By | | Recovered Value |
| | QTY. | | Description | | Make | | Model Color/Year Serial Number Value Recovered Value |
| Case Status | Report Date <u>10-5-01</u> | | Report Time <u>2345</u> | | Assisting Officer's Unit # <u>770 738</u> | | Crime Lab Unit # |
| | Unit # <u>754</u> | | Reporting Officer <u>[Signature]</u> | | Unit # <u>770</u> | | Supervisor Approval <u>[Signature]</u> |
| Vehicle | <input type="checkbox"/> Stolen | | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Missing | | <input type="checkbox"/> Warrant Issued |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Found | | <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Closed |
| Property | <input type="checkbox"/> Adult | | <input type="checkbox"/> Missing | | <input type="checkbox"/> Warrant Issued | | <input type="checkbox"/> Closed |
| | <input type="checkbox"/> Juvenile | | <input type="checkbox"/> Found | | <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Inactive |
| Case Status | <input type="checkbox"/> Domestic Violence Advocate | | <input type="checkbox"/> Follow Up | | <input type="checkbox"/> Victim of Crime Notification | | <input type="checkbox"/> Detective Bureau |
| | <input type="checkbox"/> Completed | | <input type="checkbox"/> Statements | | <input type="checkbox"/> Photos Taken | | <input type="checkbox"/> Juvenile Section |
| Vehicle | "SEE Supplemental" | | | | | | |
| | | | | | | | |

Case # 01-6543

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 E. 2nd St., Mansfield, OH 44902 - 419.774.5578

| | | | | | | | | |
|--|-----------|-----|------------|------|--------|--------------------------------------|--|-------------|
| <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Bus: _____ |
| <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Res: _____ |
| <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Bus: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Cell: _____ |

Suspect Supplemental

| | | | | | | | | | |
|---|-----------|---|------------|--|--------|--|------|-------------------------------------|-------------|
| <input checked="" type="checkbox"/> Arrested 754 # <input type="checkbox"/> Wanted | Last Name | | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Re: _____ | |
| | SWELING | | DANIEL | | | 254 Walnut Bellville OH | | Bus: _____ | |
| Clothing / Other Info. | | | | | | | | | Cell: _____ |
| DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| 7-6-84 | 17 | | W | M | 5'7" | 127 | bro | bro | |
| Charge: | | <input type="checkbox"/> Warrants / Date | | <input checked="" type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | |
| Poss. MARIJUANA | | # / | | # 73879 | | # / | | # | |
| Poss. Drug Paraphernalia | | # / | | # 72882 | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| <input checked="" type="checkbox"/> Arrested 754 # <input type="checkbox"/> Wanted | Last Name | | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | |
| | PLENCE | | Joshua | | | 1260 SR 97 Rt 115 Bellville OH | | Bus: _____ | |
| Clothing / Other Info. | | | | | | | | | Cell: _____ |
| DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| 10-25-83 | 17 | | W | M | 5'9" | 130 | bro | blu | |
| Charge: | | <input checked="" type="checkbox"/> Warrants / Date | | <input checked="" type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | |
| Poss. MARIJUANA | | # / | | # 73881 | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |

Property Supplemental

| | | | | | | | | |
|---|---|------|-------------|---|-------|------------|---------------|-------|
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |

Case # 01-1543

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 E. 2nd St., Mansfield, OH 44902 - 419.774.6678

| | | | | | | | |
|--------|--|-----------|------------|--------|--------------------------------------|----------|---------------------------|
| Name 2 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |
| Name 3 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |
| Name 4 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |

Suspect Supplemental

| | | | | | | | | | | |
|-----------|--|-----------------|------------|----------|--------------------------------------|-------------------|---------------------------|------------|------|----------|
| Suspect 1 | <input checked="" type="checkbox"/> Arrested 25 Y # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | | | |
| | Clothing / Other Info. | | | | | | Bus: _____ Cell: _____ | | | |
| Suspect 2 | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | Charge: | Warrants / Date | | Summons: | | Indictment / Date | | Citations: | | |
| Suspect 3 | <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | | | |
| | Clothing / Other Info. | | | | | | Bus: _____ Cell: _____ | | | |
| Suspect 4 | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | Charge: | Warrants / Date | | Summons: | | Indictment / Date | | Citations: | | |

Property Supplemental

| | | | | | | | | |
|------------|---|---|------|-------|---|---------------|--------------|-----------------|
| Property 2 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 3 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 4 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 5 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 6 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 7 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 8 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |

SUPPLEMENTAL

GENERAL OFFENSE REPORT#

01-6543

TIME CALL RECEIVED

2345

HRS.

PAGE NO

1

OF 1

ON 10-5-01 THIS OFFICER WAS WORKING WITH THE PROBATION AND PATROL OFFICERS DOING BAR SWEEPS LOOKING FOR PERSONS VIOLATING THEIR PAROLE OR PROBATION. WHILE OFFICERS WERE AT THE LISTED LOCATION P.O. GARY WALKER ADVISED THIS OFFICER THAT HE BELIEVED A MALE WITH A BLACK SHIRT ON WAS UNDER THE AGE OF 18. P.O. WALKER STATED THAT HE NEW THE PERSON FROM BEING ON PROBATION OUT OF JUVENILE COURT AND WHEN THIS PERSON SEEN HIM THE SUBJECT TURNED AWAY AND WOULD NOT LOOK AT HIM. THIS OFFICER CONTACTED THE PERSON AND HAD THEM STEP OUTSIDE SO OFFICERS COULD TALK WITH HIM. AT THAT POINT OFFICERS LEARNED #1'S NAME. #1 STATED THAT HE WAS 18 YRS OLD. WHEN OFFICERS CONTINUED TO QUESTION #1 ABOUT HIS AGE #1 FINALLY ADMITTED TO BEING 17 YRS OLD. WHILE THIS OFFICER WAS TALKING TO #1 THE OTHER OFFICERS FOUND OUT THAT THERE WERE FOUR OTHER JUVENILES INSIDE THE STRIP BAR. ONCE OFFICERS HAD ALL SUBJECTS OUTSIDE AND TALKING TO THEM THEY WERE ASKED IF THEY HAD BEEN DRINKING DUE TO THE GLASSY EYES OF A FEW SUBJECTS, AND A SLIGHT ODOR OF AN ALCOHOLIC BEVERAGE. AT THAT TIME PROBATION OFFICER JOANN KRAUSMAN AND PAROLE OFFICER ORES TALKED WITH #2 WHO TOOK THEM TO THE CAR HE WAS DRIVING AND HAD BROUGHT #1 AND #3 WITH HIM IN. ONCE AT THE CAR #2 HANDED THE OFFICERS TWO BOTTLES OF WHISKY ONE EMPTY AND ONE ABOUT 3/4TH FULL. #2 ALSO GOT INTO A BACKPACK AND HANDED THEM A PLASTIC BAG CONTAINING SUSPECTED MARIJUANA. #2 STATED THAT THE MARIJUANA BELONGED TO #3. THIS OFFICER THEN WENT AND ASKED #3 IF THE BACKPACK WAS HIS, AND #3 STATED NO. #3 WAS THEN ASKED WHO THE MARIJUANA BELONGED TO, AND #3 STATED HE DID NOT KNOW. #3 WAS THEN ADVISED THAT #2 TOLD OFFICERS THAT #3 HAD THE BAG OF MARIJUANA, AT WHICH TIME #3 STILL DENIED IT BEING HIS. #3 WAS THEN ARRESTED AND ASKED FOR THE TRUTH. #3 STATED "WHAT DIFFERENCE WILL THE TRUTH MAKE." THIS OFFICER TOLD #3 THEN "I KNOW WHO'S IT IS." #3 THEN REPLIED "IT'S MINE I'LL TAKE THE BLAME." WHEN OFFICER ASKED #1 IF HE HAD BEEN DRINKING HE STATED YES HE HAD. #4 WAS THEN ASKED THE SAME QUESTION WHICH AT THAT TIME HE ADMITTED TO DRINKING ALSO. IT WAS ALSO FOUND THAT #4 DID NOT COME TO THE STRIP BAR WITH #1'S 1,2 AND 3. THE FIFTH SUBJECT WAS NOT WITH ANY OF THESE SUBJECTS AND HAD NOT BEEN DRINKING. AT THAT TIME ALL PARTIES PARENTS WERE CALLED TO COME PICK UP THEIR CHILDREN. #1,#2,#3,#4 WERE ALL ARRESTED AND TRANSPORTED TO R.C.S.O. WHERE THEY WERE GIVEN THE LISTED SUMMONS AND RELEASED TO THEIR PARENTS. THE FIFTH JUVENILE WAS RELEASED TO HIS FATHER AT THE LISTED LOCATION. #2 ADMITTED TO ONE OF THE SUSPECTED MARIJUANA PIPES AS BEING HIS. THIS OFFICER WILL CONTACT THE LAW DIRECTOR TO SEE IF THERE ARE ANY CHARGES THAT CAN BE BROUGHT AGAINST THE MANAGER FOR ALLOWING THE JUVENILES IN THE STRIP BAR. THE MANAGER ADMITTED TO NOT CHECKING THEIR ID'S AND TAKING HIS WAITRESS'S WORD AS TO THE AGES. ALL ITEMS WERE SUBMITTED TO CRIME LAB.


254

01-7100

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

| | | | | | | | | | | | | | | | | | | | | | |
|-------------|--|---|--|--|--|---|--|--|--|--|--|---|--|--|--|--|--|-------------------------------------|--|---|--|
| Case # | | Ref. Report # | | Date Occurred 10-29-01 | | Time Occurred 2135 | | Day of Week 02 | | Dept. Classification FAMILY DISPUTE | | <input type="checkbox"/> Domestic Biased Prosecute | | Zone: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | | | | | | | |
| Incident | | Occurrence (Apt/Lot#, City, State, Zip) 2921 CRIDER RD | | | | | | DBA SHOW TIME | | <input type="checkbox"/> Insured | | Location Type BUSINESS | | | | | | | | | |
| TWP | | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Waller | | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 11W Madison w. | | <input checked="" type="checkbox"/> 12 Mifflin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | | <input type="checkbox"/> 18 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario | | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 27 V. Butler | | | | | | | |
| Offense | | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other | | | | | | | |
| Offense | | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine | | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other | | | | | | | |
| Offense | | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer | | | | | | | | | |
| Victim | | Last Name Bihar | | First Name CRYSTAL | | Middle R | | Address (Apt/Lot#, City, State, Zip) 540 CONNOR DR | | Res: | | Bus: | | | | | | | | | |
| Victim | | DOB 12-1-75 | | Age 25 | | Race W | | Sex F | | Employer | | Cell: | | Cell: | | | | | | | |
| Reportee | | Last Name SAME | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | Res: | | Bus: | | | | | | | | | |
| Reportee | | DOB | | Age | | SSN | | Race | | Sex | | Employer | | Cell: | | | | | | | |
| Witness | | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | Res: | | Bus: | | | | | | | | | |
| Witness | | DOB | | Age | | SSN | | Race | | Sex | | Employer | | Cell: | | | | | | | |
| Suspect 1 | | <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | | # Last Name FLENER | | First Name JAMES | | Middle R | | Clothing / Other Info. | | Res: | | Bus: | | | | | | | |
| Suspect 1 | | Address (Apt/Lot#, City, State, Zip) 540 CONNOR DR | | DOB 1-6-82 | | Age 19 | | Race W | | Sex M | | Height 5'8 | | Weight 175 | | Hair BLK | | Eyes BLU | | Employer | |
| Suspect 1 | | <input type="checkbox"/> Charge: | | # | | # | | # | | # | | # | | # | | # | | # | | # | |
| Suspect 1 | | <input type="checkbox"/> Warrants | | # | | # | | # | | # | | # | | # | | # | | # | | # | |
| Suspect 1 | | <input type="checkbox"/> Summons: | | # | | # | | # | | # | | # | | # | | # | | # | | # | |
| Suspect 1 | | <input type="checkbox"/> Indictment | | # | | # | | # | | # | | # | | # | | # | | # | | # | |
| Suspect 1 | | <input type="checkbox"/> Citations: | | # | | # | | # | | # | | # | | # | | # | | # | | # | |
| Vehicle | | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | | License / Plate# | | State | | Year | | Make | | Model | | Color Top Bottom | | Value | | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | |
| Vehicle | | V.I.N.# | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSI Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | <input type="checkbox"/> Stolen Other/Recovered Local | | Recovery Value | | Recovered By | | Owner Notified By:# | | | |
| Vehicle | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | | Description | | Recovered By | | | | | | | | | | | |
| Property | | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | | | | | | Value | | Recovered Value | |
| Property | | QTY. | | Description | | Make | | Model | | Color/Year | | Serial Number | | Value | | Recovered Value | | | | | |
| Case Status | | Report Date 10-29-01 | | Report Time 2147 | | Assisting Officer's Unit # 752 | | Crime Lab Unit # | | Assigned To: Unit #s: | | Unit # 732 | | Reporting Officer PATRICIA | | Unit # 108 | | Supervisor Approval S. S. School | | | |
| Case Status | | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | | <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Closed <input type="checkbox"/> Inactive | | <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed | | <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements | | <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken | | <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section | | | | | |
| Narrative | | Victim was working and noticed #1, inside following her wanting to talk. Victim said earlier she had a confrontation at their house and told #1 to leave. Victim and #1 have been living together. #1, left prior to our arrival. Victim wanted a report on file. | | | | | | | | | | | | | | | | | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 01-7270 / Ref. Report #

| | | | | | | | | | | | | |
|--------------------|---|--|---|--|--|--|--|--|---|--|--|--|
| Incident | Date Occurred <u>11-5-01</u> | | Time Occurred <u>unk</u> | | Day of Week <u>02</u> | | Dept. Classification <u>Stalking</u> | | <input type="checkbox"/> Domestic Biased Prosecute | | Zone: <u>1</u> | |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 Crider Rd.</u> | | | | | | DBA <u>Sho's Time</u> | | <input type="checkbox"/> Insured | | Location Type <u>BUSINESS</u> | |
| TWP | <input type="checkbox"/> 1 Plymouth | | <input type="checkbox"/> 5 Sharon | | <input type="checkbox"/> 9 Sandusky | | <input type="checkbox"/> 12 Mifflin | | <input type="checkbox"/> 16 Perry | | <input type="checkbox"/> 20 V. Plymouth | |
| | <input type="checkbox"/> 2 Cass | | <input type="checkbox"/> 6 Jackson | | <input type="checkbox"/> 10 Springfield | | <input type="checkbox"/> 13 Troy | | <input type="checkbox"/> 17 Jefferson | | <input type="checkbox"/> 21 V. Shiloh | |
| Offense | <input type="checkbox"/> 3 Bloominggrove | | <input type="checkbox"/> 7 Franklin | | <input checked="" type="checkbox"/> 11E Madison e. | | <input type="checkbox"/> 14 Washington | | <input type="checkbox"/> 18 Worthington | | <input type="checkbox"/> 22 C. Shelby | |
| | <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 11W Madison w. | | <input type="checkbox"/> 15 Monroe | | <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 23 V. Ontario | |
| Offense | <input type="checkbox"/> Homicide | | <input type="checkbox"/> Rape | | <input type="checkbox"/> Robbery | | <input type="checkbox"/> Agg. Assault | | <input type="checkbox"/> Assault | | <input type="checkbox"/> Arson | |
| | <input type="checkbox"/> Murder | | <input type="checkbox"/> Forced Attempt | | <input type="checkbox"/> Firearm | | <input type="checkbox"/> Firearm | | <input type="checkbox"/> Simple | | <input type="checkbox"/> Single Residential | |
| Offense | <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Knife | | <input type="checkbox"/> Knife | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Storage | |
| | <input type="checkbox"/> MV Theft | | <input type="checkbox"/> Burglary / B & E | | <input type="checkbox"/> Point of Entry | | <input type="checkbox"/> Place of Entry | | <input type="checkbox"/> Larceny / Theft | | <input type="checkbox"/> Other Residential | |
| Offense | <input type="checkbox"/> Window Broken | | <input type="checkbox"/> Forced Entry | | <input type="checkbox"/> Basement | | <input type="checkbox"/> First Floor | | <input type="checkbox"/> Front | | <input type="checkbox"/> Pickpocket | |
| | <input type="checkbox"/> Locked | | <input type="checkbox"/> Unlawful Entry | | <input type="checkbox"/> Second Floor | | <input type="checkbox"/> Door | | <input type="checkbox"/> Side | | <input type="checkbox"/> Shoplifting | |
| Offense | <input type="checkbox"/> Unlocked | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Window | | <input type="checkbox"/> Garage | | <input type="checkbox"/> Rear | | <input type="checkbox"/> Bicycle | |
| | <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Other | | <input type="checkbox"/> Adjoining Area | | <input type="checkbox"/> Other | | <input type="checkbox"/> Roof | | <input type="checkbox"/> Coin OP Machine | |
| Offense | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Other | | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Weapon Type | | <input type="checkbox"/> Knife/Cutting Inst. | | <input type="checkbox"/> Structure Occupancy | | <input type="checkbox"/> Attack Reason | | <input type="checkbox"/> Religious Bias | | <input type="checkbox"/> Evidence Collected | |
| Offense | <input type="checkbox"/> Handgun | | <input type="checkbox"/> Blunt Object | | <input type="checkbox"/> Occupied | | <input type="checkbox"/> Racial Bias | | <input type="checkbox"/> Sexual Bias | | <input type="checkbox"/> Theft by Computer | |
| | <input type="checkbox"/> Rifle | | <input type="checkbox"/> Motor Vehicle | | <input type="checkbox"/> Uninhabited | | <input type="checkbox"/> Ethnicity Bias | | <input type="checkbox"/> Theft | | <input type="checkbox"/> Other | |
| Offense | <input type="checkbox"/> Shotgun | | <input type="checkbox"/> Personal Weapon | | <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Assault | | <input type="checkbox"/> Menace | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> BB/Pellet | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| Victim | Last Name <u>MICHAEL</u> | | First Name <u>Nicole</u> | | Middle <u>L.</u> | | Address (Apt/Lot#, City, State, Zip) <u>77 1/2 WESTERN AVE.</u> | | Res: | | | |
| | DOB <u>9-29-72</u> | | Age <u>29</u> | | SSN <u>CCN</u> | | Race <u>W</u> Sex <u>F</u> | | Employer <u>Sho's Time</u> | | Bus: | |
| Reportee | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | Res: | | | |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | |
| Witness | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | Res: | | | |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | |
| Suspect #1 | <input type="checkbox"/> Arrested # | | Last Name <u>BRADY</u> | | First Name <u>Jim</u> | | Middle | | Clothing / Other Info. | | Res: | |
| | <input type="checkbox"/> Wanted | | Address (Apt/Lot#, City, State, Zip) <u>1095 Koogle Rd Rm #222</u> | | DOB | | Age | | SSN | | Bus: | |
| Suspect #1 | DOB | | Age | | SSN | | Race | | Sex | | Height | |
| | Weight | | Hair | | Eyes | | Employer | | | | | |
| Suspect #1 | <input type="checkbox"/> Charge: | | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | | |
| | # | | # | | # | | # | | # | | # | |
| Suspect #1 | # | | # | | # | | # | | # | | # | |
| | # | | # | | # | | # | | # | | # | |
| Suspect #1 | # | | # | | # | | # | | # | | # | |
| | # | | # | | # | | # | | # | | # | |
| Vehicle | <input type="checkbox"/> Stolen | | <input type="checkbox"/> Damaged | | License / Plate# <u>unk</u> | | State <u>OH</u> | | Year <u>1992</u> | | Make <u>Chev</u> | |
| | <input type="checkbox"/> Recovered | | <input checked="" type="checkbox"/> Other | | | | | | | | Model <u>Corvair</u> | |
| Vehicle | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Other | | | | | | | | Color Top <u>Burgandy</u> | |
| | | | | | | | | | | | Color Bottom | |
| Vehicle | V.I.N.# <u>1B1LT53T7NY1B8606</u> | | Impounded | | <input type="checkbox"/> Owners Request | | <input type="checkbox"/> Hold for Court | | Towing Company Used | | Value <u>\$1200.00</u> | |
| | Date | | Time | | <input type="checkbox"/> RCSI Request | | <input type="checkbox"/> Lab Process | | | | <input type="checkbox"/> Keys in Car | |
| Vehicle | | | | | | | | | | | <input type="checkbox"/> Vehicle Locked | |
| | | | | | | | | | | | <input type="checkbox"/> Owner Notified By:# | |
| Property | Stolen | | <input type="checkbox"/> NCIC | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | Recovered | | <input type="checkbox"/> Missing | | | | | | | | | |
| Property | <input type="checkbox"/> Found | | <input type="checkbox"/> Damaged | | | | | | | | | |
| | QTY. | | Description | | Make | | Model | | Color/Year | | Serial Number | |
| Property | | | | | | | | | | | Value | |
| | | | | | | | | | | | Recovered Value | |
| Case Status | Report Date <u>11-6-01</u> | | Report Time <u>0840</u> | | Assisting Officer's Unit # | | Crime Lab Unit # | | Assigned To: Unit #s: | | | |
| | Unit # <u>127</u> | | Reporting Officer <u>Dan</u> | | Unit # | | Supervisor Approval <u>Wm Dubaugh</u> | | | | | |
| Case Status | <input type="checkbox"/> Cleared by Arrest | | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Missing | | <input type="checkbox"/> Warrant Issued | | <input type="checkbox"/> Closed | | <input type="checkbox"/> Active | |
| | <input type="checkbox"/> Adult | | <input type="checkbox"/> Found | | <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Inactive | | <input type="checkbox"/> Dom. Viol. Advocate | | <input type="checkbox"/> Follow Up | |
| Case Status | <input type="checkbox"/> Juvenile | | <input type="checkbox"/> Other | | <input type="checkbox"/> Completed | | <input type="checkbox"/> Statements | | <input type="checkbox"/> Victim of Crime Notification | | <input type="checkbox"/> Detective Bureau | |
| | | | | | | | | | | | <input type="checkbox"/> Juvenile Section | |
| Narrative | <p>Victim stated that Suspect #1 had her car towed to an unknown location. Victim stated she had dated #1 in the past and has tried to break it off but she feels that he is stalking her. Victim stated #1 will not return her car keys. This Officer was unable to contact #1 at his residence.</p> | | | | | | | | | | | |
| | | | | | | | | | | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # **01-7531** / Ref. Report #

| | | | | | | | |
|--------------------|---|------------------------------|--|---|---|---|--|
| Incident | Date Occurred 11-16-01 | Time Occurred 2030 | Day of Week 06 | Dept. Classification Underage Consumption | | <input type="checkbox"/> Domestic Biased Prosecute | Zone: 1 |
| | Occurrence (Apt/Lot#, City, State, Zip) 2921 Crider Rd, Mansfield, Ohio | | | | DBA Showtime | <input type="checkbox"/> Insured By: _____ | Location Type Parking Lot |
| TWP | <input type="checkbox"/> 1 Plymouth | | <input type="checkbox"/> 5 Sharon | | <input type="checkbox"/> 9 Sandusky | <input checked="" type="checkbox"/> 12 Mifflin | <input type="checkbox"/> 16 Perry |
| | <input type="checkbox"/> 2 Cass | | <input type="checkbox"/> 6 Jackson | | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson |
| Offense | <input type="checkbox"/> 3 Bloominggrove | | <input type="checkbox"/> 7 Franklin | | <input type="checkbox"/> 11E Madison e. | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 18 Worthington |
| | <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 11W Madison w. | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield |
| Victim | <input type="checkbox"/> Homicide | | <input type="checkbox"/> Rape | | <input type="checkbox"/> Robbery | <input type="checkbox"/> Agg. Assault | <input type="checkbox"/> Assault |
| | <input type="checkbox"/> Murder | | <input type="checkbox"/> Forced Attempt | | <input type="checkbox"/> Firearm | <input type="checkbox"/> Knife | <input type="checkbox"/> Simple |
| Reportee | <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Strong-Arm | <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Arson |
| | <input type="checkbox"/> MV Theft | | <input type="checkbox"/> Burglary / B & E | | <input type="checkbox"/> Point of Entry | <input type="checkbox"/> Place of Entry | <input type="checkbox"/> Larceny / Theft |
| Witness | <input type="checkbox"/> Window Broken | | <input type="checkbox"/> Forced Entry | | <input type="checkbox"/> Basement | <input type="checkbox"/> First Floor | <input type="checkbox"/> Pickpocket |
| | <input type="checkbox"/> Locked | | <input type="checkbox"/> Unlawful Entry | | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Door | <input type="checkbox"/> Shoplifting |
| Suspect 1 | <input type="checkbox"/> Unlocked | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Window | <input type="checkbox"/> Garage | <input type="checkbox"/> Bicycle |
| | <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Adjoining Area | <input type="checkbox"/> Other | <input type="checkbox"/> Coin OP Machine |
| Vehicle | <input type="checkbox"/> Weapon Type | | <input type="checkbox"/> Knife/Cutting Inst. | | <input type="checkbox"/> Occupied | <input type="checkbox"/> Attack Reason | <input type="checkbox"/> Religious Bias |
| | <input type="checkbox"/> Handgun | | <input type="checkbox"/> Blunt Object | | <input type="checkbox"/> Uninhabited | <input type="checkbox"/> Racial Bias | <input type="checkbox"/> Sexual Bias |
| Property | <input type="checkbox"/> Rifle | | <input type="checkbox"/> Motor Vehicle | | <input type="checkbox"/> Abandoned | <input type="checkbox"/> Ethnicity Bias | <input type="checkbox"/> Theft |
| | <input type="checkbox"/> Shotgun | | <input type="checkbox"/> Personal Weapon | | | <input type="checkbox"/> Assault | <input type="checkbox"/> Other |
| Case Status | <input type="checkbox"/> BB/Pellet | | <input type="checkbox"/> Other Firearm | | | <input type="checkbox"/> Menace | <input checked="" type="checkbox"/> Evidence Collected |
| | <input type="checkbox"/> Other Firearm | | | | | | <input type="checkbox"/> Theft by Computer |
| Narrative | Last Name State | | First Name of Ohio | | Middle | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | Race Sex Employer | |
| Vehicle | Last Name Parker | | First Name Pandora | | Middle L | Address (Apt/Lot#, City, State, Zip) 55 E. 2nd St, Mansfield, Ohio | |
| | DOB | | Age | | SSN | Race Sex Employer RCSO | |
| Property | Last Name | | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | Race Sex Employer | |
| Case Status | Arrested <input checked="" type="checkbox"/> # 753 | | Last Name Bitner | | First Name David | Middle J | |
| | Wanted <input type="checkbox"/> | | | | | Clothing / Other Info. | |
| Vehicle | Address (Apt/Lot#, City, State, Zip) 22346 SR3, Loudonville, Ohio 44842 | | DOB 04-07-82 | | Age 19 | SSN | Race W |
| | | | | | | | Sex M |
| Property | | | | | | Height 5-09 | Weight 140 |
| | | | | | | Hair BLO GRN | Eyes |
| Case Status | Charge: Drug Paraph. open Container Marijuana Possession | | <input type="checkbox"/> Warrants / Date | | <input checked="" type="checkbox"/> Summons: 70791 | | <input type="checkbox"/> Indictment / Date |
| | | | | | 70792 | | |
| Vehicle | | | | | 70793 | | |
| | | | | | | | |
| Property | <input type="checkbox"/> Stolen | | <input type="checkbox"/> Damaged | | License / Plate# | | State Year Make Model |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Other | | | | |
| Case Status | V.I.N.# | | Impounded <input type="checkbox"/> | | <input type="checkbox"/> Owners Request | | <input type="checkbox"/> Hold for Court |
| | | | <input type="checkbox"/> RCSO Request | | <input type="checkbox"/> Lab Process | | <input type="checkbox"/> Towing Company Used |
| Vehicle | Date | | Time | | Recovery Code | | Recovery Value |
| | | | | | <input type="checkbox"/> Stolen/Recovered Local | | <input type="checkbox"/> Stolen Other/Recovered Local |
| Property | Location Address (Apt/Lot#, City, State, Zip) | | Description | | Recovered By | | <input type="checkbox"/> Owner Notified By: # |
| | | | | | | | |
| Case Status | <input type="checkbox"/> Stolen | | <input type="checkbox"/> NCIC | | Date | | Time |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Missing | | | | |
| Vehicle | <input type="checkbox"/> Found | | <input type="checkbox"/> Damaged | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By |
| | | | | | | | |
| Property | QTY. | | Description | | Make | | Model |
| | | | | | | | |
| Case Status | Report Date 11-16-01 | | Report Time 2045 | | Assisting Officer's Unit # 755, 756 | | Crime Lab Unit # |
| | Unit # 753 | | Reporting Officer P. Parker | | Unit # 712 | | Supervisor Approval <i>[Signature]</i> |
| Vehicle | <input checked="" type="checkbox"/> Cleared by Arrest | | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Warrant Issued | | <input type="checkbox"/> Closed |
| | <input type="checkbox"/> Adult | | <input type="checkbox"/> Missing | | <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Inactive |
| Property | <input type="checkbox"/> Juvenile | | <input type="checkbox"/> Found | | <input type="checkbox"/> Active | | <input type="checkbox"/> Dom. Viol. Advocate |
| | | | | | <input type="checkbox"/> Completed | | <input type="checkbox"/> Follow Up |
| Case Status | | | | | <input type="checkbox"/> Victim of Crime Notification | | <input type="checkbox"/> Photos Taken |
| | | | | | <input type="checkbox"/> Detective Bureau | | <input type="checkbox"/> Juvenile Section |
| Narrative | See Supplemental | | | | | | |
| | | | | | | | |

Case # 01-7531

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 E. 2nd St., Mansfield, OH 44902 419.774.5678

| | | | | | | | |
|--------|--|-----------|------------|--------|--------------------------------------|----------|---------------------------|
| Name 2 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |
| Name 3 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |
| Name 4 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |

Suspect Supplemental

| | | | | | | | | | |
|--|---|--|------------|---|--------------------------------------|--|---------------------------|---|----------|
| Suspect 2 | <input checked="" type="checkbox"/> Arrested 753 # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | | |
| | | Gerhart | Jack | T | 16451 SR3, Lot B, Londonville, OH | | Bus: _____ Cell: _____ | | |
| Clothing / Other Info. _____ | | | | | | | | | |
| DOB | Age | | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| 08-24-82 | 19 | | W | M | 6-01 | 140 | BRO | HAZ | |
| <input checked="" type="checkbox"/> Charge: Underage Consumption Open Container | | <input type="checkbox"/> Warrants / Date | | <input checked="" type="checkbox"/> Summons: # 70796 # 70797 | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: # _____ # _____ # _____ # _____ # _____ | |
| Suspect 3 | <input checked="" type="checkbox"/> Arrested 753 # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | | |
| | | Gerhart | John | J | 16451 SR3, Lot B, Londonville, OH | | Bus: _____ Cell: _____ | | |
| Clothing / Other Info. _____ | | | | | | | | | |
| DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| 06-08-80 | 21 | | W | M | 6-03 | 180 | BLO | BLU | |
| <input checked="" type="checkbox"/> Charge: Public Indecency Open Container | | <input type="checkbox"/> Warrants / Date | | <input checked="" type="checkbox"/> Summons: # 70798 # 70799 | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: # _____ # _____ # _____ # _____ # _____ | |

Property Supplemental

| | | | | | | | | | |
|------------|---|---|------|------|---|------------|---------------|--------------|-----------------|
| Property 2 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 3 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 4 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 5 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 6 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 7 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 8 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|--|--|
| Suspect 1 | | Suspect Summary | | | | | | | | Res: Bus: _____ Cell: _____ | |
| <input checked="" type="checkbox"/> Arrested <u>753</u> # <input type="checkbox"/> Wanted | | Last Name <u>Murray</u> | | First Name <u>Mac</u> | | Middle <u>E</u> | | Address (Apt/Lot#, City, State, Zip) <u>2673 SR60, Londonville, OH</u> | | | |
| Clothing / Other Info. | | | | | | | | | | Employer | |
| DOB <u>03-17-82</u> | | Age <u>19</u> | | Race <u>W</u> | | Sex <u>M</u> | | Height <u>6-02</u> | | Weight <u>190</u> | |
| | | | | | | | | Hair <u>BRO</u> | | Eyes <u>BLU</u> | |
| <input checked="" type="checkbox"/> Charge: <u>Open Container</u> <u>Underage Consumption</u> | | <input type="checkbox"/> Warrants / Date | | <input checked="" type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | | |
| | | # _____ / _____ | | # <u>70794</u> | | # _____ / _____ | | # _____ | | | |
| | | # _____ / _____ | | # <u>70795</u> | | # _____ / _____ | | # _____ | | | |
| | | # _____ / _____ | | # _____ | | # _____ / _____ | | # _____ | | | |
| | | # _____ / _____ | | # _____ | | # _____ / _____ | | # _____ | | | |
| | | # _____ / _____ | | # _____ | | # _____ / _____ | | # _____ | | | |
| <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | |
| Clothing / Other Info. | | | | | | | | | | Res: _____ Bus: _____ Cell: _____ | |
| DOB | | Age | | SSN | | Race | | Sex | | Height | |
| | | | | | | | | | | Weight | |
| | | | | | | | | | | Hair | |
| | | | | | | | | | | Eyes | |
| | | | | | | | | | | Employer | |
| <input type="checkbox"/> Charge: | | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | | |
| | | # _____ / _____ | | # _____ | | # _____ / _____ | | # _____ | | | |
| | | # _____ / _____ | | # _____ | | # _____ / _____ | | # _____ | | | |
| | | # _____ / _____ | | # _____ | | # _____ / _____ | | # _____ | | | |
| | | # _____ / _____ | | # _____ | | # _____ / _____ | | # _____ | | | |
| | | # _____ / _____ | | # _____ | | # _____ / _____ | | # _____ | | | |

Property Supplemental

| | | | | | | | | | |
|-------------|---|---|------|------|---|------------|---------------|--------------|-----------------|
| Property 5 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 10 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 11 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 12 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 13 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 14 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 15 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 16 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 17 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 18 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| Property 19 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value | Recovered Value |

SUPPLEMENTAL

GENERAL OFFENSE REPORT#

01-7531

TIME CALL RECEIVED

2045

HRS.

PAGE

1

OF

1

On the above date and time Deputy Gouge and myself observed a male subject, later identified as John Gerhart, urinating at the back of a van parked at the above listed location. The subject had an open can of Budweiser beer sitting on top of the van. He admitted that it was his. The van contained three other subjects. Each had an open container of Budweiser beer sitting at his feet. Those subjects were identified as David Bitner (driver), Jack Gerhart (rear seat passenger), and Mac Murray (front seat passenger). Deputy Gouge advised that he detected an odor of marijuana coming from the van. When asked whether they had been taking any drugs or smoking any marijuana, #1, #3, and #4 admitted that they would have marijuana in their systems. #1 was placed under arrest for open container, #2 for underage consumption and open container, #2 for public indecency and open container, and #4 for underage consumption and open container.

The vehicle was searched and a plastic bag of marijuana and a marijuana pipe were found in the ash tray. #1 admitted the marijuana and pipe belonged to him. Deputy Gouge locked the van and took the keys to be returned to #1 when he is released from jail.

Deputy Boyd transported #2 and #3, and Deputy Gouge and I transported #1 and #4 to the Richland County jail where they were booked in.

#1 was issued summonses for possession of drug paraphernalia, for open container of beer in a motor vehicle, and for marijuana possession.

#2 was issued summonses for underage consumption of alcoholic beverage and for open container of beer in a motor vehicle.

#3 was issued summonses for public indecency and for open container of beer in a public place.

#4 was issued summonses for underage consumption of alcoholic beverage and for open container of beer in a motor vehicle.

P. Parker #753

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
 55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 02-2168

Ref. Report #

| | | | | | | | | |
|--|--|---|--|--|---|---|--|----------------------------------|
| Incident | Date Occurred <u>4-20-02</u> | Time Occurred <u>1500-1800</u> | Day of Week <u>7</u> | Dept. Classification <u>B & E</u> | | | <input type="checkbox"/> Domestic <input type="checkbox"/> Biased <input type="checkbox"/> Prosecute | Zone: <u>1</u> <u>3</u> |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 CRIDER RD.</u> | | | | DBA <u>SHOW TIME.</u> | <input type="checkbox"/> Insured By: _____ | Location/Type <u>Shed</u> | |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 11W Madison w. | <input checked="" type="checkbox"/> 12 Mifflin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Belleville <input type="checkbox"/> 27 V. Butler | |
| | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg Manslaughter </div> <div> <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt </div> <div> <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon </div> <div> <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon </div> <div> <input type="checkbox"/> Assault <input type="checkbox"/> Simple </div> <div> <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public </div> <div> <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other </div> </div> | | | | | | | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input checked="" type="checkbox"/> Burglary / B & E <input checked="" type="checkbox"/> Forced <input checked="" type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | |
| Victim | Last Name <u>SHOW TIME</u> | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) <u>2921 CRIDER RD.</u> | |
| | DOB | Age | SSN | Race | Sex | Employer | Res: Bus: Cell: | |
| Reportee | Last Name <u>Regley</u> | | First Name <u>DAVE</u> | | Middle <u>C</u> | | Address (Apt/Lot#, City, State, Zip) <u>554 PACIFIC AVE</u> | |
| | DOB <u>9-6-73</u> | Age <u>28</u> | SSN | Race <u>W</u> | Sex <u>M</u> | Employer | Res: Bus: Cell: | |
| Witness | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | Age | SSN | Race | Sex | Employer | Res: Bus: Cell: | |
| Suspect | <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | Last Name <u>WALK</u> | | First Name | | Middle | | Clothing / Other Info. |
| | Address (Apt/Lot#, City, State, Zip) | | DOB | Age | SSN | Race | Sex | Height Weight Hair Eyes |
| Charge | Charge: | | Warrants / Date | | Summons: | | Indictment / Date | |
| | | | # / | | # / | | # / | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | License / Plate# | | State | Year | Make | Model |
| | V.I.N.# | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSO Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used | Value |
| Property | Date | | Time | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | Recovery Value | |
| | Location Address (Apt/Lot#, City, State, Zip) | | Description | | Recovered By | | Owner Notified By: # | |
| Case Status | <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date <u>4-20-02</u> | Time <u>1500-1800</u> | Location Address (Apt/Lot#, City, State, Zip) <u>2921 CRIDER RD. Mansfield.</u> | | Recovered By | |
| | QTY <u>1</u> | Description <u>50-30 CO PLAYERS</u> | Make <u>HEADON</u> | Model <u>UNK</u> | Color/Year <u>BLK</u> | Serial Number <u>UNK</u> | Value <u>\$20.00</u> | Recovered Value |
| Narrative | Report Date <u>4-20-02</u> | | Report Time <u>1815</u> | | Assisting Officer's Unit # | | Crime Lab Unit # | |
| | Unit # <u>754</u> | | Reporting Officer <u>[Signature]</u> | | Unit # <u>725</u> | | Supervisor Approval <u>[Signature]</u> | |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile </div> <div> <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found </div> <div> <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded </div> <div> <input type="checkbox"/> Closed <input type="checkbox"/> Inactive </div> <div> <input type="checkbox"/> Active <input type="checkbox"/> Completed </div> <div> <input type="checkbox"/> Dom. Viol Advocate <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements </div> <div> <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken </div> <div> <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section </div> </div> | | | | | | | | |
| Reporter ADVISED that during the listed times an unknown person(s) pruned the hair off of the door to the shed out behind the business and took the listed items. Reporter ADVISED that both CO players were broke and did not work. There was no evidence at scene to process. Reporter has no suspects. There are no further investigation leads. | | | | | | | | |

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 E. 2nd St. Mansfield, OH 44902 - 419.774.5678

Case # 22-2168

| | | | | | | | | |
|--------|--|-----------|------------|--------|--------------------------------------|----------|--|---------------------------|
| Name 1 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Bus: _____ Cell: _____ |
| Name 2 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Bus: _____ Cell: _____ |
| Name 3 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Bus: _____ Cell: _____ |

Suspect Supplemental

| | | | | | | | | | | |
|-----------|--|--|------------|-----------------------------------|--------------------------------------|--|--------|-------------------------------------|---------------------------|----------|
| Suspect 1 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | | | | Res: _____ | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | | | | Bus: _____ Cell: _____ | |
| Suspect 2 | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | |
| Suspect 3 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | | | Res: _____ | |
| | Clothing / Other Info. | | | | | | | | Bus: _____ Cell: _____ | |
| Suspect 4 | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | |

Property Supplemental

| | | | | | | | | | |
|------------|--|---|------|-------|---|---------------|-------|-----------------|--|
| Property 1 | <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |
| Property 2 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |
| Property 3 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |
| Property 4 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |
| Property 5 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |
| Property 6 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |
| Property 7 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |
| Property 8 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
 55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 02-2674 / Ref. Report #

| | | | | | | | | | | |
|--------------------|---|---|--|--|---|---|---|--|---|--|
| Incident | Date Occurred <u>5-16-02</u> | Time Occurred <u>1800</u> | Day of Week <u>5</u> | Dept. Classification <u>Family Dispute</u> | | <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Biased <input type="checkbox"/> Prosecute | Zone: <u>1</u> <u>3</u> | | | |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 CREEDER RD.</u> | | | | DBA <u>SHOWTIME</u> | <input type="checkbox"/> Insured By: _____ | Location Type _____ | | | |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 11W Madison w. | <input checked="" type="checkbox"/> 12 Mifflin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 27 V. Butler | | | |
| | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter </div> <div> <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt </div> <div> <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon </div> <div> <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon </div> <div> <input type="checkbox"/> Assault <input type="checkbox"/> Simple </div> <div> <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public </div> <div> <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other </div> </div> | | | | | | | | | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | | | |
| | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine | | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other | | | | | |
| | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | | | | |
| Victim | Last Name <u>Mitchcock</u> | | First Name <u>Jessica</u> | | Middle <u>L</u> | | Address (Apt/Lot#, City, State, Zip) <u>662 T.A.E.</u> | | Res: _____ | |
| | DOB <u>4-24-81</u> | | Age <u>21</u> | | SSN <u>21</u> | | Race <u>W</u> Sex <u>F</u> | | Employer _____ | |
| Reporter | Last Name <u>SAKE</u> | | First Name _____ | | Middle _____ | | Address (Apt/Lot#, City, State, Zip) _____ | | Res: _____ | |
| | DOB _____ | | Age _____ | | SSN _____ | | Race _____ Sex _____ | | Employer _____ | |
| Witness | Last Name _____ | | First Name _____ | | Middle _____ | | Address (Apt/Lot#, City, State, Zip) _____ | | Res: _____ | |
| | DOB _____ | | Age _____ | | SSN _____ | | Race _____ Sex _____ | | Employer _____ | |
| Suspect #1 | <input type="checkbox"/> Arrested # _____ <input type="checkbox"/> Wanted _____ | | Last Name <u>SHAWICK</u> | | First Name <u>STEVEN</u> | | Middle <u>S.</u> | | Clothing / Other Info _____ | |
| | Address (Apt/Lot#, City, State, Zip) <u>3529 BARKERS LN LUCAS OH</u> | | DOB <u>4-18-82</u> | | Age <u>20</u> | | SSN <u>CCN</u> | | Race <u>W</u> Sex <u>M</u> Height <u>5'10"</u> Weight <u>150</u> Hair <u>Brn</u> Eyes <u>Blu</u> | |
| Suspect #2 | Charge: _____ | | Warrants / Date # _____ / _____ # _____ / _____ # _____ / _____ # _____ / _____ | | Summons: _____ # _____ / _____ # _____ / _____ # _____ / _____ | | Indictment / Date # _____ / _____ # _____ / _____ # _____ / _____ | | Citations: _____ # _____ / _____ # _____ / _____ # _____ / _____ | |
| | _____ | | _____ | | _____ | | _____ | | _____ | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | | License / Plate# _____ | | State _____ Year _____ | | Make _____ Model _____ | |
| | V.I.N.# _____ | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSO Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used _____ | | Value _____ | |
| Property | Date _____ Time _____ | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | <input type="checkbox"/> Stolen Other/Recovered Local | | Recovery Value _____ | | <input type="checkbox"/> Owner Notified By: # _____ | |
| | Location Address (Apt/Lot#, City, State, Zip) _____ | | Description _____ | | Recovered By _____ | | _____ | | _____ | |
| Case Status | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date _____ Time _____ | | Location Address (Apt/Lot#, City, State, Zip) _____ | | Recovered By _____ | |
| | QTY _____ Description _____ | | Make _____ Model _____ | | Color/Year _____ Serial Number _____ | | Value _____ | | Recovered Value _____ | |
| Narrative | Report Date <u>5-17-02</u> | | Report Time <u>1613</u> | | Assisting Officer's Unit # _____ | | Crime Lab Unit # _____ | | Assigned To: Unit #s: _____ | |
| | Unit # _____ Reporting Officer <u>735 [Signature]</u> | | Unit # _____ Supervisor Approval <u>731 [Signature]</u> | | _____ | | _____ | | _____ | |
| Case Status | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | | <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Closed <input type="checkbox"/> Inactive | | <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed | |
| | <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements | | <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken | | <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section | | _____ | | _____ | |

Victim advised that #1 & herself were both arrested for domestic violence. Both parties bonded out and signed the no contact bond. Victim advised that on 5-16-02 #1 called her place of employment to speak to her father. Victim heard #1 on the line she told him he wasn't supposed to be calling and then hung up. #1 then called right back. Victim didn't speak with him the second time. Contact will be made with law director.

Supplemental

Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5678

Case # R-2674

officer To see about getting #1's Bond Revoked, for Breaking the No
Contact order.

Narrative

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 02-4330 / Ref. Report #

| | | | | | | | | | | | | | | | | | | | |
|--------------------|---|---|--|---|---|---|--|--|--|--|---|--|--|--|---|--|----------------------|--|----------|
| Incident | Date Occurred <u>8-6-02</u> | Time Occurred <u>2017</u> | Day of Week <u>03</u> | Dept. Classification <u>OPEN CONTAINER</u> | | <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Biased <input type="checkbox"/> Prosecute | Zone: <u>H 1</u> | | | | | | | | | | | | |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 CREEK RD. MANS OH 44905</u> | | | | DBA <u>STATION</u> | <input type="checkbox"/> Insured By: _____ | Location Type <u>LOT</u> | | | | | | | | | | | | |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison a. <input type="checkbox"/> 11W Madison w. | <input checked="" type="checkbox"/> 12 Milfin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Belleville <input type="checkbox"/> 27 V. Butler | | | | | | | | | | | | |
| | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter </div> <div> <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt </div> <div> <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon </div> <div> <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon </div> <div> <input type="checkbox"/> Assault <input type="checkbox"/> Simple </div> <div> <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public </div> <div> <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other </div> </div> | | | | | | | | | | | | | | | | | | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine | | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other | | | | | | |
| | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer | | | | | | | | |
| Victim | Last Name <u>STATE OF OHIO</u> | | First Name <u>OF OHIO</u> | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | Res: _____ | | | | | | | | |
| | DOB <u>DOB</u> | | Age | | SSN | | Race | | Sex | | Employer | | Bus: _____ Cell: _____ | | | | | | |
| Reported | Last Name <u>FRATZER</u> | | First Name <u>RAYMOND</u> | | Middle <u>J</u> | | Address (Apt/Lot#, City, State, Zip) <u>RCSO</u> | | | | Res: _____ | | | | | | | | |
| | DOB <u>DOB</u> | | Age | | SSN | | Race | | Sex | | Employer | | Bus: _____ Cell: _____ | | | | | | |
| Witness | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | Res: _____ | | | | | | | | |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | | Bus: _____ Cell: _____ | | | | | | |
| Suspect 1 | <input checked="" type="checkbox"/> Arrested <u>24</u> # <input type="checkbox"/> Wanted | | Last Name <u>WELSH</u> | | First Name <u>NELS</u> | | Middle <u>W</u> | | Clothing / Other Info. | | | | Res: _____ | | | | | | |
| | Address (Apt/Lot#, City, State, Zip) <u>8521 CARMICHAEL CHESTERLAND OH 44626</u> | | DOB <u>9-30-61</u> | | Age <u>41</u> | | Race <u>W</u> | | Sex <u>M</u> | | Height <u>5'11"</u> | | Weight <u>160</u> | | Hair <u>BRO</u> | | Eyes <u>BRO</u> | | Employer |
| Charge | <input checked="" type="checkbox"/> Charge: <u>OPEN CONTAINER IN A</u> <u>MOTORVEHICLE</u> | | <input type="checkbox"/> Warrants / Date | | <input checked="" type="checkbox"/> Summons: # <u>77714</u> | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | | | | | | | | | |
| | # | | # | | # | | # | | # | | # | | | | | | | | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | | License / Plate# <u>QOR 5539</u> | | State <u>OH</u> | | Year <u>93</u> | | Make <u>PONTIAC</u> | | Model <u>4DR</u> | | Color <u>TRW</u> | | Top <u>Bottom</u> | | |
| | V.I.N.# <u>1G-2H-153L8P1362999</u> | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSO Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used | | Value | | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | | | | | | | | |
| Property | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | Recovery Value | | <input type="checkbox"/> Owner Notified By: # | | | | |
| | QTY. | | Description | | Make | | Model | | Color/Year | | Serial Number | | Value | | Recovered Value | | | | |
| Case Status | Report Date <u>8-6-02</u> | | Report Time <u>2017</u> | | Assisting Officer's Unit # <u>725</u> | | Crime Lab Unit # | | Assigned To: Unit #s: | | | | | | | | | | |
| | Unit # <u>412</u> | | Reporting Officer <u>RAYMOND FRATZER</u> | | Unit # <u>731</u> | | Supervisor Approval <u>[Signature]</u> | | | | | | | | | | | | |
| Narrative | <input checked="" type="checkbox"/> Cleared by Arrest <input type="checkbox"/> NCIC <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Missing <input type="checkbox"/> Found <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed <input type="checkbox"/> Inactive <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocata <input type="checkbox"/> Completed <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section | | | | | | | | | | | | | | | | | | |
| | <p><u>#1, AND #2 WERE OBSERVED CONSUMING AN ALCOHOLIC BEVERAGE IN A MOTORVEHICLE AT THE LISTED LOCATION. BOTH SUBJECTS WERE CONTACTED, AND IDENTIFIED BY THIS OFFICER. UPON CONTACT WITH #1, THIS ASKED WHAT HE WAS DRINKING, #1 STATED NOTHING SIR. AT THIS TIME THIS OFFICER ADVISED #1 THAT THIS OFFICER OBSERVED HIM DRINKING A CAN OF BUDWEISER. AT THIS TIME #1, AND #2 PRODUCED ONE CAN OF BUDWEISER EACH.</u></p> | | | | | | | | | | | | | | | | | | |

Case # 02-4330

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 E. 2nd St., Mansfield, OH 44902 - 419.774.5678

| | | | | | | |
|--|-----------|------------|--------|--------------------------------------|-----|------------|
| Name 2 <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name 3 <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name 4 <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

Suspect Supplemental

| | | | | | | | | | | |
|---|--|------------|----------|--------------------------------------|-------------------|---------------------------|------------|------|----------|----------|
| Suspect 2 <input checked="" type="checkbox"/> Arrested #42# <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | | Res: _____ | | | | |
| | Address (Apt/Lot#, City, State, Zip) 3724 S. COLORADO AVE AVON OH 44011 | | | | | Bus: _____ Cell: _____ | | | | |
| Suspect 3 <input checked="" type="checkbox"/> Charge: OPEN COUNTEIL IN A MOTORVEHICLE | DOB | Age | Race | Sex | Height | Weight | Hair | Eyes | Employer | |
| | 8-2-63 | 39 | W | M | 6'0 | 200 | BRN | BLU | | |
| Suspect 4 <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | | | | |
| | Clothing / Other Info. | | | | | Bus: _____ Cell: _____ | | | | |
| Suspect 5 <input type="checkbox"/> Charge: | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | | | | | | | | | | |
| Suspect 6 <input type="checkbox"/> Charge: | Warrants / Date | | Summons: | | Indictment / Date | | Citations: | | | |
| | # / | | # | | # | | # | | | |
| Suspect 7 <input type="checkbox"/> Charge: | Warrants / Date | | Summons: | | Indictment / Date | | Citations: | | | |
| | # / | | # | | # | | # | | | |
| Suspect 8 <input type="checkbox"/> Charge: | Warrants / Date | | Summons: | | Indictment / Date | | Citations: | | | |
| | # / | | # | | # | | # | | | |

Property Supplemental

| | | | | | | | |
|---|---|-------------|------|---|------------|---------------|-------|
| Property 2 <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| Property 3 <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| Property 4 <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| Property 5 <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| Property 6 <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| Property 7 <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |
| Property 8 <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value |

Supplemental

Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5678

Case # 02-4330

AT THIS TIME THIS OFFICER ISSUED #1, AND #2, A SUMMONS FOR OPEN CONTAINER IN A MOTOR VEHICLE. #1, AND #2 WERE ADVISED OF THEIR COURT DATES AND TIMES AND RELEASED. THE OPEN, COLD CONTAINERS OF BUDWEISER WERE COLLECTED BY THIS OFFICER AND TURNED INTO CRIME LAB AS EVIDENCE.

DEP *Raymond Payne* 742

Narrative

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # **02-4393**

Ref. Report #

| | | | | | | | | |
|---|---|------------------------------|--|--|--|--|--|--|
| Incident | Date Occurred 8-8-02 | Time Occurred 2205 | Day of Week 05 | Depl. Classification Criminal Damaging | | <input type="checkbox"/> Domestic Biased Prosecute | Zone: 1 | |
| | Occurrence (Apt/Lot#, City, State, Zip) 2921 Cedar Rd., Mansfield, OH | | | | DBA Showtime | Insured By: ERIE | Location Type Primarily Lot | |
| Offense | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 11W Madison w. | | <input checked="" type="checkbox"/> 12 Mifflin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | |
| | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced Attempt <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Assault <input type="checkbox"/> Simple <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | |
| Victim | Last Name Schao | | First Name JEFFREY | | Middle P. | | Address (Apt/Lot#, City, State, Zip) 1057 ELMARNA AVE., Ashland | |
| | DOB 12/21/60 | | Age 41 | | Race W | | Sex M | |
| Reportee | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | | Race Sex Employer | |
| Witness | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | | Race Sex Employer | |
| Suspect 1 | <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | | Last Name KEALEY | | First Name DAVID | | Middle A. | |
| | Address (Apt/Lot#, City, State, Zip) 4039 SR 61 SOUTH, Shelby | | DOB 04/08/83 | | Age 19 | | SSN W M 600 150 B-D HAZ | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | <input checked="" type="checkbox"/> Damaged <input type="checkbox"/> Other | | License / Plate# AR04SV | | State OH | |
| | V.I.N.# WBAC0430XREU6735 | | <input type="checkbox"/> Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSI Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used | |
| Property | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Damaged | | Date 8-8-02 | | Time 2205 | |
| | QTY. 1 | | Description Passenger Side Door | | Make BMW | | Model 325i | |
| Case Status | Report Date 8-8-02 | | Report Time 22:5 | | Assisting Officer's Unit # 723, 712 | | Crime Lab Unit # | |
| | Unit # 108 | | Reporting Officer Sgt. Shott | | Unit # | | Supervisor Approval | |
| Narrative | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | | | | | | | |
| | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Inactive <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section | | | | | | | |
| CONTACT WAS MADE WITH THE VICTIM WHO ADVISED THAT #1 HAD SHOWED UP AT THE ABOVE LOCATION AND WAS UPSET. VICTIM STATED THAT #1 HAD BEEN DRINKING. VICTIM ADVISED HE OBSERVED #1 GO TO HIS CAR AND, FOR NO APPARENT REASON KICKED THE PASSENGER SIDE DOOR. I COULD OBSERVE SCATTERED BUT DID NOT SEE A SHOE PRINT OR ANY TYPE OF DENT TO INDICATE IT HAD BEEN KICKED. #1 LEFT PRIOR TO ARRIVAL. | | | | | | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 02-5217 / Ref. Report #

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--|--|--|---|--|--|--|--|--|---|--|---|--|--|--|---------------|--|---------------|--|-------------------|
| Incident | Date Occurred <u>9/12/02</u> | | Time Occurred <u>0000-0200</u> | | Day of Week <u>5</u> | | Dept. Classification <u>STOLEN PROPERTY - THEFT</u> | | <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Biased <input type="checkbox"/> Prosecute | | Zone: <u>2</u> <u>3</u> | | | | | | | | | | |
| | Occurrence (Apt/Lot#) <u>2921 Under Rd.</u> | | City, State, Zip <u>53070</u> | | DBA <u>SHOWTIME</u> | | <input checked="" type="checkbox"/> Insured By: <u>GRADGE</u> | | Location Type <u>Bus</u> | | | | | | | | | | | | |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input checked="" type="checkbox"/> 11 Madison e. <input type="checkbox"/> 11W Madison w. | | <input checked="" type="checkbox"/> 12 Mifflin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario | | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Belleville <input type="checkbox"/> 27 V. Butler | | | | | | | | |
| | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other | | | | | | | | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input checked="" type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine | | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other | | | | | | | | |
| | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer | | | | | | | | | | |
| Victim | Last Name <u>BUTERFIELD</u> | | First Name <u>JUANITA</u> | | Middle <u>J</u> | | Address (Apt/Lot#, City, State, Zip) <u>1108 BERGER AVE, MAUS</u> | | | | | | Res: _____ | | | | | | | | |
| | DOB <u>3/11/61</u> | | Age <u>41</u> | | SSN _____ | | Race <u>W</u> | | Sex <u>F</u> | | Employer _____ | | Bus: _____ Cell: _____ | | | | | | | | |
| Reported | Last Name _____ | | First Name <u>SAME</u> | | Middle _____ | | Address (Apt/Lot#, City, State, Zip) _____ | | | | | | Res: _____ | | | | | | | | |
| | DOB _____ | | Age _____ | | SSN _____ | | Race _____ | | Sex _____ | | Employer _____ | | Bus: _____ Cell: _____ | | | | | | | | |
| Witness | Last Name _____ | | First Name _____ | | Middle _____ | | Address (Apt/Lot#, City, State, Zip) _____ | | | | | | Res: _____ | | | | | | | | |
| | DOB _____ | | Age _____ | | SSN _____ | | Race _____ | | Sex _____ | | Employer _____ | | Bus: _____ Cell: _____ | | | | | | | | |
| Suspect | <input type="checkbox"/> Arrested # _____ <input type="checkbox"/> Wanted | | Last Name <u>WICK</u> | | First Name _____ | | Middle _____ | | Clothing / Other Info. _____ | | | | Res: _____ | | | | | | | | |
| | Address (Apt/Lot#, City, State, Zip) _____ | | DOB _____ | | Age _____ | | SSN _____ | | Race _____ | | Sex _____ | | Height _____ | | Weight _____ | | Hair _____ | | Eyes _____ | | Employer _____ |
| Charge | <input type="checkbox"/> Charge: _____ | | <input type="checkbox"/> Warrants / Date # _____ / _____ | | <input type="checkbox"/> Summons # _____ | | <input type="checkbox"/> Indictment / Date # _____ / _____ | | <input type="checkbox"/> Citations # _____ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | <input type="checkbox"/> Damaged <input checked="" type="checkbox"/> Other | | License / Plate# <u>BK-36 QB</u> | | State <u>OH</u> | | Year _____ | | Make <u>DOODGE</u> | | Model <u>DINASTY</u> | | Color Top <u>SEWER</u> Bottom _____ | | | | | | |
| | V.I.N.# <u>1B3XC4630MD295406</u> | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSD Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used _____ | | Value <u>100-150</u> | | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | | | | | | | | | | |
| Property | <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date <u>9/12/02</u> | | Time <u>0207</u> | | Location Address (Apt/Lot#, City, State, Zip) <u>SAME AS ABOVE</u> | | Recovered By _____ | | | | | | | | | | |
| | QTY. <u>1</u> | | Description <u>CD PLAYER</u> | | Make <u>JVC</u> | | Model _____ | | Color/Year _____ | | Serial Number _____ | | Value <u>100-150</u> | | Recovered Value _____ | | | | | | |
| Case Status | Report Date <u>9/12/02</u> | | Report Time <u>0207</u> | | Assisting Officer's Unit # _____ | | Crime Lab Unit # _____ | | Assigned To: Unit #s: _____ | | | | | | | | | | | | |
| | Unit # <u>252</u> | | Reporting Officer <u>[Signature]</u> | | Unit # <u>708</u> | | Supervisor Approval <u>[Signature]</u> | | | | | | | | | | | | | | |
| Narrative | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | | <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Closed <input type="checkbox"/> Inactive | | <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed | | <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements | | <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken | | <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section | | | | | | |
| | <p><u>VICTIM ADVISED WHILE SHE WAS WORKING UNKNOWN PERSON(S) BROKE THE PASSENGER SIDE WINDOW OUT AND REMOVED THE ABOVE ITEM.</u></p> <p><u>VICTIM HAS NO SUSPECTS AND THERE WAS NOTHING ON THE CAR THAT COULD BE PROCESSED FOR EVIDENCE.</u></p> | | | | | | | | | | | | | | | | | | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # **02-6025**

Ref. Report #

| | | | | | |
|----------------------------------|------------------------------|--------------------------|--|--|---|
| Date Occurred 10-20-02 | Time Occurred 0120 | Day of Week 01 | Depl. Classification Assault | <input type="checkbox"/> Domestic Blased Prosecute | Zone: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|----------------------------------|------------------------------|--------------------------|--|--|---|

| | | | |
|---|------------------------|--|----------------------------------|
| Occurrence (Apt/Lot#, City, State, Zip) 2921 CRODER RD. MANSFIELD | DBA Showtime | <input type="checkbox"/> Insured By: _____ | Location Type BUSINESS |
|---|------------------------|--|----------------------------------|

| | | | | | | |
|---|---|--|--|---|---|--|
| <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 11W Madison w. | <input checked="" type="checkbox"/> 12 Mifflin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Belleville <input type="checkbox"/> 27 V. Butler |
|---|---|--|--|---|---|--|

| | | | | | | |
|--|--|--|--|---|---|---|
| <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | <input type="checkbox"/> Rape <input type="checkbox"/> Forced Attempt | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other |
|--|--|--|--|---|---|---|

| | | | | | | |
|---|---|---|--|--|---|--|
| <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other |
|---|---|---|--|--|---|--|

| | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer |
|--|--|--|---|---|---|

| | | | | | | |
|----------------------------|------------------------------|--------------------|---|-----------------|-------------------|------------|
| Last Name HINKLE | First Name MELISSA | Middle J | Address (Apt/Lot#, City, State, Zip) 409 N. SPRING ST., Loudonville Oh. 44842 | | | Res: _____ |
| DOB 01-09-71 | Age 31 | SSN _____ | Race W | Sex F | Employer _____ | Bus: _____ |

| | | | | | | |
|--------------------------|---------------------|-----------------|---|--------------|-------------------|------------|
| Last Name Same | First Name _____ | Middle _____ | Address (Apt/Lot#, City, State, Zip) _____ | | | Res: _____ |
| DOB _____ | Age _____ | SSN _____ | Race _____ | Sex _____ | Employer _____ | Bus: _____ |

| | | | | | | |
|--------------------|---------------------|-----------------|---|--------------|-------------------|------------|
| Last Name _____ | First Name _____ | Middle _____ | Address (Apt/Lot#, City, State, Zip) _____ | | | Res: _____ |
| DOB _____ | Age _____ | SSN _____ | Race _____ | Sex _____ | Employer _____ | Bus: _____ |

| | | | | | | | |
|---|-----------------------------|--------------------------------|---------------------|---------------------------------|--|------------|------------|
| <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | Last Name NOLASCO | First Name CHRISTINA | Middle A. | Clothing / Other Info. _____ | | | Res: _____ |
| Address (Apt/Lot#, City, State, Zip) 1165 HARWOOD DR. MANSFIELD | | | | | | Bus: _____ | |

| | | | | | | | | |
|------------------------|------------------|------------------|-----------------|----------------------|----------------------|--------------------|--------------------|-------------------|
| DOB 07-01-80 | Age 22 | Race W | Sex F | Height 501 | Weight 110 | Hair BLK | Eyes BLU | Employer _____ |
|------------------------|------------------|------------------|-----------------|----------------------|----------------------|--------------------|--------------------|-------------------|

| | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Charge: _____ | <input type="checkbox"/> Warrants / Date # _____ / _____ # _____ / _____ # _____ / _____ # _____ / _____ | <input type="checkbox"/> Summons: # _____ # _____ # _____ # _____ | <input type="checkbox"/> Indictment / Date # _____ / _____ # _____ / _____ # _____ / _____ # _____ / _____ | <input type="checkbox"/> Citations: # _____ # _____ # _____ # _____ |
|--|--|---|--|---|

| | | | | | | | |
|--|---|---|------------------------------|---------------|----------------|---|--------------------------------------|
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | License / Plate# _____ | State _____ | Year _____ | Make _____ | Model _____ | Color Top: _____ Bottom: _____ |
| V.I.N.# _____ | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSI Request | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | Towing Company Used _____ | | Value _____ | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | |

| | | | | | | |
|--|---------------|---|---|-------------------------|--|--|
| Date _____ | Time _____ | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | <input type="checkbox"/> Stolen Other/Recovered Local | Recovery Value _____ | <input type="checkbox"/> Owner Notified By: # _____ | |
| Location Address (Apt/Lot#, City, State, Zip) _____ | | Description _____ | Recovered By _____ | | | |

| | | | | | | |
|---|---|---------------|----------------|--|------------------------|-----------------------|
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date _____ | Time _____ | Location Address (Apt/Lot#, City, State, Zip) _____ | | Recovered By _____ |
| QTY. _____ | Description _____ | Make _____ | Model _____ | Color/Year _____ | Serial Number _____ | Value _____ |

| | | | | |
|--------------------------------|---------------------------------------|-------------------------------------|---------------------------|--------------------------------|
| Report Date 10-20-02 | Report Time 0135 | Assisting Officer's Unit # _____ | Crime Lab Unit # _____ | Assigned To: Unit #s: _____ |
| Unit # 700 | Reporting Officer Sgt. Shaw | Unit # Supervisor Approval _____ | | |

| | | | | | | | | |
|---|---|---|--|--|--|---|--|--|
| <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded | <input type="checkbox"/> Closed <input type="checkbox"/> Inactive | <input checked="" type="checkbox"/> Active | <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed | <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements | <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken | <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section |
|---|---|---|--|--|--|---|--|--|

Narrative
Victim made contact with this office and advised that she had been assaulted at the above location. She advised that she and #1 have been having ongoing problems for awhile. Victim stated they began to have words when #1 charged her and acted as if she was going to punch the victim. Victim grabbed her and then fell to the floor. They continued to struggle, and at one point #1 bit the victim on her right arm. Victim stated she had to cry.

Supplemental

Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5678

Case# 02-6025

#1 By the hair to finally to get her to quit biting her. They fought a little more until someone broke them up. Victim advised that while they were fighting #1 continued kicking and was also pulling her hair. Victim did have what appeared to be a bite mark to her arm, which was photographed. Contact was not made with #1 at time of report. Victim was advised on how to file charges.

Narrative

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 02-63721 / Ref. Report #

| | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|---|--|---|
| Incident | Date Occurred <u>11-05-02</u> | | Time Occurred <u>2141</u> | | Day of Week <u>03</u> | | Dept. Classification <u>TROUBLE WITH SUBJECT</u> | | | | <input type="checkbox"/> Domestic Blased Prosecute | | Zone: <u>1</u> <u>3</u> |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 CRIDER ROAD MANSFIELD OH</u> | | | | | | DBA <u>SHOW TIME</u> | | <input type="checkbox"/> Insured | | Location Type <u>BAR</u> | | |
| TWP | <input type="checkbox"/> 1 Plymouth | | <input type="checkbox"/> 5 Sharon | | <input type="checkbox"/> 9 Sandusky | | <input type="checkbox"/> 12 Mifflin | | <input type="checkbox"/> 16 Perry | | <input type="checkbox"/> 20 V. Plymouth | | <input type="checkbox"/> 24 V. Lucas |
| | <input type="checkbox"/> 2 Cass | | <input type="checkbox"/> 6 Jackson | | <input type="checkbox"/> 10 Springfield | | <input type="checkbox"/> 13 Troy | | <input type="checkbox"/> 17 Jefferson | | <input type="checkbox"/> 21 V. Shiloh | | <input type="checkbox"/> 25 V. Lexington |
| Offense | <input type="checkbox"/> 3 Bloominggrove | | <input type="checkbox"/> 7 Franklin | | <input type="checkbox"/> 11E Madison e. | | <input type="checkbox"/> 14 Washington | | <input type="checkbox"/> 18 Worthington | | <input type="checkbox"/> 22 C. Shelby | | <input type="checkbox"/> 26 V. Bellville |
| | <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 11W Madison w. | | <input type="checkbox"/> 15 Monroe | | <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 23 V. Ontario | | <input type="checkbox"/> 27 V. Butler |
| Offense | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other |
| | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine | | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other |
| Offense | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer | | |
| | | | | | | | | | | | | | |
| Victim | Last Name <u>FEAGIN</u> | | First Name <u>TYUANNA</u> | | Middle <u>S.</u> | | Address (Apt/Lot#, City, State, Zip) <u>633 CANDLEWOOD #E MANSFIELD</u> | | | | | | Res: _____ |
| | DOB <u>06-09-1979</u> | | Age <u>23</u> | | SSN <u>SSN</u> | | Race <u>B</u> | | Sex <u>F</u> | | Employer <u>SHOWTIME</u> | | Bl: _____ Cell: _____ |
| Reportee | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | | | Res: _____ |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | | Bus: _____ Cell: _____ |
| Witness | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | | | Res: _____ |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | | Bus: _____ Cell: _____ |
| Suspect 1 | <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | | Last Name <u>PEREZ</u> | | First Name <u>TAMMY</u> | | Middle <u>I</u> | | Clothing / Other Info. | | | | Re: _____ |
| | Address (Apt/Lot#, City, State, Zip) <u>770 BURNS ST. # D-7 MANSFIELD OHIO</u> | | DOB <u>08-10-1981</u> | | Age <u>21</u> | | Race <u>W</u> | | Sex <u>F</u> | | Height <u>504</u> | | Weight <u>128</u> |
| Suspect 1 | <input type="checkbox"/> Charge: | | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | | | |
| | | | | | | | | | | | | | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | | License / Plate# <u>AS01LT</u> | | State <u>OH</u> | | Year <u>1999</u> | | Make <u>TOYOTA</u> | | Model <u>CAMERA</u> |
| | V.I.N.# <u>4T1B622K5XU485426</u> | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RSCO Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used | | Value | | <input type="checkbox"/> Keys In Car <input type="checkbox"/> Vehicle Locked | | |
| Property | Date <u>11-05-02</u> | | Time <u>2141</u> | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | <input type="checkbox"/> Stolen Other/Recovered Local | | Recovery Value | | <input type="checkbox"/> Owner Notified By: # | | |
| | Location Address (Apt/Lot#, City, State, Zip) <u>SAME</u> | | Description | | Recovered By | | | | | | | | |
| Property | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | | |
| | QTY. | | Description | | Make | | Model | | Color/Year | | Serial Number | | Value Recovered Value |
| Case Status | Report Date <u>11-05-02</u> | | Report Time <u>2141</u> | | Assisting Officer's Unit # <u>725-735-736-737</u> | | Crime Lab Unit # | | Assigned To: Unit #s: | | | | |
| | Unit # <u>710</u> | | Reporting Officer <u>Deputy N Rogers</u> | | Unit # <u>712</u> | | Supervisor Approval <u>[Signature]</u> | | | | | | |
| Narrative | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | | <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Closed <input type="checkbox"/> Inactive | | <input type="checkbox"/> Active <input type="checkbox"/> Completed | | <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements | | <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken |
| | | | | | | | | | | | | | <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section |
| <p><u>THE VICTIM ADVISED THAT #2 DROVE #1 TO THE ABOVE LOCATION TO START TROUBLE WITH HER. VICTIM ADVISED #1 WAS UPSET DUE TO THE TWO OF THEM HAVING CHILDREN BY THE SAME MALE PERSON. VICTIM ADVISED SHE TOLD #1 NOT TO COME TO HER PLACE OF EMPLOYMENT TO START TROUBLE.</u></p> | | | | | | | | | | | | | |

Case # 02-6372

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 E. 2nd St., Mansfield, OH 44902 - 419.774.5678

| | | | | | | | | |
|--------|--|-----------|------------|------|--------|--------------------------------------|--|---------------------------|
| Name 2 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Bus: _____ Cell: _____ |
| Name 3 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Bus: _____ Cell: _____ |
| Name 4 | <input type="checkbox"/> Victim <input type="checkbox"/> Reportee <input type="checkbox"/> Witness | Last Name | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | | Bus: _____ Cell: _____ |

Suspect Supplemental

| | | | | | | | | | |
|----------------------------------|--|-----------|-----------------------------------|-----|--|--------------------------------------|-------------------------------------|---------------------------|----------|
| Suspect 2 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | | Middle | Clothing / Other Info. | | R: _____ | |
| | Address (Apt/Lot#, City, State, Zip) 34 MANSFIELD AVE, MANSFIELD OHIO | | | | | | | Bus: _____ Cell: _____ | |
| DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| 08-25-1989 | 18 | | B | F | 506 | 140 | BLK | BRO | |
| <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | |
| | # / | | # | | # / | | # | | |
| | # / | | # | | # / | | # | | |
| | # / | | # | | # / | | # | | |
| | # / | | # | | # / | | # | | |
| | # / | | # | | # / | | # | | |
| Suspect 3 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | | Middle | Address (Apt/Lot#, City, State, Zip) | | Res: _____ | |
| | Clothing / Other Info. | | | | | | | Bus: _____ Cell: _____ | |
| DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | |
| | # / | | # | | # / | | # | | |
| | # / | | # | | # / | | # | | |
| | # / | | # | | # / | | # | | |
| | # / | | # | | # / | | # | | |
| | # / | | # | | # / | | # | | |

Property Supplemental

| | | | | | | | | |
|------------|---|---|------|------|---|------------|---------------|--------------------------|
| Property 2 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value Recovered Value |
| Property 3 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value Recovered Value |
| Property 4 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value Recovered Value |
| Property 5 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value Recovered Value |
| Property 6 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value Recovered Value |
| Property 7 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value Recovered Value |
| Property 8 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. | Description | | Make | Model | Color/Year | Serial Number | Value Recovered Value |

Supplemental

Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5678

Case # 02-6372

#1 WAS CONTACTED AND ADVISED SHE ONLY WANTED TO TALK. THE VICTIM AND #1 BOTH ADVISED THERE WAS NO THREATS NOR VIOLENCE THAT OCCURRED. THE VEHICLE AND #2 SAT IN THE ABOVE VEHICLE AWAITING THE VEHICLE OWNER. DUE TO NEITHER HAVING A DRIVERS LICENSE, #1 AND #2 WERE ADVISED IF THEY RETURNED THEY WOULD BE CHARGED FOR TRESPASSING.

Deputy W Rogers #710

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 02-6167 / Ref. Report #

| | | | | | | | | | | | | |
|--------------------|--|--|--|--|---|--|--|--|--|--|---|--|
| Incident | Date Occurred 11-23-02 | | Time Occurred 0130 | | Day of Week 7 | | Dept. Classification Theft | | <input checked="" type="checkbox"/> Domestic Biased Prosecute <input type="checkbox"/> Zone: # 1 | | | |
| | Occurrence (Apt/Lot#, City, State, Zip) 2221 Crider Rd | | | | | | | | DBA Showtime <input type="checkbox"/> Insured By: Arthem Location Type Parking lot | | | |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Waller | | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 11W Madison w. | | <input checked="" type="checkbox"/> 12 Millin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario | |
| | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Lawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input checked="" type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine | |
| | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer | |
| Victim | Last Name Roseborough | | First Name Bill | | Middle | | Address (Apt/Lot#, City, State, Zip) 1094 Lorain St, Polk, OH | | | | | |
| | DOB 4-1-83 | | Age 19 | | SSN | | Race W | | Sex M | | Employer | |
| Reported | Last Name Same | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | | |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | |
| Witness | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | | | | | |
| | DOB | | Age | | SSN | | Race | | Sex | | Employer | |
| Suspect 1 | <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | | Last Name None | | First Name | | Middle | | Clothing / Other Info. | | | |
| | Address (Apt/Lot#, City, State, Zip) | | DOB | | Age | | SSN | | Race | | Employer | |
| Suspect 2 | <input type="checkbox"/> Charge: | | <input type="checkbox"/> Warrants / Date # / # / # / # / | | <input type="checkbox"/> Summons: # / # / # / # / | | <input type="checkbox"/> Indictment / Date # / # / # / # / | | <input type="checkbox"/> Citations: # / # / # / # / | | | |
| | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | <input checked="" type="checkbox"/> Damaged <input type="checkbox"/> Other | | License / Plate# ALG-31PA | | State OH | | Year 2000 | | Make Chevy | |
| Vehicle | V.I.N.# 1J12C124047427197 | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSO Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used | | Value | | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | |
| | Date | | Time | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | <input type="checkbox"/> Stolen Other/Recovered Local | | Recovery Value | | <input type="checkbox"/> Owner Notified By:# | |
| Property | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date 11-23-02 | | Time 0130 | | Location Address (Apt/Lot#, City, State, Zip) Above | | Recovered By | |
| | QTY. 1 | | Description Pioneer C.D. Player | | Make UNV | | Model | | Color/Year | | Value 250.00 | |
| Case Status | Report Date 11-23-02 | | Report Time 0145 | | Assisting Officer's Unit # | | Crime Lab Unit # | | Assigned To: Unit #s: | | Unit # 755 Reporting Officer GOWEN, R. | |
| | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | | <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded | | <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Inactive | | <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed | | <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken | |
| Narrative | Victim stated that between 2300 & 0130, #1 broke out the driver's window & removed the listed items. No suspect information is available at this time. | | | | | | | | | | | |
| | | | | | | | | | | | | |

Case # **C2-6767****Suspect Supplemental - Richland County Sheriff's Office 55 E. 2nd St., Mansfield, OH**

| | | | | | | | | | | |
|-------------------|--|-----------|------------|--------|--------------------------------------|--------|--------|------|------|-----------------|
| Suspect #1 | <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | | | | Res: _____ |
| | Clothing / Other Info. | | | | | | | | | Bus: _____ |
| | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Cell: _____ |
| | <input type="checkbox"/> Charge: _____ <input type="checkbox"/> Warrants / Date: # _____ / _____ <input type="checkbox"/> Summons: # _____ / _____ <input type="checkbox"/> Indictment / Date: # _____ / _____ <input type="checkbox"/> Citations: # _____ / _____ | | | | | | | | | Employer: _____ |
| Suspect #5 | <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | | | | | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | | | | | Bus: _____ |
| | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Cell: _____ |
| | <input type="checkbox"/> Charge: _____ <input type="checkbox"/> Warrants / Date: # _____ / _____ <input type="checkbox"/> Summons: # _____ / _____ <input type="checkbox"/> Indictment / Date: # _____ / _____ <input type="checkbox"/> Citations: # _____ / _____ | | | | | | | | | Employer: _____ |

Property Supplemental

| | | | | | | | | | |
|---------------------|---|---|------|-------|---|---------------|-------|-----------------|--|
| Property #1 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value | |
| Property #2 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #3 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #4 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #5 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #6 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #7 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #8 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #9 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #10 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #11 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #12 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #13 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #14 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #15 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #16 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |
| Property #17 | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By | |

Case # 03-268

Ref. Report #

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

| | | | | | | |
|---|---|--|---|--|--|---|
| Incident | Date Occurred 1-16-03 | Time Occurred 0045 | Day of Week 5 | Dept. Classification Drug Paraphernalia | Domestic Biased Prosecute | Zone: 1 |
| Occurrence (Apt/Lot#, City, State, Zip) | 2921 Crider Rd | | | | DBA Showtime | Insured |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison e. <input type="checkbox"/> 11W Madison w. | <input checked="" type="checkbox"/> 12 Mifflin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 V. Ontario |
| Offense | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | <input type="checkbox"/> Rape <input type="checkbox"/> Forced Attempt | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public |
| | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine |
| | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer |
| Victim | Last Name State of Ohio | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | |
| | DOB | Age | SSN | Race | Sex | Employer |
| Reported | Last Name Gouge M.R. | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | |
| | DOB | Age | SSN | Race | Sex | Employer |
| Witness | Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | |
| | DOB | Age | SSN | Race | Sex | Employer |
| Suspect 1 | <input type="checkbox"/> Arrested / <input type="checkbox"/> Wanted | Last Name Balg | First Name Anthony | Middle D | Clothing / Other Info. | |
| | Address (Apt/Lot#, City, State, Zip) 120 Grove Ave | DOB 3-1-81 | Age 21 | Race W | Sex M | Height 5'7" |
| | Charge: Drug Paraph. | Warrants / Date | Summons: #80656 | Indictment / Date | Citations: | |
| | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | License / Plate# | State | Year | Make |
| | V.I.N.# | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSI Request | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | Towing Company Used | | Value |
| | Date | Time | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | <input type="checkbox"/> Stolen Other/Recovered Local | Recovery Value | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked |
| | Location Address (Apt/Lot#, City, State, Zip) | | | Description | Recovered By | Owner Notified By: # |
| Property | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | |
| | QTY. | Description | Make | Model | Color/Year | Serial Number |
| | Report Date 1-16-03 | Report Time 0050 | Assisting Officer's Unit # | | Crime Lab Unit # | Value |
| Case Status | Unit # 25 | Reporting Officer Gouge M.R. | Unit # 702 | | Supervisor Approval S. J. Shaw | Assigned To: Unit #s: |
| | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded | <input type="checkbox"/> Closed <input type="checkbox"/> Inactive | <input type="checkbox"/> Active <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed | <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements <input type="checkbox"/> Photos Taken |
| Narrative | *I was observed drinking from an unknown bottle in his car. Contact was made due to the high crime area. An odor of burnt marijuana was detected in the car & on his person. When asked about the odor *I provided me with suspected marijuana pipe. He was issued the above at the scene & released. | | | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 03-770 / Ref. Report #

| | | | | | | | | |
|--------------------|--|-------------------------------------|---|--|--|---|---|----------------------------------|
| Incident | Date Occurred <u>2-12-03</u> | Time Occurred <u>UNK</u> | Day of Week <u>4</u> | Dept. Classification <u>Theft</u> | | | <input type="checkbox"/> Domestic Biased Prosecute | Zone: <u>4</u> <u>3</u> |
| | Occurrences (Apt/Lot#, City, State, Zip) <u>2921 Cnider Ad</u> | | | | DBA <u>Showtime</u> | | <input type="checkbox"/> Insured By: _____ | Location Type <u>Business</u> |
| TWP | <input type="checkbox"/> 1 Plymouth | <input type="checkbox"/> 5 Sharon | <input type="checkbox"/> 9 Sandusky | <input checked="" type="checkbox"/> 12 Mifflin | <input type="checkbox"/> 16 Perry | <input type="checkbox"/> 20 V. Plymouth | <input type="checkbox"/> 24 V. Lucas | |
| | <input type="checkbox"/> 2 Cass | <input type="checkbox"/> 6 Jackson | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson | <input type="checkbox"/> 21 V. Shiloh | <input type="checkbox"/> 25 V. Lexington | |
| Offense | <input type="checkbox"/> 3 Bloominggrove | <input type="checkbox"/> 7 Franklin | <input type="checkbox"/> 11E Madison e. | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 18 Worthington | <input type="checkbox"/> 22 C. Shelby | <input type="checkbox"/> 26 V. Bellville | |
| | <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 11W Madison w. | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 23 V. Ontario | <input type="checkbox"/> 27 V. Butler | |
| Victim | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | |
| | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | | | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | | | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | |
| Reportee | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | |
| | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | | | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | | <input checked="" type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine | |
| Witness | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Theft by Computer | |
| | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | | | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | |
| Suspect 1 | Last Name <u>Jones</u> | | First Name <u>Derek</u> | | Middle <u>N</u> | | Address (Apt/Lot#, City, State, Zip) <u>1074 Perrywinkle Ln, MS</u> | |
| | DOB <u>3-24-82</u> | | Age <u>20</u> | | Race <u>W</u> | | Sex <u>M</u> | |
| Vehicle | Last Name <u>Same</u> | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | | Employer | |
| Property | Last Name | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | | Employer | |
| Case Status | <input type="checkbox"/> Arrested # _____ | | Last Name <u>None</u> | | First Name | | Middle | |
| | <input type="checkbox"/> Wanted | | Address (Apt/Lot#, City, State, Zip) | | Clothing / Other Info. | | Res: _____ | |
| Vehicle | DOB <u>2-12-03</u> | | Age <u>20</u> | | SSN <u>2-12-03</u> | | Employer | |
| | <input type="checkbox"/> Charge: _____ | | <input type="checkbox"/> Warrants / Date # _____ | | <input type="checkbox"/> Summons: _____ # _____ | | <input type="checkbox"/> Citations: _____ # _____ | |
| Vehicle | <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | License / Plate# <u>AWC-3924</u> | | State <u>OH</u> | | Year <u>Old</u> | |
| | V.I.N.# <u>1G03LSAE36171574</u> | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSI Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Make <u>Alantua</u> | |
| Vehicle | Model <u>Alantua</u> | | Color <u>Silver</u> | | Towing Company Used | | Value <u>2,000</u> | |
| | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | Recovery Value | | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | | <input type="checkbox"/> Owner Notified By: # _____ | |
| Property | Location Address (Apt/Lot#, City, State, Zip) | | Description | | Recovered By | | | |
| | Date <u>2-12-03</u> | | Time <u>0230</u> | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| Case Status | QTY. <u>150</u> | | Description <u>Misc. C.D.'s</u> | | Make <u>Alantua</u> | | Model <u>Alantua</u> | |
| | Report Date <u>2-12-03</u> | | Report Time <u>0230</u> | | Assisting Officer's Unit # | | Crime Lab Unit # | |
| Case Status | Unit # <u>755</u> | | Reporting Officer <u>George M.R.</u> | | Unit # <u>712</u> | | Superior Approval <u>[Signature]</u> | |
| | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | | <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Unfounded | | <input type="checkbox"/> Closed <input type="checkbox"/> Inactive | |
| Case Status | <input type="checkbox"/> Dom. Viol. Advocate <input type="checkbox"/> Completed | | <input type="checkbox"/> Follow Up <input type="checkbox"/> Statements | | <input type="checkbox"/> Victim of Crime Notification <input type="checkbox"/> Photos Taken | | <input type="checkbox"/> Detective Bureau <input type="checkbox"/> Juvenile Section | |
| | <p><u>Victim stated that he found the right rear window of his rental car broken out at approximately 0230 hours. He then found about 150 C.D.'s stolen from inside the car.</u></p> | | | | | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 03-1485 / Ref. Report #

| | | | | | | | | |
|--------------------|--|-------------------------------------|--|---|--|---|--|---------------|
| Incident | Date Occurred <u>3-22-03</u> | Time Occurred <u>0140</u> | Day of Week <u>7</u> | Dept. Classification <u>Assault</u> | | | Zone: <u>1</u> | |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 CROSSLAND RD</u> | | | | DBA <u>SHAWTIME</u> | | <input type="checkbox"/> Insured By: _____ | Location Type |
| TWP | <input type="checkbox"/> 1 Plymouth | <input type="checkbox"/> 5 Sharon | <input type="checkbox"/> 9 Sandusky | <input checked="" type="checkbox"/> 12 Milfin | <input type="checkbox"/> 16 Perry | <input type="checkbox"/> 20 V. Plymouth | <input type="checkbox"/> 24 V. Lucas | |
| | <input type="checkbox"/> 2 Cass | <input type="checkbox"/> 6 Jackson | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson | <input type="checkbox"/> 21 V. Shiloh | <input type="checkbox"/> 25 V. Lexington | |
| Offense | <input type="checkbox"/> 3 Bloominggrove | <input type="checkbox"/> 7 Franklin | <input type="checkbox"/> 11E Madison | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 18 Worthington | <input type="checkbox"/> 22 C. Shelby | <input type="checkbox"/> 26 V. Bellville | |
| | <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 11W Madison | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 27 V. Butler | |
| Victim | <input type="checkbox"/> Homicide | | <input type="checkbox"/> Rape | | <input type="checkbox"/> Robbery | | <input type="checkbox"/> Agg. Assault | |
| | <input type="checkbox"/> Murder | | <input type="checkbox"/> Forc'd | | <input type="checkbox"/> Firearm | | <input checked="" type="checkbox"/> Assault | |
| | <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Knife | | <input checked="" type="checkbox"/> Simple | |
| | <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Strong-Arm | | <input type="checkbox"/> Other Weapon | |
| Reportee | <input type="checkbox"/> MV Theft | | <input type="checkbox"/> Burglary / B & E | | <input type="checkbox"/> Point of Entry | | <input type="checkbox"/> First Floor | |
| | <input type="checkbox"/> Window Broken | | <input type="checkbox"/> Forced | | <input type="checkbox"/> Basement | | <input type="checkbox"/> Door | |
| | <input type="checkbox"/> Locked | | <input type="checkbox"/> Unlawful Entry | | <input type="checkbox"/> Second Floor | | <input type="checkbox"/> Garage | |
| | <input type="checkbox"/> Unlocked | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Window | | <input type="checkbox"/> Other | |
| Witness | <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Adjoining Area | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Weapon Type | | <input type="checkbox"/> Knife/Cutting Inst. | | <input type="checkbox"/> Structure Occupancy | | <input type="checkbox"/> Attack Reason | |
| | <input type="checkbox"/> Handgun | | <input type="checkbox"/> Blunt Object | | <input type="checkbox"/> Occupied | | <input type="checkbox"/> Religious Bias | |
| | <input type="checkbox"/> Rifle | | <input type="checkbox"/> Motor Vehicle | | <input type="checkbox"/> Uninhabited | | <input type="checkbox"/> Sexual Bias | |
| Suspect #1 | <input type="checkbox"/> Shotgun | | <input type="checkbox"/> Personal Weapon | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> BB/Pellet | | <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| Vehicle | Last Name <u>Book</u> | | First Name <u>Justin</u> | | Middle <u>C</u> | | Address (Apt/Lot#, City, State, Zip) <u>14 SHAWAN ST. SHELBY OH</u> | |
| | DOB <u>5-1-82</u> | | Age <u>20</u> | | SSN <u> </u> | | Race <u>W</u> Sex <u>M</u> Employer <u>SHAWTIME</u> | |
| | Last Name <u>STRANER</u> | | First Name <u>RYAN</u> | | Middle <u>E</u> | | Address (Apt/Lot#, City, State, Zip) <u>7 GROVE AVE Apt A Shelby</u> | |
| | DOB <u>3-25-82</u> | | Age <u>20</u> | | SSN <u> </u> | | Race <u>W</u> Sex <u>M</u> Employer <u>SHAWTIME</u> | |
| Case Status | Last Name <u>WILKINS</u> | | First Name <u>MELISSA</u> | | Middle <u> </u> | | Address (Apt/Lot#, City, State, Zip) <u> </u> | |
| | DOB <u>6-22-80</u> | | Age <u>22</u> | | SSN <u> </u> | | Race <u>W</u> Sex <u>F</u> Employer <u>SHAWTIME</u> | |
| | Arrested <input type="checkbox"/> # <u> </u> | | Last Name <u>MAGLEY</u> | | First Name <u>DAVE</u> | | Middle <u>C</u> Clothing / Other Info. | |
| | Wanted <input type="checkbox"/> # <u> </u> | | Last Name <u> </u> | | First Name <u> </u> | | Middle <u> </u> Clothing / Other Info. | |
| Narrative | Address (Apt/Lot#, City, State, Zip) <u>41 BROADWAY ST. SHELBY</u> | | DOB <u>9-6-73</u> | | Age <u>29</u> | | SSN <u>291 64 2611</u> | |
| | DOB <u>9-6-73</u> | | Age <u>29</u> | | SSN <u>291 64 2611</u> | | Race <u>W</u> Sex <u>M</u> Height <u>5'10"</u> Weight <u>165</u> Hair <u>Brn</u> Eyes <u>Brn</u> | |
| | Charge: <u> </u> | | Warrants / Date <u> </u> | | Summons: <u> </u> | | Indictment / Date <u> </u> | |
| | Citations: <u> </u> | | Citations: <u> </u> | | Citations: <u> </u> | | Citations: <u> </u> | |
| Vehicle | <input type="checkbox"/> Stolen | | <input type="checkbox"/> Damaged | | License / Plate# <u> </u> | | State <u> </u> Year <u> </u> Make <u> </u> Model <u> </u> | |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Other | | V.I.N.# <u> </u> | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process <input type="checkbox"/> Towing Company Used <u> </u> Value <u> </u> | |
| | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Other | | Other Info. <u> </u> | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Recovery Value <u> </u> Owner Notified By: # <u> </u> | |
| | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Other | | Other Info. <u> </u> | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Recovery Value <u> </u> Owner Notified By: # <u> </u> | |
| Case Status | Report Date <u>3-22-03</u> | | Report Time <u>0149</u> | | Assisting Officer's Unit # <u> </u> | | Crime Lab Unit # <u> </u> | |
| | Unit # <u>154</u> Reporting Officer <u> </u> | | Unit # <u>731</u> Supervisor Approval <u> </u> | | Assigned To: <u> </u> | | Unit #s: <u> </u> | |
| | Cleared by Agent <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | | Cleared by Agent <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | | Cleared by Agent <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | | Cleared by Agent <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | |
| | Cleared by Agent <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | | Cleared by Agent <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | | Cleared by Agent <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | | Cleared by Agent <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | |
| Narrative | <p>Contact was made with both victims. Victim #1 stated that he returned to the business after getting change and found #1 & #2 (suspects) inside the establishment. Victim who is the manager advised #1 that the owner did not want them there and they needed to leave. #1 stated "So you telling me to leave" suspect #1 then became irritated. At that time victim #2 entered the dressing room, suspect #2 then made a comment to victim #2. Victim #2 told suspect #2 to just fucking leave. suspect #2 then charged at victim #2 at which time they got into a small fight. Victim #1 attempted to pull suspect #2 off of victim #2. At that time suspect #1 stated don't touch my</p> | | | | | | | |

Case # 03-1485

Ref. Report #

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

| | | | | | | |
|--------------------------------------|--|-----------|------------|----------|-------------|-------|
| Name | <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res |
| | MICHAEL MICHELLE | | | | | Bus |
| Address (Apt/Lot#, City, State, Zip) | | | | | | Cell: |
| 77 Western Ave | | | | | | |
| DOB | Age | SSN | Sex | Employer | | |
| 9-29-72 | 30 | | F | SHOWTIME | | |
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res |
| | ADAMS TIFFANY | | | | | Bus |
| Address (Apt/Lot#, City, State, Zip) | | | | | | Cell: |
| 32 Oak St Mansfield | | | | | | |
| DOB | Age | SSN | Race | Sex | Employer | |
| 3-18-80 | 23 | | W | F | SHOWTIME | |
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res |
| | CHANEY LISA | | | | | Bus |
| Address (Apt/Lot#, City, State, Zip) | | | | | | Cell: |
| 2227 Backleyville Rd. #18 Wooster OH | | | | | | |
| DOB | Age | SSN | Race | Sex | Employer | |
| 3-1-84 | 19 | | W | F | SHOWTIME | |
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res |
| | FEATHERMILL MARCY | | | | | Bus |
| Address (Apt/Lot#, City, State, Zip) | | | | | | Cell: |
| 182 Marion Ave Mansfield OH | | | | | | |
| DOB | Age | SSN | Race | Sex | Employer | |
| 1-19-71 | | | W | F | SHOWTIME | |
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res |
| | NOLASCO CHRISTINA | | | | | Bus |
| Address (Apt/Lot#, City, State, Zip) | | | | | | Cell: |
| 978 E Cook Rd Mansfield | | | | | | |
| DOB | Age | SSN | Race | Sex | Employer | |
| 7-1-80 | 22 | | W | F | SHOWTIME | |

Suspect Supplemental

| | | | | | | | |
|--------------------------------------|--|---|-----------|------------|--------|------------------------|------|
| Suspect 2 | <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | # | Last Name | First Name | Middle | Clothing / Other Info. | Res: |
| | 41 Broadway St Shelby OH | | | | | | Bus: |
| Address (Apt/Lot#, City, State, Zip) | | | | | | Cell: | |
| 9-2-77 | | | | | | Employer | |
| DOB | | | | | | | |
| Age | | | | | | | |
| SSN | | | | | | | |
| Race | | | | | | | |
| Sex | | | | | | | |
| Height | | | | | | | |
| Weight | | | | | | | |
| Hair | | | | | | | |
| Eyes | | | | | | | |
| Charge: | | | | | | | |
| Warrants / Date | | | | | | | |
| Summons: | | | | | | | |
| Indictment / Date | | | | | | | |
| Citations: | | | | | | | |
| Suspect 3 | | | | | | | |
| Arrested / Wanted | | | | | | | |
| Last Name / First Name / Middle | | | | | | | |
| Address (Apt/Lot#, City, State, Zip) | | | | | | | |
| DOB | | | | | | | |
| Age | | | | | | | |
| SSN | | | | | | | |
| Race | | | | | | | |
| Sex | | | | | | | |
| Height | | | | | | | |
| Weight | | | | | | | |
| Hair | | | | | | | |
| Eyes | | | | | | | |
| Charge: | | | | | | | |
| Warrants / Date | | | | | | | |
| Summons: | | | | | | | |
| Indictment / Date | | | | | | | |
| Citations: | | | | | | | |
| Suspect 4 | | | | | | | |
| Arrested / Wanted | | | | | | | |
| Last Name / First Name / Middle | | | | | | | |
| Address (Apt/Lot#, City, State, Zip) | | | | | | | |
| DOB | | | | | | | |
| Age | | | | | | | |
| SSN | | | | | | | |
| Race | | | | | | | |
| Sex | | | | | | | |
| Height | | | | | | | |
| Weight | | | | | | | |
| Hair | | | | | | | |
| Eyes | | | | | | | |
| Charge: | | | | | | | |
| Warrants / Date | | | | | | | |
| Summons: | | | | | | | |
| Indictment / Date | | | | | | | |
| Citations: | | | | | | | |

Case # **034485**

Ref. Report #

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

| | | | | | | |
|--|--|-----------|------------|--------|-------------|----------|
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: |
| | DOB | Age | Race | Sex | Employer | Cell: |
| JANAKOWSKI, Hollie 120 Grove St Mansfield 5-23-83 19 W F ShowTime | | | | | | |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: |
| | DOB | Age | SSN | Race | Sex | Employer |

Suspect Supplemental

| | | | | | | | | | | |
|-----------|--|-----------------------------------|-----------|-----------------------------------|-------------------------------------|------------------------|-------------------------------------|------|------|----------|
| Suspect 2 | <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | # | Last Name | First Name | Middle | Clothing / Other Info. | Res: | | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | | Bus: | | | |
| | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| Suspect 3 | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants | / Date | <input type="checkbox"/> Summons: | <input type="checkbox"/> Indictment | / Date | <input type="checkbox"/> Citations: | | | |
| | # | / | # | / | # | / | # | / | | |
| | # | / | # | / | # | / | # | / | | |
| Suspect 4 | <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | # | Last Name | First Name | Middle | Clothing / Other Info. | Res: | | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | | Bus: | | | |
| | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| Suspect 4 | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants | / Date | <input type="checkbox"/> Summons: | <input type="checkbox"/> Indictment | / Date | <input type="checkbox"/> Citations: | | | |
| | # | / | # | / | # | / | # | / | | |
| | # | / | # | / | # | / | # | / | | |

Supplemental

Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5676

Case # 03-1485

Glenn Friend. suspect #1 then punched victim #1 three times in the head. AFTER this both suspects left. victim #1 had a scratch and small purple mark behind his right ear. He also had a small bump on his right cheek. victim #2 had a small scratch on her right cheek and on the neck. Photos taken of both victims. STATEMENTS were taken from both victim and all listed witnesses. Victims were ADVISED how to file charges.

[Signature]
#754

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # **03-2121**

Ref. Report #

| | | | | | |
|-----------------|---|--------------------------------|---------------------------|---|-----------------------------------|
| Incident | Date Occurred 4-8 - April | Time Occurred 24 hrs | Day of Week 1-7 | Dept. Classification STG 1113 | Zone: 1 |
| | Occurrence (Apt/Lot#, City, State, Zip) 2921 Cedar Road | | | | Location Type Show Time |

| | | | | | | | |
|------------|--|-------------------------------------|---|---|--|---|--|
| TWP | <input type="checkbox"/> 1 Plymouth | <input type="checkbox"/> 5 Sharon | <input type="checkbox"/> 9 Sandusky | <input checked="" type="checkbox"/> 12 Millin | <input type="checkbox"/> 16 Perry | <input type="checkbox"/> 20 V. Plymouth | <input type="checkbox"/> 24 V. Lucas |
| | <input type="checkbox"/> 2 Cass | <input type="checkbox"/> 6 Jackson | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson | <input type="checkbox"/> 21 V. Shiloh | <input type="checkbox"/> 25 V. Lexington |
| | <input type="checkbox"/> 3 Bloominggrove | <input type="checkbox"/> 7 Franklin | <input type="checkbox"/> 11E Madison | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 18 Worthington | <input type="checkbox"/> 22 C. Shelby | <input type="checkbox"/> 26 V. Bellville |
| | <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 11W Madison | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 27 V. Butler |

| | | | | | | | |
|----------------|--|--|--|--|---|---|---|
| Offense | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | <input type="checkbox"/> Rape <input type="checkbox"/> Forced Attempt | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other |
|----------------|--|--|--|--|---|---|---|

| | | | | | | | |
|----------------|---|---|---|--|--|---|--|
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced Entry <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Theft by Computer | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other |
|----------------|---|---|---|--|--|---|--|

| | | | | | | |
|----------------|--|--|---|--|---|---|
| Offense | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Photos Taken <input type="checkbox"/> Statements |
|----------------|--|--|---|--|---|---|

| | | | | | | | |
|---------------|---------------------------|-----------------------------|---------------------|--|-----------------|----------------------------------|---------------------------|
| Victim | Last Name Green | First Name Brendy | Middle J. | Address (Apt/Lot#, City, State, Zip) 166 Harmon Ave, Mansfield | | | Re: _____ |
| | DOB 5-15-80 | Age 22 | | Race W | Sex F | Employer Self-employed | Bus: _____ Cell: _____ |

| | | | | | | | |
|-----------------|-------------------------|------------|--------|--------------------------------------|-----|----------|---------------------------|
| Reported | Last Name Sum | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | | Res: _____ |
| | DOB | Age | SSN | Race | Sex | Employer | Bus: _____ Cell: _____ |

| | | | | | | | |
|----------------|----------------------------|------------------------------|--------|---|-----------------|----------|---------------------------|
| Witness | Last Name Worham | First Name Bellamy | Middle | Address (Apt/Lot#, City, State, Zip) 847 Honeycreek Road, Hillville | | | R _____ |
| | DOB 3-22-82 | Age 21 | SSN | Race W | Sex F | Employer | Bus: _____ Cell: _____ |

| | | | | | | | | | | | | | |
|------------------|--|-------------------------|---------------------------|--------|--|-----|------------------|---|--------|--------|------|------|----------|
| Suspect 1 | <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | Last Name unk | First Name Dave | Middle | Clothing / Other Info. employment - AR Guard | | | Res: _____ Bus: _____ Cell: _____ | | | | | |
| | Address (Apt/Lot#, City, State, Zip) unk | | | DOB | Age | SSN | Race W | Sex M | Height | Weight | Hair | Eyes | Employer |

| | | | | | |
|------------------|----------------------------------|--|-----------------------------------|--|-------------------------------------|
| Suspect 1 | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | <input type="checkbox"/> Summons: | <input type="checkbox"/> Indictment / Date | <input type="checkbox"/> Citations: |
| | # | # | # | # | # |
| | # | # | # | # | # |
| | # | # | # | # | # |
| | # | # | # | # | # |

| | | | | | | | | |
|----------------|--|---|---|---|------|----------------|-------|---|
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NOIC | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | License / Plate# | State | Year | Make | Model | Color Top Bottom |
| | V.I.N.# | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSO Request | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | Towing Company Used | | | Value | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked |
| | Other Info. | | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | Recovery Value | | <input type="checkbox"/> Owner Notified By# |

| | | | | | |
|--------------------|-------------------------------|----------------------------------|----------------------------|---|-------------------------------------|
| Case Status | Report Date 4-24-03 | Report Time 1729 | Assisting Officer's Unit # | Crime Lab Unit # | Assigned To: Unit #s: 711 |
| | Unit # 711 | Reporting Officer Zach | Unit # 108 | Supervisor Approval St. Shore | |

| | | | | | | | |
|--------------------|---|---|--|--|-----------------------------------|------------------------------------|---------------------------------|
| Case Status | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | <input type="checkbox"/> NOIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | <input checked="" type="checkbox"/> Active Pending Investigation | <input type="checkbox"/> Person Returned/Located | <input type="checkbox"/> Inactive | <input type="checkbox"/> Unfounded | <input type="checkbox"/> Closed |
|--------------------|---|---|--|--|-----------------------------------|------------------------------------|---------------------------------|

Narrative
Victim accepted a cell phone with no strings attached from #12 who advised he would pay the bill. Victim is now scared of #12 because he is using N.C.I.C. out of Kansas and has found out her real name and several of her family's information. Victim advised she gave the phone back and he continues to bother her family, trying to find her. Victim's sister was shown by #12 how he used N.C.I.C. to get information. Statements were taken from the victim and her sister. Contact was collected about abuse of heads, and just waiting for a response.

Case # 03-4499 / OSP70-1410GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

| | | | | | |
|-------------|---|---------------|-------------|----------------------|------------------|
| Incident | Date Occurred | Time Occurred | Day of Week | Dept. Classification | Zone: |
| | <u>081603</u> | <u>0343</u> | <u>7</u> | <u>Falsification</u> | <u>1</u> |
| TWP | Occurrence (Apt/Lot#, City, State, Zip) | | | | DBA |
| | <u>2921 Cridger Rd</u> | | | | <u>Show time</u> |
| Offense | <input type="checkbox"/> Insured | | | | Location Type |
| | <input type="checkbox"/> By: _____ | | | | <u>Box Mess</u> |
| Offense | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 12 Millin <input type="checkbox"/> 16 Perry <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 24 V. Lucas | | | | |
| | <input type="checkbox"/> 2 Cass <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 13 Troy <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 25 V. Lexington | | | | |
| Offense | <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 11E Madison <input type="checkbox"/> 14 Washington <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 26 V. Bellville | | | | |
| | <input type="checkbox"/> 4 Butler <input type="checkbox"/> 8 Weller <input type="checkbox"/> 11W Madison <input type="checkbox"/> 15 Monroe <input type="checkbox"/> 19 C. Mansfield <input type="checkbox"/> 23 C. Ontario <input type="checkbox"/> 27 V. Butler | | | | |
| Offense | <input type="checkbox"/> Homicide <input type="checkbox"/> Rape <input type="checkbox"/> Robbery <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Assault <input type="checkbox"/> Arson | | | | |
| | <input type="checkbox"/> Murder <input type="checkbox"/> Forced <input type="checkbox"/> Firearm <input type="checkbox"/> Firearm <input type="checkbox"/> Simple <input type="checkbox"/> Single Residential <input type="checkbox"/> Other Residential | | | | |
| Offense | <input type="checkbox"/> Neg. Manslaughter <input type="checkbox"/> Attempt <input type="checkbox"/> Knife <input type="checkbox"/> Knife <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Other Comm. | | | | |
| | <input type="checkbox"/> Other Weapon <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Structure | | | | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Point of Entry <input type="checkbox"/> Place of Entry <input type="checkbox"/> Larceny / Theft | | | | |
| | <input type="checkbox"/> Window Broken <input type="checkbox"/> Forced <input type="checkbox"/> Basement <input type="checkbox"/> Front <input type="checkbox"/> Pickpocket <input type="checkbox"/> Purse Snatch | | | | |
| Offense | <input type="checkbox"/> Locked <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Second Floor <input type="checkbox"/> Side <input type="checkbox"/> Shoplifting <input type="checkbox"/> From MV | | | | |
| | <input type="checkbox"/> Unlocked <input type="checkbox"/> Attempt <input type="checkbox"/> Window <input type="checkbox"/> Rear <input type="checkbox"/> Bicycle <input type="checkbox"/> Building | | | | |
| Offense | <input type="checkbox"/> Ignition Picked <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other | | | | |
| | <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other | | | | |
| Victim | Last Name | | | | Res: |
| | <u>State of Ohio</u> | | | | Bus: |
| Victim | DOB | | | | Cell: |
| | <u>Age</u> <u>SSN</u> <u>Race</u> <u>Sex</u> <u>Employer</u> | | | | |
| Reporter | Last Name | | | | Res: |
| | <u>Age</u> <u>SSN</u> <u>Race</u> <u>Sex</u> <u>Employer</u> | | | | Bus: |
| Reporter | DOB | | | | Cell: |
| | <u>Age</u> <u>SSN</u> <u>Race</u> <u>Sex</u> <u>Employer</u> | | | | |
| Witness | Last Name | | | | Res: |
| | <u>Age</u> <u>SSN</u> <u>Race</u> <u>Sex</u> <u>Employer</u> | | | | Bus: |
| Witness | DOB | | | | Cell: |
| | <u>Age</u> <u>SSN</u> <u>Race</u> <u>Sex</u> <u>Employer</u> | | | | |
| Suspect | <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | | | | Res: |
| | <u>25</u> <u>Last Name</u> <u>First Name</u> <u>Middle</u> <u>Clothing / Other Info.</u> | | | | Bus: |
| Suspect | <u>Williams</u> <u>Tamie</u> <u>R</u> | | | | Cell: |
| | <u>Address (Apt/Lot#, City, State, Zip)</u> | | | | |
| Suspect | <u>53 Map: St, New London, OH 44851</u> | | | | |
| | <u>DOB</u> <u>Age</u> <u>Race</u> <u>Sex</u> <u>Height</u> <u>Weight</u> <u>Hair</u> <u>Eyes</u> | | | | |
| Suspect | <u>10-30-73</u> <u>29</u> <u>W</u> <u>M</u> <u>5'8"</u> <u>140</u> <u>Brown</u> <u>Blue</u> | | | | |
| | <u>Charge:</u> <u>2921.13</u> <u>Warrants</u> <u>/ Date</u> <u>Summons:</u> <u>81318</u> <u>Indictment</u> <u>/ Date</u> <u>Citations:</u> | | | | |
| Suspect | <u>Falsification</u> <u>#</u> <u>81318</u> <u>#</u> <u>81319</u> <u>#</u> <u>81319</u> <u>#</u> <u>81319</u> | | | | |
| | <u>Drug Abuse</u> <u>2925.11</u> <u>#</u> <u>81318</u> <u>#</u> <u>81319</u> <u>#</u> <u>81319</u> <u>#</u> <u>81319</u> | | | | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> License / Plate# <input type="checkbox"/> State <input type="checkbox"/> Year <input type="checkbox"/> Make <input type="checkbox"/> Model <input type="checkbox"/> Color | | | | |
| | <u>CUQ3160</u> <u>OH</u> <u>2001</u> <u>Dodge</u> <u>Neon</u> <u>Maroon</u> | | | | |
| Vehicle | <input type="checkbox"/> Recovered <input type="checkbox"/> Other <input type="checkbox"/> V.I.N.# <input type="checkbox"/> Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Hold for Court <input type="checkbox"/> Towing Company Used <input type="checkbox"/> Value | | | | |
| | <u>IP3E846C910304172</u> <u>RCSC Request</u> <u>Lab Process</u> <u>Value</u> | | | | |
| Vehicle | <input type="checkbox"/> Other Info. <input type="checkbox"/> Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Recovery Value <input type="checkbox"/> Owner Notified By: # | | | | |
| | <u>Other Info.</u> <u>Recovery Code</u> <u>Stolen/Recovered Local</u> <u>Stolen Other/Recovered Local</u> <u>Recovery Value</u> <u>Owner Notified By: #</u> | | | | |
| Case Status | Report Date | | | | Assigned To: |
| | <u>081603</u> <u>0343</u> <u>Assisting Officer's Unit #</u> <u>752, 731</u> <u>Crime Lab Unit #</u> <u>706</u> <u>Supervisor Approval</u> <u>8/16</u> | | | | |
| Case Status | Unit # | | | | Assigned To: |
| | <u>735</u> <u>Reporting Officer</u> <u>Unit #</u> <u>706</u> <u>Supervisor Approval</u> <u>8/16</u> | | | | |
| Case Status | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> NCIC <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed | | | | |
| | <u>Adult</u> <u>Missing</u> <u>Found</u> <u>Active Pending Investigation</u> <u>Person Returned/Located</u> <u>Inactive</u> <u>Unfounded</u> <u>Closed</u> | | | | |
| Narrative | <input type="checkbox"/> Juvenile <input type="checkbox"/> Found <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed | | | | |
| | <u>Adult</u> <u>Missing</u> <u>Found</u> <u>Active Pending Investigation</u> <u>Person Returned/Located</u> <u>Inactive</u> <u>Unfounded</u> <u>Closed</u> | | | | |

Case # 02-4499

Ref. Report # OSP70-1410

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

Suspect Supplemental

| | | | | | | | | | |
|-----------|--|--|------------|-----------------------------------|------------------------|--|------|-------------------------------------|----------|
| Suspect 2 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | | |
| | 12 Indian Terrace, Norwalk, OH 44857 | | | | | Cell: _____ | | | |
| | DOB | Age | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | 5-26-74 | 39 | B | M | 5'9" | 220 | BLK | HAZ | |
| | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |
| | | # / | | # | | # / | | # | |

| | | | | | | | | | | |
|-----------|--|--|------------|-----------------------------------|------------------------|--|--------|-------------------------------------|------|----------|
| Suspect 3 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | | | |
| | | | | | | Cell: _____ | | | | |
| | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | | | | | | | | | | |
| | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | |
| | | # / | | # | | # / | | # | | |
| | | # / | | # | | # / | | # | | |
| | | # / | | # | | # / | | # | | |
| | | # / | | # | | # / | | # | | |
| | | # / | | # | | # / | | # | | |

| | | | | | | | | | | |
|-----------|--|--|------------|-----------------------------------|------------------------|--|--------|-------------------------------------|------|----------|
| Suspect 4 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | | | |
| | | | | | | Cell: _____ | | | | |
| | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | | | | | | | | | | |
| | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | |
| | | # / | | # | | # / | | # | | |
| | | # / | | # | | # / | | # | | |
| | | # / | | # | | # / | | # | | |
| | | # / | | # | | # / | | # | | |
| | | # / | | # | | # / | | # | | |

Supplemental



Follow-Up



Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5678

Case # 03-4499

ON THE LISTED DATE AND TIME THIS OFFICER AND DEP. B. GUNDER WERE DISPATCHED TO THE LISTED ADDRESS FOR AN ALARM CALL. DURING OUR CHECK OF THE BUSINESS, WE WERE APPROACHED BY SUSPECT #1 #1 STATED THAT HE AND HIS FRIEND, WHO WAS STILL WALKING TOWARDS OR LOCATION, ON CRIDER HAD BEEN INVOLVED IN A CRASH, DOWN THE ROAD. #1 STATED THAT THEY HAD RAN INTO A POND. WHILE SPEAKING WITH #1 I DETECTED A STRONG ODOR OF AN ALCOHOLIC BEVERAGE ABOUT HIS PERSON. #1 ALSO HAD RED WATERY EYES, AND WAS VERY TALKATIVE AND APOLOGETIC. #1 WAS ALSO WET FROM HIS FEET UP TO ABOUT HIS KNEES. I ASKED #1 IF HE WAS INJURED AND HE DENIED ANY INJURY. I THEN ASKED #1 IF HE HAD BEEN DRINKING. #1 STATED HE HAD BEEN DRINKING. I ASKED #1 WHO WAS DRIVING THE VEHICLE AT THE TIME OF THE CRASH. #1 STATED HIS FRIEND HAD BEEN DRIVING THE VEHICLE. A SHORT TIME LATER #1'S FRIEND IDENTIFIED AS #2 WALKED ACROSS THE FIELD TO OUR LOCATED. #2 ALSO HAD AN ODOR OF AN ALCOHOLIC BEVERAGE ABOUT HIS PERSON, AND RED WATERY EYES. #2 WAS WET FROM HIS FEET UP TO HIS KNEES. I TOLD #2 THAT #1 STATED THAT HE HAD BEEN DRIVING THE VEHICLE AT THE TIME OF THE CRASH. #2 DENIED DRIVING THE VEHICLE. AT THIS POINT #1 APOLOGIZED FOR LYING AND STATED HE HAD BEEN DRIVING. I CALLED DISPATCH AND REQUESTED THAT POST 70 COME TO THE AREA TO ASSIST IN LOOKING FOR THE CRASH SIGHT AND CONDUCT THE CRASH INVESTIGATION. I LEAD #1 AND #2 BACK TO MY CRUISER TO SECURE THEM IN THE REAR WHILE DEP. GUNDER AND MYSELF CONTINUED CHECKING THE BUSINESS. I ASKED #1 AND #2 IF THEY HAD ANYTHING IN THEIR POSSESSION THAT WOULD GET THEM IN TROUBLE AND THEY DENIED HAVING ANY CONTRABAND. I THEN REQUESTED THEY EMPTY THEIR POCKETS. #1 REACHED INTO HIS POCKETS AND PULLED OUT A PACK OF CIGARETTES, LIGHTER, MONEY AND CELLOPHANE. I OBSERVED THAT THE CELLOPHANE CONTAINED GREEN VEGETATION, WHICH I SUSPECTED WAS MARIJUANA. #1 TRIED TO CONCEAL THE MARIJUANA, WHICH I TOOK FROM HIS POSSESSION. AFTER CHECKING THE BUILDING, THIS OFFICER ALONG WITH DEP. GUNDER AND TRP. FIRMI, OF POST 70, WENT TO THE CRASH SCENE. LT. KING HAD ALREADY ARRIVED AT THE LOCATION THE VEHICLE, WHICH WAS NOSE FIRST INTO THE POND, WAS STILL RUNNING. I TURNED OFF THE VEHICLE AND ASSISTED THE POST UNIT AT THE SCENE. AFTER THE TOW TRUCK ARRIVED AND THE VEHICLE WAS PULLED FROM THE POND I OBSERVED A MARIJUANA CIGARETTE, KNOWN AS A BLUNT, IN AN ASHTRAY. I ALSO OBSERVED MORE SUSPECTED MARIJUANA LYING IN THE FRONT PASSENGER SEAT OF THE VEHICLE. THESE ITEMS WERE ALSO REMOVED FROM THE VEHICLE. THIS OFFICER CITED #1 FOR FALSIFICATION, AND DRUG ABUSE. #1 WAS THEN TURNED OVER TO POST 70 FOR DRIVING UNDER THEN INFLUENCE. SEE POST 70 REPORT 70-1410 FOR FURTHER ON THE CRASH. THE SUSPECT MARIJUANA WAS TURNED IN TO THE CRIME LAB FOR ANALYSIS.

| | | | |
|---|----------------------------------|--|--|
| Report Date 081603 | Report Time 0343 | Location 2921 CRIDER ROAD | |
| Unit # Reporting Officer 735 DEP. MONTGOMERY | | Unit# Supervisor's Approval 708 SGT. SHOOK | Assigned To Unit# |
| <input checked="" type="checkbox"/> Cleared By Arrest | <input type="checkbox"/> NCIC | <input type="checkbox"/> Person Returned / Located | <input type="checkbox"/> Inactive |
| <input checked="" type="checkbox"/> Adult | <input type="checkbox"/> Missing | <input type="checkbox"/> Active / Pending Inv. | <input checked="" type="checkbox"/> Closed |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Found | <input type="checkbox"/> Unfounded | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 03-6251 / Ref. Report #

| | | | | | |
|-----------------|--|------------------------------|--------------------------|--|--|
| Incident | Date Occurred <u>11-02-03</u> | Time Occurred <u>0218</u> | Day of Week <u>01</u> | Dept. Classification <u>TRESPASSING</u> | Zone: <u>13</u> |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 Cedar Road Mansfield Ohio 44902</u> | | | | <input type="checkbox"/> Insured By: _____ Location Type <u>Business</u> |

| | | | | | | | |
|------------|---|---|--|---|---|---|---|
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison <input type="checkbox"/> 11W Madison | <input checked="" type="checkbox"/> 12 Millin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 27 V. Butler |
|------------|---|---|--|---|---|---|---|

| | | | | | | | |
|----------------|--|--|--|--|---|---|---|
| Offense | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other |
|----------------|--|--|--|--|---|---|---|

| | | | | | | | |
|----------------|---|---|---|--|--|---|--|
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Theft by Computer | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other |
|----------------|---|---|---|--|--|---|--|

| | | | | | | |
|----------------|--|--|---|--|---|---|
| Offense | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Photos Taken <input type="checkbox"/> Statements |
|----------------|--|--|---|--|---|---|

| | | | | | | | |
|---------------|----------------------------|-----------------------------|-----------------|---|-----------------|-------------------------------------|------------|
| Victim | Last Name <u>Wilcox</u> | First Name <u>Andrew</u> | Middle _____ | Address (Apt/Lot#, City, State, Zip) <u>35 Plum Avenue Shelby Ohio</u> | | | Res: _____ |
| | DOB <u>11-08-79</u> | Age <u>23</u> | SSN _____ | Race <u>W</u> | Sex <u>M</u> | Employer <u>D.J. Ar Shooting</u> | Bus: _____ |

| | | | | | | | |
|-----------------|--------------------|---------------------|-----------------|---|--------------|-------------------|------------|
| Reported | Last Name _____ | First Name _____ | Middle _____ | Address (Apt/Lot#, City, State, Zip) _____ | | | Res: _____ |
| | DOB _____ | Age _____ | SSN _____ | Race _____ | Sex _____ | Employer _____ | Bus: _____ |

| | | | | | | | |
|----------------|--------------------|---------------------|-----------------|---|--------------|-------------------|------------|
| Witness | Last Name _____ | First Name _____ | Middle _____ | Address (Apt/Lot#, City, State, Zip) _____ | | | Res: _____ |
| | DOB _____ | Age _____ | SSN _____ | Race _____ | Sex _____ | Employer _____ | Bus: _____ |

| | | | | | | | |
|----------------|--|-------------------------------|---------------------------|--------------------|---------------------------------|--|------------|
| Suspect | <input checked="" type="checkbox"/> Arrested <u>712</u> <input type="checkbox"/> Wanted | Last Name <u>Kesley II</u> | First Name <u>Carl</u> | Middle <u>D</u> | Clothing / Other Info. _____ | | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) <u>1992 Outer Drive Mansfield Ohio</u> | | | | | | Bus: _____ |

| | | | | | | | | | | |
|----------------|--|------------------|--------------|------------------|-----------------|-----------------------|----------------------|--------------------|--------------------|-------------------|
| Suspect | DOB <u>09-06-73</u> | Age <u>30</u> | SSN _____ | Race <u>W</u> | Sex <u>M</u> | Height <u>6'0"</u> | Weight <u>165</u> | Hair <u>BRO</u> | Eyes <u>BRO</u> | Employer _____ |
| | Charges: <u>TRESPASSING 2911.21 AA</u> <input type="checkbox"/> Warrants / Date _____ <input checked="" type="checkbox"/> Summons: # <u>81393</u> <input type="checkbox"/> Indictment / Date _____ <input type="checkbox"/> Citations: # _____ | | | | | | | | | |

| | | | | | | | | |
|----------------|--|--|---|---------------------------|------------|-------------|---|------------------------------------|
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | License / Plate# _____ | State _____ | Year _____ | Make _____ | Model _____ | Color Top _____ Bottom _____ |
| | V.I.N.# _____ | <input type="checkbox"/> Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSI Request | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | Towing Company Used _____ | | Value _____ | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | |

| | | | | | |
|--------------------|--------------------------------|---|--|------------------------------|--------------------------------|
| Case Status | Report Date <u>11-02-03</u> | Report Time <u>0218</u> | Assisting Officer's Unit # <u>710, 740, 709</u> | Crime Lab Unit # _____ | Assigned To: Unit #s: _____ |
| | Unit # <u>712</u> | Reporting Officer <u>[Signature]</u> | Unit # _____ | Supervisor Approval _____ | |

| | | | |
|---|---|---|--|
| Narrative | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed |
| Contact was Made with Victim. Victim was Advised by A Female Employee that #1 was knocking on the back door. Victim contacted #1 who wanted into the location. Victim Refused to Allow #1 Entry and told him if he wanted Entry he has to go to the Front door. Victim Advised #1 got upset and Made Threats to Assault the Victim if he Refused him Entry. Victim Advised #1 Forced Entry, and in doing so Slammed the Victim's hand in the door. Victim Also Advised #1 Choked him in the Process. At the time of My Arrival #1 was Located in the dressing Room Seated on A dressing Table. #1 was Talking with the Manager Mike Rutano who was Asking him to Leave. #1 Refused. #1 was Arrested Transported to Station and Released on Summons. | | | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 04-582 / Ref. Report #

| | | | | |
|--|----------------------------|-------------------------|---|---------------------------|
| Date Occurred 1/31-2/1/04 | Time Occurred 2100-0100 | Offense / Week 07-01 | Dept. Classification CRIMINAL DAMAGE | Zone: 1 |
| Occurrence (Apt/Lot#, City, State, Zip) 2921 CRIDER RD. | | | DBA SHOW TIME | Insured By: AMERICAN HOME |
| Location Type PARKING LOT | | | | |

| | | | | | | | |
|--|---|---|---|---|---|--|--|
| <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison <input type="checkbox"/> 11W Madison | <input checked="" type="checkbox"/> 12 Millin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Belleville <input type="checkbox"/> 27 V. Butler | |
| <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | |
| <input type="checkbox"/> Assault <input type="checkbox"/> Simple | | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | |
| <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Theft by Computer | | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | |
| <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Photos Taken <input type="checkbox"/> Statements | | | | | |

| | | | | | | |
|----------------------|---------------------|--------------|---|----------|----------|-------|
| Last Name SHEPARD | First Name KANDY | Middle L. | Address (Apt/Lot#, City, State, Zip) 3720 CO RD 20, MT. GILEAD | | | Res: |
| DOB 07/11/67 | Age 36 | SSN | Race W | Sex M | Employer | Bus: |
| | | | | | | Cell: |

| | | | | | | |
|-----------|------------|--------|--------------------------------------|-----|----------|-------|
| Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | | Res: |
| DOB | Age | SSN | Race | Sex | Employer | Bus: |
| | | | | | | Cell: |

| | | | | | | | |
|--------------------------------------|-----------|------------|--------|------------------------|--------|--------|----------|
| <input type="checkbox"/> Arrested # | Last Name | First Name | Middle | Clothing / Other Info. | | | Res: |
| <input type="checkbox"/> Wanted | | | | | | | Bus: |
| Address (Apt/Lot#, City, State, Zip) | | | | | | | Cell: |
| DOB | Age | SSN | Race | Sex | Height | Weight | Employer |

| | | | | |
|----------------------------------|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | <input type="checkbox"/> Summons: | <input type="checkbox"/> Indictment / Date | <input type="checkbox"/> Citations: |
| # | # | # | # | # |
| # | # | # | # | # |
| # | # | # | # | # |
| # | # | # | # | # |

| | | | | | | | |
|------------------------------------|---|--------------------------------------|----------------|---|---|---|--|
| <input type="checkbox"/> Stolen | <input checked="" type="checkbox"/> Damaged | License / Plate# | State | Year | Make | Model | Color |
| <input type="checkbox"/> Recovered | <input type="checkbox"/> Other | AS 81 KW | OH | 03 | TOYOTA | AVALON | SILVER |
| V.I.N.# | Impounded | Owners Request | Hold for Court | Towing Company Used | Value | <input type="checkbox"/> Keys in Car | |
| 4T1BF28B234269909 | <input type="checkbox"/> RCSO Request | <input type="checkbox"/> Lab Process | | | | <input type="checkbox"/> Vehicle Locked | |
| Other Info. | | | | Recovery Code | <input type="checkbox"/> Stolen Other/Recovered Local | Recovery Value | <input type="checkbox"/> Owner Notified By # |
| | | | | <input type="checkbox"/> Stolen/Recovered Local | <input type="checkbox"/> Stolen Local/Recovered Other | | |

| | | | | | | | |
|------------------------------------|---|------|-------|---|---------------|-------|-----------------|
| <input type="checkbox"/> Stolen | <input type="checkbox"/> NCIC | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | | | Recovered By |
| <input type="checkbox"/> Recovered | <input type="checkbox"/> Missing | | | | | | |
| <input type="checkbox"/> Found | <input checked="" type="checkbox"/> Damaged | | | | | | |
| QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
| 1 | PASSENGER WINDOW | | | | | \$200 | |

| | | | | |
|-------------------------|--------------------------------|-----------------------------------|---------------------|--------------|
| Report Date 02/01/04 | Report Time 0122 | Assisting Officer's Unit # 752 | Crime Lab Unit # | Assigned To: |
| Unit # 108 | Reporting Officer Sgt. Shaw | Unit # | Supervisor Approval | |

| | | | | | | |
|--|----------------------------------|---|--|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Cleared by Arrest | <input type="checkbox"/> NCIC | <input type="checkbox"/> Entered | <input type="checkbox"/> Person Returned/Located | <input type="checkbox"/> Inactive | <input type="checkbox"/> Unfounded | <input checked="" type="checkbox"/> Closed |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Missing | <input type="checkbox"/> Active Pending Investigation | | | | |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Found | | | | | |

VICTIM ADVISED THAT WHILE HE WAS AT THE ABOVE BUSINESS, UNKNOWN PERSONS THREW AN OBJECT THROUGH HIS PASSENGER SIDE WINDOW. THERE WAS NOTHING TO PROCESS AND THERE ARE NO SUSPECTS / WITNESSES. THE MANAGER IS GOING TO CHECK THE VIDEO SYSTEM TO SEE IF THE INCIDENT IS ON TAPE.

Case# 04-983 / Ref. Report #

Narrative

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
 55 East Second Street, Mansfield, OH 44902 - 419.774.5678

Case # 04-983 / Ref. Report #

| | | | | | | |
|------|--|-----------|------------|--------|-------------|------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

Suspect Supplemental

| | | | | | | | |
|-----------|--|--------------|-----------|------------|--------|------------------------|------------|
| Suspect 2 | <input checked="" type="checkbox"/> Arrested <input type="checkbox"/> Wanted | # <u>735</u> | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | | Bus: _____ |
| | DOB | Age | Race | Sex | Height | Weight | Employer |
| Suspect 3 | <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | # | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | | Bus: _____ |
| | DOB | Age | Race | Sex | Height | Weight | Employer |
| Suspect 4 | <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | # | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | | Bus: _____ |
| | DOB | Age | Race | Sex | Height | Weight | Employer |

| | | | | |
|---------------------|-------------------------|----------------|-------------------|------------|
| Charge: | Warrants / Date | Summons: | Indictment / Date | Citations: |
| <u>FTA Jail</u> | <u># 2315810 122203</u> | <u># 85722</u> | | |
| <u>Intoxication</u> | | | | |
| <u>2917.11B</u> | | | | |

Supplemental

X

Follow-Up

☐

Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5678 Case # 04-983

ON THE LISTED DATE AND TIME OFFICERS WERE DISPATCHED TO THE LISTED LOCATION FOR A TROUBLE WITH SUBJECT CALL. REPORTEE ADVISED DISPATCH THAT FOUR SUBJECTS WERE TOLD TO LEAVE THE BUSINESS, AND BECAME VERBALLY ABUSIVE TOWARDS HIM. REPORTEE ADVISED THAT AFTER THE SUBJECTS LEFT THEY KNOCKED OVER A STATUE THAT SITS OUTSIDE THE BUSINESS, CAUSING DAMAGE TO THE STATUE. REPORTEE ADVISED DISPATCH THAT THE VEHICLE WAS LEAVING WITH THE FOUR SUBJECTS AND PROVIDED A REGISTRATION. THE REGISTRATION RETURNED TO SUSPECT #2, WHO ALSO HAD AN OUTSTANDING WARRANT. REPORTEE ADVISED THE VEHICLE LEFT HEADING WEST ON CRIDER ROAD. THIS OFFICER WAS EAST BOUND ON CRIDER EAST OF LAVER WHEN THE SUSPECT VEHICLE PASSED ME. I TURNED ON THE VEHICLE AS IT TURNED SOUTH ONTO LAVER. THE VEHICLE THEN ENTERED US 30 WEST BOUND. I ADVISED DISPATCH AS THE VEHICLE EXITED US 30, CROSSING US 42, AND TURNING ONTO BEAL RD. AT WHICH TIME I ACTIVATED MY OVERHEAD LIGHTS, SIGNALING THE VEHICLE TO STOP. THE VEHICLE PULLED INTO THE AUTO ZONE PARKING LOT AND STOPPED. SGT NICHOLSON AND THIS OFFICER APPROACHED THE VEHICLE AND MADE CONTACT WITH THE OCCUPANTS OF THE CAB AND ONE INDIVIDUAL IN THE BED OF THE VEHICLE. THE ONLY SOBER PERSON WAS THE DRIVER, SUSPECT #4. #2 WAS IDENTIFIED AS THE VEHICLE OWNER AND WAS ARRESTED ON THE WARRANT, AND ALSO CHARGED WITH INTOXICATION, AFTER BECOMING VERBALLY ABUSIVE WHILE ENROUTE TO RCSO AND WHILE AT RCSO. #1, WHO WAS IDENTIFIED AS THE PERSON WHO KNOCKED OVER THE STATUE, WAS ALSO CHARGED WITH INTOXICATION. BOTH #1 AND #2 SHOWED ALL THE INDICATORS OF INTOXICATION. BOTH CONTINUED TO BE ABUSIVE TOWARDS OFFICERS AFTER ARRIVING AT RCSO. #1 WAS FURTHER CHARGED WITH CCW, AFTER SGT NICHOLSON FOUND A SWITCH BLADE KNIFE ON #1'S PERSON. THE REPORTEE REFUSED TO PROVIDE OFFICERS WITH A WRITTEN STATEMENT AS TO THE EVENTS PRIOR TO THE CALL. SEE SGT NICHOLSON'S SUPPLEMENT FOR FURTHER.

| | | | |
|---|----------------------------------|--|-----------------------------------|
| Report Date 02-21-04 | Report Time 0304 | Location | |
| Unit # Reporting Officer 735 DEP. MONTGOMERY | | Unit# Supervisor's Approval 712 SGT NICHOLSON | Assigned To Unit# |
| <input checked="" type="checkbox"/> Cleared By Arrest | <input type="checkbox"/> NCIC | <input type="checkbox"/> Person Returned / Located | <input type="checkbox"/> Inactive |
| <input checked="" type="checkbox"/> Adult | <input type="checkbox"/> Missing | <input type="checkbox"/> Active / Pending Inv. | <input type="checkbox"/> Closed |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Found | <input type="checkbox"/> Unfounded | |

Supplemental

X

Follow-Up

☐

Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5678

Case # 04-983

ON 02/21/04 OFFICERS WERE DISPATCHED TO SHOWTIME GENTLEMAN'S CLUB IN REFERENCE TO SUBJECTS CAUSING A PROBLEM AND HAVING TO BE THROWN OUT. THE SUBJECT ONCE OUTSIDE THE LOCATION WAS OBSERVED BREAKING A CONCRETE STATUE. WHILE OFFICERS WERE ENROUTE WE WERE ADVISED THAT THE MALES HAD LEFT THE LOCATION GOING NORTH BOUND ON CRIDER ROAD IN A BLUE PICK-UP TRUCK WITH A DOG CAGE IN THE BED AND IT WAS POSSIBLE THAT A SUBJECT WAS IN THE CAGE.

DEPUTY MONTGOMERY ADVISED ME THAT HE HAD LOCATED THE VEHICLE ON CRIDER ROAD A LAVER ROAD AND IT WAS HEADED SOUTH TOWARD STATE ROUTE 30. OFFICERS GOT BEHIND THE VEHICLE AND FOLLOWED IT TO THE U.S. 42 OFF RAMP WHERE IT WAS STOPPED IN THE PARKING LOT OF THE FAMILY DOLLAR.

I CONTACTED THE DRIVER, AND DEPUTY MONTGOMERY CONTACTED THE SUBJECT IN THE DOG CAGE. THE DRIVER WAS A BRIAN L. MAYS WHO STATED HE WAS ONLY THE DRIVER FOR THE OTHER MALES IN THE VEHICLE. THE DRIVER WAS FOUND TO BE SOBER AND VERY COOPERATIVE. I ALSO CONTACTED THE TWO PASSENGERS. BOTH PASSENGERS WERE VERY INTOXICATED. EACH HAD VERY BLOOD SHOT EYES, AND THE STRONG ODOR OF A ALCOHOLIC BEVERAGE ABOUT THEIR BREATH AND PERSON. I OBTAINED IDENTIFICATION FROM BOTH #1 AND #2.

I ASKED #1 HOW THE STATUE WAS BROKEN AT SHOWTIME AND HE STATED THAT HE GAVE IT A HUG AS HE LEFT AND IT FELL. #1 WAS PATTED DOWN AND FOUND TO HAVE A SWITCH BLADE KNIFE IN HIS RIGHT FRONT POCKET, WHICH HE STATED HE USED FOR WORK. #1 WAS VERY UNSTEADY ON HIS FEET AND HAD SLURRED SPEECH AS HE SPOKE WITH ME. #1 WAS ARRESTED FOR C.C.W. AND INTOXICATION. #1 WAS SECURED AND PLACED IN THE BACK SEAT OF MY PATROL UNIT WITHOUT INCIDENT. DEPUTY MONTGOMERY ALSO ARRESTED #2 FOR INTOXICATION AND AN ACTIVE WARRANT FOR FAILURE TO APPEAR.

I ASKED THE DRIVER AND THE SUBJECT WHO WAS IN THE DOG CAGE WHO WAS IDENTIFIED BY DEPUTY MONTGOMERY AS MIKE BAKER THE BROTHER OF #1. BOTH ADVISED THAT #1 AS HE LEFT THE LOCATION STOPPED AND GAVE THE STATUE A HUG AND IT FELL TO THE GROUND AND BROKE. BOTH WERE RELEASED AT THE SCENE OF THE STOP.

BOTH THE ARRESTED SUBJECTS WERE TRANSPORTED ON STATION FOR INCARCERATION. #1 ONCE ON STATION BEGAN TO COMPLAIN ABOUT HIS RIGHT HAND. HE SAID THE HAND WAS DAMAGED WHEN HE WAS CUFFED AND SLAMMED IN THE CRUISER. #1 DEMANDED MEDICAL ATTENTION. LATER WHILE IN THE TANK #1 TOLD DEPUTY MONTGOMERY AND C.O. RUPE THAT HE HAD FALLEN WHEN HE KNOCKED OVER THE STATUE AT SHOWTIME.

| | | |
|---|----------------------------------|--|
| Report Date 02-21-04 | Report Time 0304 | Location 2921 Crider Road |
| Unit # Reporting Officer 712 | Unit# Supervisor's Approval | Assigned To Unit# |
| <input checked="" type="checkbox"/> Cleared By Arrest | <input type="checkbox"/> NCIC | <input type="checkbox"/> Person Returned / Located |
| <input checked="" type="checkbox"/> Adult | <input type="checkbox"/> Missing | <input type="checkbox"/> Active / Pending Inv. |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Found | <input type="checkbox"/> Unfounded |
| | | <input type="checkbox"/> Inactive |
| | | <input checked="" type="checkbox"/> Closed |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 04-1444 / Ref. Report #

| | | | | | |
|----------|---|-----------------|--------------------------|----------------------|----------------|
| Incident | Date Occurred | Time Occurred | Day of Week | Dept. Classification | Zone: <u>1</u> |
| | <u>3/20/04</u> | <u>0147</u> | <u>07</u> | <u>Intoxication</u> | <u>1</u> |
| TWP | Occurrence (Apt/Lot#, City, State, Zip) | DBA | Insured | Location Type | |
| | <u>2921 CRIDER RD, MAUD</u> | <u>SHOWTIME</u> | <input type="checkbox"/> | <u>Bus</u> | |

| | | | | | | |
|---|-------------------------------------|---|--|--|---|---|
| <input type="checkbox"/> 1 Plymouth | <input type="checkbox"/> 5 Sharon | <input type="checkbox"/> 9 Sandusky | <input type="checkbox"/> 12 Mifflin | <input type="checkbox"/> 16 Perry | <input type="checkbox"/> 20 V. Plymouth | <input type="checkbox"/> 24 V. Lucas |
| <input type="checkbox"/> 2 Cass | <input type="checkbox"/> 6 Jackson | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson | <input type="checkbox"/> 21 V. Shiloh | <input type="checkbox"/> 25 V. Lexington |
| <input type="checkbox"/> 3 Bloomingrove | <input type="checkbox"/> 7 Franklin | <input type="checkbox"/> 11E Madison | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 18 Worthington | <input type="checkbox"/> 22 C. Shelby | <input type="checkbox"/> 26 V. Belleville |
| <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 8 Weiler | <input type="checkbox"/> 11W Madison | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 27 V. Butler |

| | | | | | |
|--|----------------------------------|---------------------------------------|---------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Rape | <input type="checkbox"/> Robbery | <input type="checkbox"/> Agg. Assault | <input type="checkbox"/> Assault | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Murder | <input type="checkbox"/> Forced | <input type="checkbox"/> Firearm | <input type="checkbox"/> Firearm | <input type="checkbox"/> Simple | <input type="checkbox"/> Single Residential |
| <input type="checkbox"/> Neg. Manslaughter | <input type="checkbox"/> Attempt | <input type="checkbox"/> Knife | <input type="checkbox"/> Knife | | <input type="checkbox"/> Storage |
| | | <input type="checkbox"/> Strong-Arm | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Industrial / Manf. |
| | | <input type="checkbox"/> Other Weapon | | | <input type="checkbox"/> Motor Vehicle |
| | | | | | <input type="checkbox"/> Comm. / Public |
| | | | | | <input type="checkbox"/> Other Residential |
| | | | | | <input type="checkbox"/> Other Comm. |
| | | | | | <input type="checkbox"/> Other Structure |
| | | | | | <input type="checkbox"/> Other Mobile |
| | | | | | <input type="checkbox"/> Other |

| | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> MV Theft | <input type="checkbox"/> Burglary / B & E | <input type="checkbox"/> Point of Entry | <input type="checkbox"/> Place of Entry | <input type="checkbox"/> Larceny / Theft |
| <input type="checkbox"/> Window Broken | <input type="checkbox"/> Forced | <input type="checkbox"/> Basement | <input type="checkbox"/> Front | <input type="checkbox"/> Pickpocket |
| <input type="checkbox"/> Locked | <input type="checkbox"/> Unlawful Entry | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Side | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Unlocked | <input type="checkbox"/> Attempt | <input type="checkbox"/> Window | <input type="checkbox"/> Rear | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Adjoining Area | <input type="checkbox"/> Roof | <input type="checkbox"/> Coin OP Machine |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other | <input type="checkbox"/> Theft by Computer |

| | | | | | |
|--|--|--------------------------------------|---|---|---|
| <input type="checkbox"/> Weapon Type | <input type="checkbox"/> Knife/Cutting Inst. | Structure Occupancy | Attack Reason | <input type="checkbox"/> Religious Bias | <input type="checkbox"/> Evidence Collected |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> Blunt Object | <input type="checkbox"/> Occupied | <input type="checkbox"/> Racial Bias | <input type="checkbox"/> Sexual Bias | <input type="checkbox"/> Photos Taken |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Uninhabited | <input type="checkbox"/> Ethnicity Bias | <input type="checkbox"/> Theft | <input type="checkbox"/> Statements |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> Personal Weapon | <input type="checkbox"/> Abandoned | <input type="checkbox"/> Assault | <input type="checkbox"/> Other | |
| <input type="checkbox"/> BB/Pellet | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Menace | | |
| <input type="checkbox"/> Other Firearm | | | | | |

| | | | | |
|----------------------|------------|--------|--------------------------------------|----------|
| Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | Res: |
| <u>STATE OF OHIO</u> | | | | |
| DOB | Age | SSN | Race | Sex |
| | | | | Employer |
| | | | | Bus: |
| | | | | Cell: |

| | | | | |
|---------------|--------------|----------|--------------------------------------|----------|
| Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | Res: |
| <u>QUINER</u> | <u>BRIAN</u> | <u>R</u> | | |
| DOB | Age | SSN | Race | Sex |
| | | | | Employer |
| | | | | Bus: |
| | | | | Cell: |

| | | | | | | |
|-------------------------------------|---------------------------------|---|--------------|----------|------------------------|------------|
| <input type="checkbox"/> Arrested | <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>LEBLANC</u> | <u>AUDIN</u> | <u>J</u> | | |
| | | Address (Apt/Lot#, City, State, Zip) | | | | Bus: |
| | | <u>6016 S MAUD ST APT B4 SHREVE, OH</u> | | | | Cell: |
| | | DOB | Age | SSN | Race | Sex |
| | | <u>6/21/84</u> | <u>19</u> | | <u>W</u> | <u>M</u> |
| | | | | | Height | Weight |
| | | | | | <u>6'00"</u> | <u>130</u> |
| | | | | | Hair | Eyes |
| | | | | | <u>BLK</u> | <u>BLU</u> |
| | | | | | Employer | |

| | | | | | | |
|-----------------|-----------------------------------|--------|--|-------------------------------------|--------|-------------------------------------|
| Charge: | <input type="checkbox"/> Warrants | / Date | <input checked="" type="checkbox"/> Summons: | <input type="checkbox"/> Indictment | / Date | <input type="checkbox"/> Citations: |
| <u>INTOX</u> | # | | # <u>94361</u> | # | | # |
| <u>2917.11B</u> | # | | # | # | | # |
| | # | | # | # | | # |
| | # | | # | # | | # |
| | # | | # | # | | # |

| | | | | | | | |
|------------------------------------|---------------------------------------|--------------------------------------|----------------|---------------------|-------|--------------------------------------|---|
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Damaged | License / Plate# | State | Year | Make | Model | Color |
| <input type="checkbox"/> Recovered | <input type="checkbox"/> Other | | | | | | Top Bottom |
| <input type="checkbox"/> NCIC | | | | | | | |
| V.I.N.# | Impounded | Owners Request | Hold for Court | Towing Company Used | Value | <input type="checkbox"/> Keys In Car | <input type="checkbox"/> Vehicle Locked |
| | <input type="checkbox"/> RCSO Request | <input type="checkbox"/> Lab Process | | | | | |

| | | | |
|-------------|---|----------------|---|
| Other Info. | Recovery Code | Recovery Value | <input type="checkbox"/> Owner Notified By: # |
| | <input type="checkbox"/> Stolen/Recovered Local | | |
| | <input type="checkbox"/> Stolen Local/Recovered Other | | |

| | | | | | |
|------------------------------------|----------------------------------|------|-------|---|-----------------|
| <input type="checkbox"/> Stolen | <input type="checkbox"/> NCIC | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | Recovered By |
| <input type="checkbox"/> Recovered | <input type="checkbox"/> Missing | | | | |
| <input type="checkbox"/> Found | <input type="checkbox"/> Damaged | | | | |
| QTY. | Description | Make | Model | Color/Year | Serial Number |
| | | | | | Value |
| | | | | | Recovered Value |

| | | | | |
|----------------|-------------------|----------------------------|---------------------|--------------|
| Report Date | Report Time | Assisting Officer's Unit # | Crime Lab Unit # | Assigned To: |
| <u>3/20/04</u> | <u>0147</u> | | | Unit #: |
| Unit # | Reporting Officer | Unit # | Supervisor Approval | |
| <u>752</u> | <u>135</u> | <u>731</u> | <u>3-70-04</u> | |

| | | | | | | |
|--|----------------------------------|---|--|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Cleared by Arrest | <input type="checkbox"/> NCIC | <input type="checkbox"/> Entered | <input type="checkbox"/> Person Returned/Located | <input type="checkbox"/> Inactive | <input type="checkbox"/> Unfounded | <input checked="" type="checkbox"/> Closed |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Missing | <input type="checkbox"/> Active Pending Investigation | | | | |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Found | | | | | |

THIS OFFICER LOCATED #1 SITTING IN THE PARKING LOT OF THE ABOVE BUSINESS BETWEEN CARS. #1 HAD A STRONG ODOR OF AN ALCOHOLIC BEVERAGE ON HIS PERSON AND HAD VERY SLURRED SPEECH. #1 PLACED IN MY UNIT AND HAD TO BE LET OUT AGAIN IMMEDIATELY TO THROW UP. #1 WAS ARRESTED AND TRANSPORTED TO RCSO. #1 WAS GIVEN A COPY OF HIS SUMMONS.

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 04-2381 / Ref. Report #

| | | | | | | |
|-------------|---|---------------|-------------|----------------------|----------|---------|
| Incident | Date Occurred | Time Occurred | Day of Week | Dept. Classification | Zone: | 1 |
| | 5-5-04 | 2330 | 4 | Drug Abuse | # | 3 |
| TWP | Occurrence (Apt/Lot#, City, State, Zip) | | | | DBA | Insured |
| | 2921 Cedar Rd | | | | Showtime | By: - |
| Offense | Location Type | | | | | |
| | Business | | | | | |
| Victim | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 9 Sandusky <input checked="" type="checkbox"/> 12 Mifflin <input type="checkbox"/> 16 Perry <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 24 V. Lucas | | | | | |
| | <input type="checkbox"/> 2 Cass <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 13 Troy <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 25 V. Lexington | | | | | |
| Reporting | <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 11E Madison <input type="checkbox"/> 14 Washington <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 26 V. Bellville | | | | | |
| | <input type="checkbox"/> 4 Butler <input type="checkbox"/> 8 Weller <input type="checkbox"/> 11W Madison <input type="checkbox"/> 15 Monroe <input type="checkbox"/> 19 C. Mansfield <input type="checkbox"/> 23 C. Ontario <input type="checkbox"/> 27 V. Butler | | | | | |
| Suspect 1 | <input type="checkbox"/> Homicide <input type="checkbox"/> Rape <input type="checkbox"/> Robbery <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Assault <input type="checkbox"/> Arson | | | | | |
| | <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter <input type="checkbox"/> Forced <input type="checkbox"/> Firearm <input type="checkbox"/> Firearm <input type="checkbox"/> Simple <input type="checkbox"/> Single Residential <input type="checkbox"/> Other Residential | | | | | |
| Vehicle | <input type="checkbox"/> MV Theft <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Point of Entry <input type="checkbox"/> First Floor <input type="checkbox"/> Place of Entry <input type="checkbox"/> Larceny / Theft | | | | | |
| | <input type="checkbox"/> Window Broken <input type="checkbox"/> Forced <input type="checkbox"/> Basement <input type="checkbox"/> Door <input type="checkbox"/> Front <input type="checkbox"/> Pickpocket <input type="checkbox"/> Other Comm. | | | | | |
| Property | <input type="checkbox"/> Locked <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Second Floor <input type="checkbox"/> Side <input type="checkbox"/> Shoplifting <input type="checkbox"/> Other Structure | | | | | |
| | <input type="checkbox"/> Unlocked <input type="checkbox"/> Attempt <input type="checkbox"/> Window <input type="checkbox"/> Rear <input type="checkbox"/> Bicycle <input type="checkbox"/> Other Mobile | | | | | |
| Case Status | <input type="checkbox"/> Ignition Peeled <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Other <input type="checkbox"/> Roof <input type="checkbox"/> Other | | | | | |
| | <input type="checkbox"/> Other | | | | | |
| Narrative | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Attack Reason <input type="checkbox"/> Religious Bias <input type="checkbox"/> Evidence Collected | | | | | |
| | <input type="checkbox"/> Handgun <input type="checkbox"/> Blunt Object <input type="checkbox"/> Occupied <input type="checkbox"/> Racial Bias <input type="checkbox"/> Photos Taken | | | | | |
| | <input type="checkbox"/> Rifle <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Uninhabited <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Theft <input type="checkbox"/> Statements | | | | | |
| | <input type="checkbox"/> Shotgun <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Abandoned <input type="checkbox"/> Assault <input type="checkbox"/> Other | | | | | |
| | <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm <input type="checkbox"/> Other Weapon | | | | | |
| | <input type="checkbox"/> Other | | | | | |
| | Last Name First Name Middle Address (Apt/Lot#, City, State, Zip) Res: | | | | | |
| | State of Ohio | | | | | |
| | DOB Age SSN Race Sex Employer Bus: | | | | | |
| | Gouge, M.R. | | | | | |
| | Last Name First Name Middle Address (Apt/Lot#, City, State, Zip) Res: | | | | | |
| | Gouge, M.R. | | | | | |
| | DOB Age SSN Race Sex Employer Bus: | | | | | |
| | Gouge, M.R. | | | | | |
| | Arrested # Last Name First Name Middle Clothing / Other Info. Res: | | | | | |
| | 45 # Hebebrand/Douglas E | | | | | |
| | Address (Apt/Lot#, City, State, Zip) Bus: | | | | | |
| | 71 Cedar Gate Ct. Galion, OH | | | | | |
| | DOB Age Race Sex Height Weight Hair Eyes Employer | | | | | |
| | 4-27-81 23 W M 5'8 200 Br Blu | | | | | |
| | Charge: <input type="checkbox"/> Warrants <input type="checkbox"/> Summons: <input type="checkbox"/> Indictment / Date <input type="checkbox"/> Citations: | | | | | |
| | Poss. Marijuana # 2925-11 # 862013 | | | | | |
| | Drug Paraphernalia INSTRUMENTS-2925-12 # 862012 | | | | | |
| | | | | | | |
| | <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> License / Plate# <input type="checkbox"/> State <input type="checkbox"/> Year <input type="checkbox"/> Make <input type="checkbox"/> Model <input type="checkbox"/> Color Top Bottom | | | | | |
| | <input type="checkbox"/> Recovered <input type="checkbox"/> Other | | | | | |
| | V.I.N.# <input type="checkbox"/> Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Hold for Court <input type="checkbox"/> Towing Company Used <input type="checkbox"/> Value <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | | | | | |
| | <input type="checkbox"/> NCIC <input type="checkbox"/> RCSI Request <input type="checkbox"/> Lab Process | | | | | |
| | Other Info. <input type="checkbox"/> Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Recovery Value <input type="checkbox"/> Owner Notified By:# | | | | | |
| | <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> Found | | | | | |
| | QTY. Description Make Model Color/Year Serial Number Value Recovered Value | | | | | |
| | | | | | | |
| | Report Date Report Time Assisting Officer's Unit # Crime Lab Unit # Assigned To: Unit #s: | | | | | |
| | 5-6-04 0000 731 | | | | | |
| | Unit # Reporting Officer Unit # Supervisor Approval | | | | | |
| | 735 Gouge, M.R. 731 5-6-04 | | | | | |
| | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> NCIC <input type="checkbox"/> Entered <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | | | | | |
| | <input type="checkbox"/> Adult <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation | | | | | |
| | <input type="checkbox"/> Juvenile <input type="checkbox"/> Found | | | | | |
| | | | | | | |

Case # 04-2381 / Ref. Report #Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

| | | | | | | |
|------|---|-----------|------------|--------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | | | | | | Cell: _____ |
| | DOB | Age | SSN | Race | Sex | Employer |

Suspect Supplemental

| | | | | | | | | | |
|-----------|--|---|------------|--|------------------------|---|-----------|--|----------|
| Suspect 2 | <input checked="" type="checkbox"/> Arrested # <u>255</u> <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | | |
| | <u>1221 Twp Rd 1706 Rd 4, Ashland OH</u> | | | | | Cell: _____ | | | |
| | DOB | Age | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | <u>11-26-61</u> | <u>42</u> | <u>W</u> | <u>M</u> | <u>5'7"</u> | <u>175</u> | <u>Br</u> | <u>Grn</u> | |
| | <input checked="" type="checkbox"/> Charge: <u>Pos. Marijuana</u> <u>Dr. Paraphernalia</u> | <input type="checkbox"/> Warrants / Date # <u>2925.11</u> # <u>2925.14</u> # _____ # _____ # _____ | | <input type="checkbox"/> Summons: # <u>862011</u> # <u>862010</u> # _____ # _____ # _____ | | <input type="checkbox"/> Indictment / Date # _____ # _____ # _____ # _____ # _____ | | <input type="checkbox"/> Citations: # _____ # _____ # _____ # _____ # _____ | |

| | | | | | | | | | | |
|-----------|--|---|------------|--|------------------------|---|--------|--|------|----------|
| Suspect 3 | <input type="checkbox"/> Arrested # _____ <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | | | |
| | | | | | | Cell: _____ | | | | |
| | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date # _____ # _____ # _____ # _____ # _____ | | <input type="checkbox"/> Summons: # _____ # _____ # _____ # _____ # _____ | | <input type="checkbox"/> Indictment / Date # _____ # _____ # _____ # _____ # _____ | | <input type="checkbox"/> Citations: # _____ # _____ # _____ # _____ # _____ | | |

| | | | | | | | | | | |
|-----------|--|---|------------|--|------------------------|---|--------|--|------|----------|
| Suspect 4 | <input type="checkbox"/> Arrested # _____ <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | | | |
| | | | | | | Cell: _____ | | | | |
| | DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date # _____ # _____ # _____ # _____ # _____ | | <input type="checkbox"/> Summons: # _____ # _____ # _____ # _____ # _____ | | <input type="checkbox"/> Indictment / Date # _____ # _____ # _____ # _____ # _____ | | <input type="checkbox"/> Citations: # _____ # _____ # _____ # _____ # _____ | | |

04-2381
SUPPLEMENTAL
5-6-04

LISTED DATE AND TIME: WHILE ON PATROL IN THE AREA OF SHOWTIME GENTLEMAN'S CLUB, I PULLED BEHIND THE BUSINESS AND OBSERVED NUMBERS 1 AND 2 STANDING BY THE DUMPSTER. #2 OBSERVED MY CAR AND IMMEDIATELY BEGAN TO WALK AWAY. I CALLED FOR HIM TO RETURN AND HE DID SO.

WHILE SPEAKING TO BOTH SUBJECTS, I DETECTED A STRONG AND FRESH ODOR OF BURNING MARIJUANA ON THEIR PERSONS AND IN THE AIR. I ASKED WHERE THE "WEED" WAS AND #1 STATED, "IT IS RIGHT HERE." HE THEN PICKED UP A HALF SMOKED MARIJUANA "BLUNT" FROM THE GROUND WHERE HE HAD BEEN STANDING.

I ASKED BOTH SUBJECTS TO VOLUNTARILY EMPTY THEIR POCKETS AND THEY DID SO. I OBSERVED THAT #1 HAD A SMALL POCKET ON HIS THIGH THAT APPEARED TO STILL HAVE SOMETHING IN IT THAT HE DID NOT REMOVE. WHEN I SQUEEZED THE OUTSIDE OF THE POCKET I HEARD THE CRACKLE OF PLASTIC AND FELT WHAT MY EXPERIENCE AND TRAINING HAS TAUGHT ME TO BE A POWDER INSIDE THE PLASTIC. #1 THEN STATED, "YOU GOT ME." I REMOVED THE SUSPECTED DRUG FROM THE POCKET AND OBSERVED A WHITE POWDER IN A PLASTIC BAG. #1 LATER ADMITTED THE POWDER WAS COCAINE.

#2 STATED THAT HE KNEW NOTHING ABOUT THE COCAINE AND HAD ONLY SMOKED A LITTLE MARIJUANA WITH #1. #2 ALSO STATED THAT HE HAD A MARIJUANA PIPE IN HIS CAR IN THE ASHTRAY. HE VOLUNTEERED TO ALLOW ME TO REMOVE THE PIPE FROM HIS TRUCK.

BOTH WERE ARRESTED AND TAKEN TO RCSO AND ISSUED THE ABOVE.

DEP. M. R. GOUGE

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # **04-2562** / Ref. Report #

| | | | | | | | | | | | | |
|--|---|--|--|---|--|--|---|---|--|---|---|--|
| Incident | Date Occurred 5-12-04 | | Time Occurred 22:45-23:15 | | Day of Week 05 | | Dept. Classification Menacing by Stalking | | Zone: 1 | | | |
| | Occurrence (Apt/Lot#, City, State, Zip) 2921 Crider Rd, Mansfield | | | | | | DBA Showtime | | Insured By: n/a | | Location Type Club | |
| TWP | <input type="checkbox"/> 1 Plymouth | | <input type="checkbox"/> 5 Sharon | | <input type="checkbox"/> 9 Sandusky | | <input type="checkbox"/> 12 Millin | | <input type="checkbox"/> 16 Perry | | <input type="checkbox"/> 20 V. Plymouth | |
| | <input type="checkbox"/> 2 Cass | | <input type="checkbox"/> 6 Jackson | | <input type="checkbox"/> 10 Springfield | | <input type="checkbox"/> 13 Troy | | <input type="checkbox"/> 17 Jefferson | | <input type="checkbox"/> 21 V. Shiloh | |
| Offense | <input type="checkbox"/> 3 Bloominggrove | | <input type="checkbox"/> 7 Franklin | | <input type="checkbox"/> 11E Madison | | <input type="checkbox"/> 14 Washington | | <input type="checkbox"/> 18 Worthington | | <input type="checkbox"/> 22 C. Shelby | |
| | <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 11W Madison | | <input type="checkbox"/> 15 Monroe | | <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 23 C. Ontario | |
| Victim | <input type="checkbox"/> Homicide | | <input type="checkbox"/> Rape | | <input type="checkbox"/> Robbery | | <input type="checkbox"/> Agg. Assault | | <input type="checkbox"/> Assault | | <input type="checkbox"/> Arson | |
| | <input type="checkbox"/> Murder | | <input type="checkbox"/> Forced | | <input type="checkbox"/> Firearm | | <input type="checkbox"/> Firearm | | <input type="checkbox"/> Simple | | <input type="checkbox"/> Single Residential | |
| Reported | <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Knife | | <input type="checkbox"/> Knife | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Storage | |
| | <input type="checkbox"/> MV Theft | | <input type="checkbox"/> Burglary / B & E | | <input type="checkbox"/> Point of Entry | | <input type="checkbox"/> First Floor | | <input type="checkbox"/> Place of Entry | | <input type="checkbox"/> Larceny / Theft | |
| Suspect 1 | <input type="checkbox"/> Window Broken | | <input type="checkbox"/> Unlawful Entry | | <input type="checkbox"/> Basement | | <input type="checkbox"/> Door | | <input type="checkbox"/> Front | | <input type="checkbox"/> Pickpocket | |
| | <input type="checkbox"/> Locked | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Second Floor | | <input type="checkbox"/> Garage | | <input type="checkbox"/> Side | | <input type="checkbox"/> Shoplifting | |
| Vehicle | <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Window | | <input type="checkbox"/> Other | | <input type="checkbox"/> Rear | | <input type="checkbox"/> Bicycle | |
| | <input type="checkbox"/> Weapon Type | | <input type="checkbox"/> Knife/Cutting Inst. | | <input type="checkbox"/> Structure Occupancy | | <input type="checkbox"/> Religious Bias | | <input type="checkbox"/> Theft | | <input type="checkbox"/> Coin OP Machine | |
| Property | <input type="checkbox"/> Handgun | | <input type="checkbox"/> Blunt Object | | <input type="checkbox"/> Occupied | | <input type="checkbox"/> Racial Bias | | <input type="checkbox"/> Sexual Bias | | <input type="checkbox"/> Evidence Collected | |
| | <input type="checkbox"/> Rifle | | <input type="checkbox"/> Motor Vehicle | | <input type="checkbox"/> Uninhabited | | <input type="checkbox"/> Ethnicity Bias | | <input type="checkbox"/> Theft | | <input type="checkbox"/> Photos Taken | |
| Case Status | <input type="checkbox"/> Shotgun | | <input type="checkbox"/> Personal Weapon | | <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Assault | | <input type="checkbox"/> Other | | <input type="checkbox"/> Statements | |
| | <input type="checkbox"/> BB/Pellet | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Other | | <input type="checkbox"/> Menace | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| Narrative | <input type="checkbox"/> Other Firearm | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Last Name Kelly | | First Name Jaimie | | Middle C | | Address (Apt/Lot#, City, State, Zip) 1617 Elderberry Ct, Mansfield | | Res: --- | | | | |
| DOB 12-16-76 | | Age 27 | | SSN --- | | Race W | | Sex F | | Employer --- | | |
| Last Name Same | | First Name --- | | Middle --- | | Address (Apt/Lot#, City, State, Zip) --- | | Res: --- | | | | |
| DOB --- | | Age --- | | SSN --- | | Race --- | | Sex --- | | Employer --- | | |
| <input type="checkbox"/> Arrested # --- | | Last Name Plues | | First Name Harold | | Middle W | | Clothing / Other Info. --- | | Re --- | | |
| <input type="checkbox"/> Wanted | | Address (Apt/Lot#, City, State, Zip) 865 US 250, Ashland, OH | | | | | | | | Bus: --- | | |
| DOB 12-19-71 | | Age 32 | | SSN --- | | Race W | | Sex M | | Height 5'6 | | |
| | | | | | | Weight 150 | | Hair Brown | | Eyes Blue | | |
| <input type="checkbox"/> Charge: | | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | | <input type="checkbox"/> Citations: | | | | |
| | | # / | | # / | | # / | | # / | | | | |
| | | # / | | # / | | # / | | # / | | | | |
| | | # / | | # / | | # / | | # / | | | | |
| | | # / | | # / | | # / | | # / | | | | |
| | | # / | | # / | | # / | | # / | | | | |
| <input type="checkbox"/> Stolen | | <input type="checkbox"/> Damaged | | License / Plate# | | State | | Year | | Make | | |
| <input type="checkbox"/> Recovered | | <input type="checkbox"/> Other | | | | | | | | Model | | |
| <input type="checkbox"/> NCIC | | | | | | | | | | Color Top Bottom | | |
| V.I.N.# | | Impounded | | Owners Request | | Hold for Court | | Towing Company Used | | Value | | |
| | | <input type="checkbox"/> RCSO Request | | <input type="checkbox"/> Lab Process | | | | | | <input type="checkbox"/> Keys In Car | | |
| Other Info. | | | | | | | | | | <input type="checkbox"/> Vehicle Locked | | |
| | | | | | | | | | | <input type="checkbox"/> Owner Notified By: # | | |
| <input type="checkbox"/> Stolen | | <input type="checkbox"/> NCIC | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | | |
| <input type="checkbox"/> Recovered | | <input type="checkbox"/> Missing | | | | | | | | | | |
| <input type="checkbox"/> Found | | <input type="checkbox"/> Damaged | | | | | | | | | | |
| QTY. | | Description | | Make | | Model | | Color/Year | | Serial Number | | |
| | | | | | | | | | | Value | | |
| | | | | | | | | | | Recovered Value | | |
| Report Date 5-13-04 | | Report Time 19:41 | | Assisting Officer's Unit # | | Crime Lab Unit # | | Assigned To: Unit #s: | | | | |
| Unit # 737 | | Reporting Officer Dep. S. Wendling-Dittrich | | Unit # --- | | Supervisor Approval 5/13 | | | | | | |
| <input type="checkbox"/> Cleared by Arrest | | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Entered | | <input type="checkbox"/> Person Returned/Located | | <input type="checkbox"/> Inactive | | <input type="checkbox"/> Unfounded | | |
| <input type="checkbox"/> Adult | | <input type="checkbox"/> Missing | | <input type="checkbox"/> Active Pending Investigation | | | | | | <input type="checkbox"/> Closed | | |
| <input type="checkbox"/> Juvenile | | <input type="checkbox"/> Found | | | | | | | | | | |
| <p>Victim reported being stalked and threatened</p> <p>b1#1.</p> | | | | | | | | | | | | |

Supplemental

Richland County Sheriff's Office - 55 East Second Street, Mansfield, Ohio 44902 (419) 774-5678

Case # 04-2562

Victim reported being stalked and threatened by #1. Victim is a dancer at Showtime Gentlemen's Club, and #1 was a frequent customer. Victim stated there was no relationship at all with #1, outside of being friends. After rebuffing #1's attempts at a more personal relationship, #1 became angry and began calling and threatening her. On 5/11/04, #1 called Showtime and stated he was coming out to see Victim. On 5/12/04, #1 called vic's cellphone and left a voicemail stating he had a "big surprise" for the managers and Jamie. (Message recorded, logged in evidence) On 5/12/04 between 22:45 - 23:15, #1 called vic at Showtime and said he was coming out to "shoot up the place" & that Jamie would be dead first. Victim confirmed #1 owns several weapons. On 5/13/04, at 13:15 hours, #1 called Jamie at home and stated he was going to break into her house and kill her and her daughter. Victim stated she is so terrified she is moving out of her current residence next week, and tonight she is staying in a hotel.

Made contact with #1 via telephone. He denied all threats. #1 was advised to have no contact with Victim, and he was no longer allowed at Showtime, per the owner. #1 stated he understood clearly.

Victim is contacting Mansfield Law Director's office tomorrow for charges and a restraining order. #1 has no CCH.

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 04-3843

Ref. Report #

| | | | | | | | | |
|----------|--|------------------------------|---|--|---|--|--|----------------------------------|
| Incident | Date Occurred 07-10-04 | Time Occurred 0100 | Day of Week 07 | Dept. Classification ASSAULT | | | | Zone: 1 |
| | Occurrence (Apt/Lot#, City, State, Zip) 2921 Crider Rd. Mansfield, Ohio | | | | DBA SHOWTIME | | <input type="checkbox"/> Insured By: _____ | Location Type Business |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison <input type="checkbox"/> 11W Madison | | <input checked="" type="checkbox"/> 12 Millin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | |
| | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 C. Ontario | | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 27 V. Butler | | | |
| Offense | <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | |
| | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other | | | | | |
| Victim | <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Theft by Computer | | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other | | | |
| Suspect | <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | |
| | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Photos Taken <input type="checkbox"/> Statements | | | | | |
| Victim | Last Name Stoner | | First Name Jessy | | Middle P. | | Address (Apt/Lot#, City, State, Zip) 1574 SASSAFRAS DR. Mansfield, Ohio | |
| | DOB 08-22-64 | | Age 39 | | SSN | | Race W Sex M Employer | |
| Suspect | Last Name Same as Victim | | First Name | | Middle | | Address (Apt/Lot#, City, State, Zip) | |
| | DOB | | Age | | SSN | | Race Sex Employer | |
| Suspect | <input type="checkbox"/> Arrested # <input type="checkbox"/> Wanted | | Last Name Unknown | | First Name | | Middle | |
| | Clothing / Other Info. | | | | | | | |
| Suspect | Address (Apt/Lot#, City, State, Zip) | | | | | | | |
| | DOB | | Age | | SSN | | Race Sex Height Weight Hair Eyes Employer | |
| Charge | <input type="checkbox"/> Charge: | | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: | | <input type="checkbox"/> Indictment / Date | |
| | <input type="checkbox"/> Citations: | | | | | | | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Recovered <input type="checkbox"/> Other <input type="checkbox"/> NCIC | | License / Plate# | | State | | Year | |
| | Make | | Model | | Color Top _____ Bottom _____ | | | |
| Vehicle | V.I.N.# | | <input type="checkbox"/> Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Hold for Court <input type="checkbox"/> RCSI Request <input type="checkbox"/> Lab Process | | Towing Company Used | | Value | |
| | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | | | | | | | |
| Vehicle | Other Info. | | Recovery Code | | <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | Recovery Value | |
| | <input type="checkbox"/> Owner Notified By: # | | | | | | | |
| Vehicle | <input type="checkbox"/> Stolen <input type="checkbox"/> NCIC <input type="checkbox"/> Recovered <input type="checkbox"/> Missing <input type="checkbox"/> Found <input type="checkbox"/> Damaged | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | |
| | Recovered By | | | | | | | |
| Vehicle | QTY. | | Description | | Make | | Model | |
| | Color/Year | | Serial Number | | Value | | Recovered Value | |
| Vehicle | Report Date 07-10-04 | | Report Time 0419 | | Assisting Officer's Unit # 710 | | Crime Lab Unit # | |
| | Assigned To: Unit #s: | | | | | | | |
| Vehicle | Unit # 742 | | Reporting Officer Nicholson, James A. | | Unit # 708 | | Supervisor Approval [Signature] | |
| | <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> NCIC <input type="checkbox"/> Entered <input type="checkbox"/> Adult <input type="checkbox"/> Missing <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Juvenile <input type="checkbox"/> Found | | <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Closed | | | | | |

VICTIM STATED HE WAS AT THE LISTED BUSINESS WHEN HE OBSERVED AN UNKNOWN WHITE MALE REACH OVER THE BAR AND REMOVE AN UNKNOWN AMOUNT OF MONIES FROM A DANCER THAT WAS PERFORMING ON STAGE. THE VICTIM STATED HE CONFRONTED THE SUBJECT AND TOLD HIM TO RETURN THE MONEY THAT HE TOOK. THE VICTIM STATED HE GOT UP AN WALKED OVER TO THE SUSPECT #1 AND AGAIN TOLD HIM TO RETURN THE MONEY, STATING IT IS NOT RIGHT TO TAKE HER MONEY.

THE VICTIM STATED OUT OF NOWHERE TWO (2) OTHER UNKNOWN WHITE MALES SUSPECTS #2/3 JUMPED HIM FROM BEHIND AND THE THREE SUSPECTS BEGAN PUNCHING HIM KNOCKING HIM TO THE FLOOR AND BEGAN TO KICK HIM. THE VICTIM STATED OTHER MEMBERS IN THE LISTED BUSINESS ASSISTED HIM GETTING THE SUSPECTS OFF. THE VICTIM STATED HE HAS NO IDEA WHO THEY WERE AND WAS UNABLE TO OBTAIN A DESCRIPTION OF ANY OF THE THREE.

THE VICTIM STATED HE LEFT THE BUSINESS AND WENT STRAIGHT HOME AND CALLED THE SHERIFF'S OFFICE. UPON A LENGTHILY DELAY DO TO 911 CALLS THIS OFFICER AND DEPUTY ROGERS FINALLY MADE CONTACT WITH THE VICTIM. THE VICTIM HAD VERY APPARENT SWELLING ON THE LEFT SIDE OF HIS FACE AND TWO (2) CUTS ON HIS LEFT CHEEK AND BRIDGE HAVE HIS NOISE.

VICTIM THEN STATED HE WAS PUT OUT OF THE LISTED BUSINESS AND HE DOES NOT KNOW WHAT HAPPENED TO THE SUSPECTS. HOWEVER BEFORE LEAVING HE NOTICED ALL (3) SUSPECTS STANDING BEHIND THE COUNTER JUST INSIDE THE BUSINESS. AT THIS TIME THE VICTIM STATED HE IS NOT SEEKING ANY CHARGES AT THIS TIME. NOTHING FURTHER OCCURRED.

| | | | |
|---|----------------------------------|--|-----------------------------------|
| Report Date 07-10-04 | Report Time 0419 | Location 2921 CRIDER RD. MANSFIELD, OHIO | |
| Unit # Reporting Officer 748 NICHOLSON, JAMES A. | | Unit# Supervisor's Approval | Assigned To Unit# |
| <input type="checkbox"/> Cleared By Arrest | <input type="checkbox"/> NCIC | <input type="checkbox"/> Person Returned / Located | <input type="checkbox"/> Inactive |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Missing | <input type="checkbox"/> Active / Pending Inv. | <input type="checkbox"/> Closed |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Found | <input type="checkbox"/> Unfounded | |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 04-3953 / Ref. Report #

| | | | | |
|---------------------------------|------------------------------|--------------------------|--------------------------------------|----------------|
| Date Occurred 7-14-03 | Time Occurred 1200 | Day of Week 04 | Dept. Classification THEFT | Zone: 1 |
|---------------------------------|------------------------------|--------------------------|--------------------------------------|----------------|

| | | | |
|--|-------------------------|----------------------------------|----------------------------------|
| Occurrence (Apt/Lot#, City, State, Zip) 2921 CRIDER RD. MANFIELD, OHIO | DBA SHOW TIME | <input type="checkbox"/> Insured | Location Type BUSINESS |
|--|-------------------------|----------------------------------|----------------------------------|

| | | | | | | |
|---|---|--|---|---|---|---|
| <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison <input type="checkbox"/> 11W Madison | <input checked="" type="checkbox"/> 12 Millin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 27 V. Butler |
|---|---|--|---|---|---|---|

| | | | | | | |
|--|--|--|--|---|---|---|
| <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other |
|--|--|--|--|---|---|---|

| | | | | | | |
|---|---|---|--|--|--|--|
| <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Theft by Computer | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other |
|---|---|---|--|--|--|--|

| | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Photos Taken <input type="checkbox"/> Statements |
|--|--|--|---|---|---|

| | | | | | | |
|---------------------------|------------------------------|--------------------|--|----------|------------|-------------|
| Last Name DALEY | First Name RUSSELL | Middle A | Address (Apt/Lot#, City, State, Zip) 3326 NOBLET RD MANFIELD, OHIO | | | Res: _____ |
| DOB 3-14-76 | Age 28 | Race W | Sex M | Employer | Bus: _____ | Cell: _____ |

| | | | | | | |
|-----------|------------|--------|--------------------------------------|-----|----------|-------------|
| Last Name | First Name | Middle | Address (Apt/Lot#, City, State, Zip) | | | Res: _____ |
| DOB | Age | SSN | Race | Sex | Employer | Bus: _____ |
| | | | | | | Cell: _____ |

| | | | | | | | | | | |
|-------------------------------------|--------------------------------------|------------|--------|------------------------|------------|--------|------|------|----------|-------------|
| <input type="checkbox"/> Arrested # | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | | | | |
| <input type="checkbox"/> Wanted | Address (Apt/Lot#, City, State, Zip) | | | | Bus: _____ | | | | | |
| DOB | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer | Cell: _____ |

| | | | | |
|----------------------------------|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | <input type="checkbox"/> Summons: | <input type="checkbox"/> Indictment / Date | <input type="checkbox"/> Citations: |
| | # / | # | # / | # |
| | # / | # | # / | # |
| | # / | # | # / | # |
| | # / | # | # / | # |

| | | | | | | | |
|--|---|---|---------------------|------|-------|---|---|
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | License / Plate# | State | Year | Make | Model | Color Top Bottom |
| V.I.N.# | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSI Request | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | Towing Company Used | | Value | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | <input type="checkbox"/> Owner Notified By# |

| | | | | | | | |
|---|---|------|-------|---|---------------|-------|-----------------|
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | Recovered By | | |
| QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |

| | | | | |
|-------------------------------|---|----------------------------|---------------------------------------|--------------------------------------|
| Report Date 7-15-03 | Report Time 1229 | Assisting Officer's Unit # | Crime Lab Unit # | Assigned To: Unit #s: 7466 |
| Unit # | Reporting Officer Dep. Kooch, 746 | Unit # | Supervisor Approval 7-16-04 | |

| | | | | | | |
|---|---|---|--|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | <input type="checkbox"/> Entered <input type="checkbox"/> Active Pending Investigation | <input type="checkbox"/> Person Returned/Located | <input type="checkbox"/> Inactive | <input type="checkbox"/> Unfounded | <input type="checkbox"/> Closed |
|---|---|---|--|-----------------------------------|------------------------------------|---------------------------------|

VICTIM ADVISED HIS WALLET FELL OUT OF HIS PACKET AT ABOVE LOCATION. HE WAS ADVISED THAT A BLACK MALE PICKED IT UP AND LEFT WITH OTHER BLACK MALES. VICTIM ADVISED THE WALLET CONTAINED: MASTER CARD, CAPITAL ONE; VISA; \$90.00 DOLLARS CASH; KUFFMAN & KOHL'S CREDIT CARD; CHECKS; MISC. PAPERS / PICTURES. ON 7-15-03 1545HRS. VICTIM ADVISED THE WALLET WAS RECOVERED, AND EVERYTHING EXCEPT THE MONEY WAS RECOVERED.

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 04-43701 Ref. Report #

| | | | | |
|----------------------------------|-----------------------------------|--------------------------|--|----------------|
| Date Occurred <u>08-03-04</u> | Time Occurred <u>2300-0900</u> | Day of Week <u>03</u> | Dept. Classification <u>Civil Grievance</u> | Zone: <u>1</u> |
|----------------------------------|-----------------------------------|--------------------------|--|----------------|

| | | | |
|--|--------------------|-----------------|--------------------------------|
| Occurrence (Apt/Lot#, City, State, Zip) <u>2921 Cedar Rd Menstield Ohio 44903</u> | DBA <u>show</u> | By: <u>Time</u> | Location Type <u>Garage</u> |
|--|--------------------|-----------------|--------------------------------|

| | | | | | | |
|--|-------------------------------------|---|--|--|---|--|
| <input type="checkbox"/> 1 Plymouth | <input type="checkbox"/> 5 Sharon | <input type="checkbox"/> 9 Sandusky | <input checked="" type="checkbox"/> 12 Mifflin | <input type="checkbox"/> 16 Perry | <input type="checkbox"/> 20 V. Plymouth | <input type="checkbox"/> 24 V. Lucas |
| <input type="checkbox"/> 2 Cass | <input type="checkbox"/> 6 Jackson | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson | <input type="checkbox"/> 21 V. Shiloh | <input type="checkbox"/> 25 V. Lexington |
| <input type="checkbox"/> 3 Bloominggrove | <input type="checkbox"/> 7 Franklin | <input type="checkbox"/> 11E Madison | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 18 Worthington | <input type="checkbox"/> 22 C. Shelby | <input type="checkbox"/> 26 V. Bellville |
| <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 11W Madison | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 27 V. Butler |

| | | | | | |
|--|---|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Rape | <input type="checkbox"/> Robbery | <input type="checkbox"/> Agg. Assault | <input type="checkbox"/> Assault - Simple | <input type="checkbox"/> Arson |
| <input type="checkbox"/> Murder | <input type="checkbox"/> Forced Attempt | <input type="checkbox"/> Firearm | <input type="checkbox"/> Firearm | <input type="checkbox"/> Knife | <input type="checkbox"/> Single Residential |
| <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Knife | <input type="checkbox"/> Knife | <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Storage |
| | | <input type="checkbox"/> Strong-Arm | | | <input type="checkbox"/> Industrial / Mant. |
| | | <input type="checkbox"/> Other Weapon | | | <input type="checkbox"/> Motor Vehicle |
| | | | | | <input type="checkbox"/> Comm. / Public |
| | | | | | <input type="checkbox"/> Other |

| | | | | | |
|--|---|---|--------------------------------------|---|--|
| <input type="checkbox"/> MV Theft | <input type="checkbox"/> Burglary / B & E | <input type="checkbox"/> Point of Entry | <input type="checkbox"/> First Floor | <input type="checkbox"/> Place of Entry | <input type="checkbox"/> Larceny / Theft |
| <input type="checkbox"/> Window Broken | <input type="checkbox"/> Forced Entry | <input type="checkbox"/> Basement | <input type="checkbox"/> Door | <input type="checkbox"/> Front | <input type="checkbox"/> Pickpocket |
| <input type="checkbox"/> Locked | <input type="checkbox"/> Unlawful Entry | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Garage | <input type="checkbox"/> Side | <input type="checkbox"/> Shoplifting |
| <input type="checkbox"/> Unlocked | <input type="checkbox"/> Attempt | <input type="checkbox"/> Window | <input type="checkbox"/> Other | <input type="checkbox"/> Rear | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Adjoining Area | | <input type="checkbox"/> Roof | <input type="checkbox"/> Coin OP Machine |
| | | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Other | <input type="checkbox"/> Theft by Computer |

| | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> Weapon Type | <input type="checkbox"/> Knife/Cutting Inst. | <input type="checkbox"/> Structure Occupancy | <input type="checkbox"/> Attack Reason | <input type="checkbox"/> Religious Bias | <input type="checkbox"/> Evidence Collected |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> Blunt Object | <input type="checkbox"/> Occupied | <input type="checkbox"/> Racial Bias | <input type="checkbox"/> Sexual Bias | <input type="checkbox"/> Photos Taken |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Motor Vehicle | <input type="checkbox"/> Uninhabited | <input type="checkbox"/> Ethnicity Bias | <input type="checkbox"/> Theft | <input type="checkbox"/> Statements |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> Personal Weapon | <input type="checkbox"/> Abandoned | <input type="checkbox"/> Assault | <input type="checkbox"/> Other | |
| <input type="checkbox"/> BB/Pellet | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Menace | | |
| <input type="checkbox"/> Other Firearm | | | | | |

| | | | | |
|---------------------------|-----------------------------|--------------------|--|-----------------|
| Last Name <u>Vance</u> | First Name <u>Vanley</u> | Middle <u>D</u> | Address (Apt/Lot#, City, State, Zip) <u>1423 Bellview Rd Menstield Ohio 44903</u> | Res: <u>Bus</u> |
|---------------------------|-----------------------------|--------------------|--|-----------------|

| | | | | | | |
|------------------------|------------------|-----|------------------|-----------------|-------------------------|---------------|
| DOB <u>01-29-36</u> | Age <u>68</u> | SSN | Race <u>G</u> | Sex <u>M</u> | Employer <u>Self</u> | Cell: <u></u> |
|------------------------|------------------|-----|------------------|-----------------|-------------------------|---------------|

| | | | | |
|---------------------------|------------------------------|-------------------|---|--------------|
| Last Name <u>Burns</u> | First Name <u>Michael</u> | Middle <u></u> | Address (Apt/Lot#, City, State, Zip) <u></u> | Res: <u></u> |
|---------------------------|------------------------------|-------------------|---|--------------|

| | | | | | | |
|----------------|----------------|----------------|-----------------|----------------|---------------------|---------------|
| DOB <u></u> | Age <u></u> | SSN <u></u> | Race <u></u> | Sex <u></u> | Employer <u></u> | Cell: <u></u> |
|----------------|----------------|----------------|-----------------|----------------|---------------------|---------------|

| | | | | | |
|---|---------------------------|------------------------------|-------------------|-----------------------------------|--------------|
| <input type="checkbox"/> Arrested # <u></u> | Last Name <u>Burns</u> | First Name <u>Michael</u> | Middle <u></u> | Clothing / Other Info. <u></u> | Res: <u></u> |
|---|---------------------------|------------------------------|-------------------|-----------------------------------|--------------|

| | | | | | | | | | | |
|---|----------------|----------------|----------------|-----------------|----------------|-------------------|-------------------|-----------------|-----------------|---------------------|
| Address (Apt/Lot#, City, State, Zip) <u></u> | DOB <u></u> | Age <u></u> | SSN <u></u> | Race <u></u> | Sex <u></u> | Height <u></u> | Weight <u></u> | Hair <u></u> | Eyes <u></u> | Employer <u></u> |
|---|----------------|----------------|----------------|-----------------|----------------|-------------------|-------------------|-----------------|-----------------|---------------------|

| | | | | |
|----------------------------------|--|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date | <input type="checkbox"/> Summons: | <input type="checkbox"/> Indictment / Date | <input type="checkbox"/> Citations: |
| # | # | # | # | # |
| # | # | # | # | # |
| # | # | # | # | # |
| # | # | # | # | # |

| | | | | | | | |
|---------------------------------|----------------------------------|------------------|-------|------|------|-------|------------------------|
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Damaged | License / Plate# | State | Year | Make | Model | Color Top Bottom |
|---------------------------------|----------------------------------|------------------|-------|------|------|-------|------------------------|

| | | | | |
|---------|---|---|-------|---|
| V.I.N.# | Impounded | Towing Company Used | Value | <input type="checkbox"/> Keys In Car |
| | <input type="checkbox"/> Owners Request | <input type="checkbox"/> Hold for Court | | <input type="checkbox"/> Vehicle Locked |
| | <input type="checkbox"/> RCSI Request | <input type="checkbox"/> Lab Process | | |

| | | | |
|-------------|---|----------------|---|
| Other Info. | Recovery Code | Recovery Value | <input type="checkbox"/> Owner Notified By# |
| | <input type="checkbox"/> Stolen/Recovered Local | | |
| | <input type="checkbox"/> Stolen Local/Recovered Other | | |

| | | | | | |
|---------------------------------|-------------------------------|------|------|---|--------------|
| <input type="checkbox"/> Stolen | <input type="checkbox"/> NCIC | Date | Time | Location Address (Apt/Lot#, City, State, Zip) | Recovered By |
|---------------------------------|-------------------------------|------|------|---|--------------|

| | | | | | | | |
|------|-------------|------|-------|------------|---------------|-------|-----------------|
| QTY. | Description | Make | Model | Color/Year | Serial Number | Value | Recovered Value |
|------|-------------|------|-------|------------|---------------|-------|-----------------|

| | | | | |
|--------------------------------|----------------------------|----------------------------|------------------|----------------------|
| Report Date <u>08-03-04</u> | Report Time <u>1026</u> | Assisting Officer's Unit # | Crime Lab Unit # | Assigned To: Unit #s |
|--------------------------------|----------------------------|----------------------------|------------------|----------------------|

| | | | |
|----------------------|---|--------|---|
| Unit # <u>749</u> | Reporting Officer <u>John P. ...</u> | Unit # | Supervisor Approval <u>John P. ... 8/2</u> |
|----------------------|---|--------|---|

| | | | | | | |
|--|-------------------------------|----------------------------------|--|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Cleared by Arrest | <input type="checkbox"/> NCIC | <input type="checkbox"/> Entered | <input type="checkbox"/> Person Returned/Located | <input type="checkbox"/> Inactive | <input type="checkbox"/> Unfounded | <input type="checkbox"/> Closed |
|--|-------------------------------|----------------------------------|--|-----------------------------------|------------------------------------|---------------------------------|

The victim stated on listed date between listed times listed item was removed from listed location. The victim stated that #1 removed it or had it removed. The victim stated it would have taken a crane to move the statue. The victim stated that he and #1 had been in business together in the past and stated the statue belonged to #1 but that he was holding it because #1 owed him 30,000 dollars. The victim stated he called to make this report because his lawyer told him to. The victim stated that he does not

Supplemental

Richland County Sheriff's Office 55 East Second Street, Mansfield, Ohio 44902 (419) 774 5678

Case # 044370

want to file any charges like Trespassing or Criminal Damaging but that he is glad it is just over and that he will just get him self another statue. The victim stated that he has the whole removal of the statue on a disc but that he wants to give it to his lawyer and not to this officer. The victim also stated until this happened it was all being worked out by his lawyer Jack Donaldson and #1 lawyer Jeff Heck. The victim stated that #1 lawyer called his lawyer and told him that #1 took the statue. The victim was advised he could contact the Law Director's office and talk to them about possible charges but the victim stated he just wanted a report for the record.

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 04-4532 / Ref. Report # 04-4530

| | | | | | |
|----------|--|------------------------------|-------------------------|--------------------------------------|---|
| Incident | Date Occurred 8-10-04 | Time Occurred 1830 | Day of Week 3 | Dept. Classification THEFT | Zone: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| | Occurrence (Apt/Lot#, City, State, Zip) 2921 CRIDER RD | | | DBA SHOW TIME | Insured <input type="checkbox"/> By: _____ |
| | | | | | Location Type BUSINESS |

| | | | | | | | |
|-----|---|---|---|--|---|---|--|
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input checked="" type="checkbox"/> 11E Madison <input type="checkbox"/> 11W Madison | <input type="checkbox"/> 12 Millin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Belleville <input type="checkbox"/> 27 V. Butler |
|-----|---|---|---|--|---|---|--|

| | | | | | | |
|--|--|--|--|---|---|---|
| <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other |
|--|--|--|--|---|---|---|

| | | | | | | |
|---|---|---|--|--|---|--|
| <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Theft by Computer | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other |
|---|---|---|--|--|---|--|

| | | | | | |
|--|--|--|---|---|---|
| <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Photos Taken <input type="checkbox"/> Statements |
|--|--|--|---|---|---|

| | | | | | |
|---------------------------|------------------------------|--------------------|--|-----------------|-------------------|
| Last Name COZAD | First Name MICHAEL | Middle L | Address (Apt/Lot#, City, State, Zip) 9753 CR 38 GALION, OH | | Res: _____ |
| DOB 6/4/62 | Age 42 | SSN --- | Race W | Sex M | Employer _____ |

| | | | | | |
|--------------------|---------------------|-----------------|---|--------------|-------------------|
| Last Name _____ | First Name _____ | Middle _____ | Address (Apt/Lot#, City, State, Zip) _____ | | Res: _____ |
| DOB _____ | Age _____ | SSN _____ | Race _____ | Sex _____ | Employer _____ |

| | | | | | | |
|--|---------|----------------------------|-----------------------------|-----------------|---------------------------------|-------------|
| <input type="checkbox"/> Arrested <input type="checkbox"/> Wanted | # _____ | Last Name SHANNA | First Name SHANNA | Middle _____ | Clothing / Other Info. _____ | Res: _____ |
| Address (Apt/Lot#, City, State, Zip) _____ | | | | | | Bus: _____ |
| DOB _____ | | | | | | Cell: _____ |

| | | | | |
|---------|-----------------|----------|-------------------|------------|
| Charge: | Warrants / Date | Summons: | Indictment / Date | Citations: |
| _____ | # _____ / _____ | # _____ | # _____ / _____ | # _____ |
| _____ | # _____ / _____ | # _____ | # _____ / _____ | # _____ |
| _____ | # _____ / _____ | # _____ | # _____ / _____ | # _____ |
| _____ | # _____ / _____ | # _____ | # _____ / _____ | # _____ |

| | | | | | | | |
|--|--|---|---|---|---------------------------|---|------------------------------------|
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | License / Plate# _____ | State _____ | Year _____ | Make _____ | Model _____ | Color Top _____ Bottom _____ |
| V.I.N.# _____ | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSI Request | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used _____ | | Value _____ |
| Other Info. _____ | | | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other | | <input type="checkbox"/> Stolen Other/Recovered Local | Recovery Value _____ |

| | | | | | | |
|--|---|------------------------|---------------------|--|------------------------|------------------------|
| <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | Date 8-10-04 | Time 1830 | Location Address (Apt/Lot#, City, State, Zip) 2921 CRIDER RD | | Recovered By _____ |
| QTY 1 | Description CASH | Make _____ | Model _____ | Color/Year _____ | Serial Number _____ | Value 300.00 |

| | | | | |
|-------------------------------|----------------------------|--|---------------------------|--------------------------------|
| Report Date 8-10-04 | Report Time 2144 | Assisting Officer's Unit # 712 | Crime Lab Unit # _____ | Assigned To: Unit #s: _____ |
| Unit # 115 | | Reporting Officer G.D.K. | | |

| | | | | | | |
|---|---|---|--|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | <input type="checkbox"/> Entered <input type="checkbox"/> Active Pending Investigation | <input type="checkbox"/> Person Returned/Located | <input type="checkbox"/> Inactive | <input type="checkbox"/> Unfounded | <input type="checkbox"/> Closed |
|---|---|---|--|-----------------------------------|------------------------------------|---------------------------------|

VICTIM, WHO IS MENTALLY RETARDED, CALLED 911 AND ADVISED THAT HE WAS AT SHOW TIME EARLIER. HE GAVE A DANCER KNOWN ONLY AS "BABY DOLL" \$300.00 TO MEET HIM AT THE OLDE TOWN INN AND HAVE SEX WITH HIM. THE VICTIM ADVISED SGT. 1 NEVER CAME SO THE VICTIM CALLED 911 SO HE COULD GET HIS MONEY BACK. THE VICTIM WAS INTOXICATED AND WAS ARRESTED FOR INTOXICATION. DUE TO THE VICTIM'S RETARDATION, NO OTHER CHARGES WILL BE FILED AT THIS TIME AGAINST THE VICTIM. SGT. NICHOLSON ATTEMPTED TO MAKE CONTACT WITH SGT. 1 BUT SHE

04-4532

Case #

Ref. Report #

WAS NOT AT SHOWTIME. THE VICTIM WAS ADVISED
ON HOW TO FILE CHARGES

Narrative

| | | |
|---|---|---|
| Report Date 6/10/04 | Report Time | Location |
| Unit # 715 | Reporting Officer G.D.K. | Unit # |
| Supervisor Approval | | Assigned To: Unit #s: |
| <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed |

ON 8-20-04 AT 2100 HRS., I MADE CONTACT WITH SHANA
 HOLINGER, AKA BABY DOLL, []. SHE ADVISED
 THAT THE VICTIM GAVE HER \$100.00 TIP ON THE NIGHT
 OF THE INCIDENT. THE VICTIM WAS INTOXICATED AND WHEN
 HE LEFT HE STARTED CALLING SHOWTIME SAYING THAT
 SHE WAS SUPPOSE TO GO TO HIS HOUSE SO SHE COULD
 HAVE SEX WITH HIM. SHE STATED SHE NEVER MADE
 SUCH ARRANGEMENT WITH THE VICTIM. SHE ALSO ADVISED
 THAT THE VICTIM HAS BEEN CALLING SHOWTIME A
 NUMBER OF TIMES WANTING TO KNOW WHEN SHE IS
 WORKING. THE MANAGER HAS TOLD THE VICTIM NOT
 TO COME BACK.

Narrative

| | | |
|---|---|---|
| Report Date 8/20/04 | Report Time 2100 | Location |
| Unit # 715 | Reporting Officer G.D.K. | Unit # Supervisor Approval |
| Assigned To: Unit #s: | | |
| <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | <input type="checkbox"/> Active Pending Investigation <input type="checkbox"/> Person Returned/Located <input type="checkbox"/> Inactive <input type="checkbox"/> Unfounded <input type="checkbox"/> Closed |

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 04-6314 / Ref. Report #

| | | | | | | | | |
|-------------|--|------------------------------|--|---|---|--|---|-------------------------------------|
| Incident | Date Occurred 10-29-04 | Time Occurred 0200 | Day of Week 06 | Dept. Classification Felony Assault | | | | Zone: 1 |
| | Occurrence (Apt/Lot#, City, State, Zip) 721 Cedar Road Mansfield Ohio | | | | DEA Show Time | | <input type="checkbox"/> Insured | Location Type Parking Lot |
| TWP | <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 9 Sandusky <input checked="" type="checkbox"/> 12 Millin <input type="checkbox"/> 16 Perry <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 2 Cass <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 13 Troy <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 3 Bloominggrove <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 11E Madison <input type="checkbox"/> 14 Washington <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 4 Butler <input type="checkbox"/> 8 Weller <input type="checkbox"/> 11W Madison <input type="checkbox"/> 15 Monroe <input type="checkbox"/> 19 C. Mansfield <input type="checkbox"/> 23 C. Ontario <input type="checkbox"/> 27 V. Butler | | | | | | | |
| | <input type="checkbox"/> Homicide <input type="checkbox"/> Rape <input type="checkbox"/> Robbery <input checked="" type="checkbox"/> Agg. Assault <input type="checkbox"/> Assault <input type="checkbox"/> Arson <input type="checkbox"/> Murder <input type="checkbox"/> Forced <input type="checkbox"/> Firearm <input type="checkbox"/> Firearm <input type="checkbox"/> Simple <input type="checkbox"/> Single Residential <input type="checkbox"/> Neg. Manslaughter <input type="checkbox"/> Attempt <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Other <input type="checkbox"/> Storage <input type="checkbox"/> <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Other Residential <input type="checkbox"/> <input type="checkbox"/> Other Weapon <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Structure <input type="checkbox"/> <input type="checkbox"/> Comm. / Public <input type="checkbox"/> Other Mobile <input type="checkbox"/> <input type="checkbox"/> Other | | | | | | | |
| Offense | <input type="checkbox"/> MV Theft <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Point of Entry <input type="checkbox"/> First Floor <input type="checkbox"/> Place of Entry <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Forced <input type="checkbox"/> Basement <input type="checkbox"/> Door <input type="checkbox"/> Front <input type="checkbox"/> Pickpocket <input type="checkbox"/> Purse Snatch <input type="checkbox"/> Locked <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Second Floor <input type="checkbox"/> Side <input type="checkbox"/> Side <input type="checkbox"/> Shoplifting <input type="checkbox"/> From MV <input type="checkbox"/> Unlocked <input type="checkbox"/> Attempt <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Rear <input type="checkbox"/> Bicycle <input type="checkbox"/> Building <input type="checkbox"/> Ignition Peeled <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Other <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Other | | | | | | | |
| | <input checked="" type="checkbox"/> Weapon Type <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Attack Reason <input type="checkbox"/> Religious Bias <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Handgun <input checked="" type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Occupied <input type="checkbox"/> Racial Bias <input type="checkbox"/> Photos Taken <input type="checkbox"/> Rifle <input type="checkbox"/> Blunt Object <input type="checkbox"/> Uninhabited <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Statements <input type="checkbox"/> Shotgun <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Abandoned <input type="checkbox"/> Assault <input type="checkbox"/> Theft <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Menace <input type="checkbox"/> Other <input type="checkbox"/> Other | | | | | | | |
| Victim | Last Name Perry | | | | First Name Billy | | Middle J | |
| | Address (Apt/Lot#, City, State, Zip) 1834 Richard Drive | | | | Res: | | | |
| Reported | DOB 04-16-80 | | Age 24 | | Race W | | Sex M | |
| | Last Name Perry | | First Name Billy | | Middle J | | Address (Apt/Lot#, City, State, Zip) 1834 Richard Drive | |
| Suspect | DOB 01-25-53 | | Age 51 | | SSN CCN | | Race B | |
| | Last Name Powell | | First Name William | | Middle E | | Clothing / Other Info. | |
| Vehicle | <input checked="" type="checkbox"/> Arrested 712 | | Last Name Powell | | First Name William | | Middle E | |
| | Address (Apt/Lot#, City, State, Zip) 181 Third Street Mansfield | | Res: | | Bus: | | Cell: | |
| Property | DOB 01-25-53 | | Age 51 | | SSN CCN | | Race B | |
| | Last Name Powell | | First Name William | | Middle E | | Clothing / Other Info. | |
| Case Status | <input checked="" type="checkbox"/> Charge: Felony Assault | | <input type="checkbox"/> Warrants / Date | | <input type="checkbox"/> Summons: / Date | | <input type="checkbox"/> Indictment / Date | |
| | 2903.11 | | # / / # | | # / / # | | # / / # | |
| Case Status | <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged License / Plate# State Year Make Model Color <input type="checkbox"/> Recovered <input type="checkbox"/> Other V.I.N.# Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Hold for Court Towing Company Used Value <input type="checkbox"/> Keys in Car <input type="checkbox"/> NCIC <input type="checkbox"/> Other <input type="checkbox"/> RCSO Request <input type="checkbox"/> Lab Process <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other Recovery Value <input type="checkbox"/> Owner Notified By:# | | Other Info. | | Recovery Code | | Recovery Value | |
| | <input type="checkbox"/> Stolen <input type="checkbox"/> NCIC Date Time Location Address (Apt/Lot#, City, State, Zip) Recovered By <input type="checkbox"/> Recovered <input type="checkbox"/> Missing QTY. Description Make Model Color/Year Serial Number Value Recovered Value <input type="checkbox"/> Found <input type="checkbox"/> Damaged Report Date Report Time Assisting Officer's Unit # Crime Lab Unit # Assigned To: Unit #s: | | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| Case Status | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| Case Status | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| Case Status | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| Case Status | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| Case Status | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor Approval | |
| | Unit # Reporting Officer Unit # Supervisor Approval | | Unit # Supervisor Approval | | Unit # Supervisor | | | |

Case # 04-6314 / Ref. Report #

Victim / Reportee / Witness Supplemental - Richland County Sheriff's Office
55 East Second Street, Mansfield, OH 44902 - 419.774.5678

| | | | | | | |
|------|--|-----------------------|-----------------------|----------|-------------|-------------|
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness 1 | Last Name CANTRELL | First Name ASHAUNT | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) 1615 SOUTH MAIN STREET Mansfield Ohio | | | | | Bus: _____ |
| | DOB 05-08-79 | | | | | Cell: _____ |
| | Age 25 | SSN | Race B | Sex M | Employer | |
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness 2 | Last Name ETUE | First Name LAUREA | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) 100 McBeide Rd | | | | | Bus: _____ |
| | DOB 07-17-80 | | | | | Cell: _____ |
| | Age 24 | SSN | Race W | Sex F | Employer | |
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness 3 | Last Name Muniz | First Name MARK | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) 3464 Needham Road Lexington | | | | | Bus: _____ |
| | DOB 07-07-80 | | | | | Cell: _____ |
| | Age 24 | SSN | Race W | Sex M | Employer | |
| Name | <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Witness 4 | Last Name SCOTT | First Name CASINA | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) 1937 Lot #20 CLAREMONT Ashland | | | | | Bus: _____ |
| | DOB 05-06-84 | | | | | Cell: _____ |
| | Age 20 | SSN | Race J | Sex F | Employer | |
| Name | <input type="checkbox"/> Victim <input type="checkbox"/> Witness | Last Name | First Name | Middle | Other Info. | Res: _____ |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ |
| | DOB | | | | | Cell: _____ |
| | Age | SSN | Race | Sex | Employer | |

Suspect Supplemental

| | | | | | | | | |
|-----------|--|---|--|---|--|-------------|------|----------|
| Suspect 2 | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | |
| | DOB | | | | | Cell: _____ | | |
| | Age | SSN | Race | Sex | Height | Weight | Hair | Eyes |
| Suspect 3 | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date # / # / # / # / # / | <input type="checkbox"/> Summons: # # # # # | <input type="checkbox"/> Indictment / Date # / # / # / # / # / | <input type="checkbox"/> Citations: # # # # # | | | |
| | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | |
| | DOB | | | | | Cell: _____ | | |
| Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| Suspect 4 | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date # / # / # / # / # / | <input type="checkbox"/> Summons: # # # # # | <input type="checkbox"/> Indictment / Date # / # / # / # / # / | <input type="checkbox"/> Citations: # # # # # | | | |
| | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | |
| | DOB | | | | | Cell: _____ | | |
| Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |
| Suspect 4 | <input type="checkbox"/> Charge: | <input type="checkbox"/> Warrants / Date # / # / # / # / # / | <input type="checkbox"/> Summons: # # # # # | <input type="checkbox"/> Indictment / Date # / # / # / # / # / | <input type="checkbox"/> Citations: # # # # # | | | |
| | <input type="checkbox"/> Arrested _____ # <input type="checkbox"/> Wanted | Last Name | First Name | Middle | Clothing / Other Info. | Res: _____ | | |
| | Address (Apt/Lot#, City, State, Zip) | | | | | Bus: _____ | | |
| | DOB | | | | | Cell: _____ | | |
| Age | SSN | Race | Sex | Height | Weight | Hair | Eyes | Employer |

ON 10/29/04 OFFICERS WERE DISPATCHED TO SHOWTIME GENTLEMEN'S CLUB IN REFERENCE TO A STABBING WHICH HAD TAKEN PLACE. THIS OFFICER WAS EAST BOUND ON CRIDER ROAD, WHEN DISPATCH ADVISED AFTER THE STABBING THE SUBJECTS INVOLVED HAD GOTTEN INTO A FIGHT. THE SUSPECT VEHICLE WAS LEAVING ON CRIDER ROAD TOWARD ASHLAND ROAD. DISPATCH ADVISED THAT THE SUSPECT VEHICLE WAS A BLUE SMALLER STATION WAGON WITH TWO BLACK MALES. THIS OFFICER WAS AT THE INTERSECTION OF CRIDER ROAD AND BOWAN WHEN I OBSERVED THE SUSPECT VEHICLE WEST BOUND ON CRIDER ROAD. I THEN MADE A U-TURN AND BEGAN TO ATTEMPT TO STOP THE SUSPECT VEHICLE ON CRIDER ROAD. I HAD MY OVERHEAD LIGHTS AND SIREN ACTIVATED IN A ATTEMPT TO STOP THE VEHICLE TO NO AVAIL. THE SUSPECT VEHICLE CONTINUED TO THE INTERSECTION OF CRIDER ROAD AND REED ROAD. THIS OFFICER ORDERED THE SUSPECTS TO TURN THE VEHICLE OFF AND WHEN BACK UP ARRIVED TO EXIT THE VEHICLE AND EACH WAS SECURED.

SUSPECT #1 WAS TAKEN TO THE FRONT OF MY UNIT WHERE HE STATED HE HAD BEEN ASSAULTED BY THE PATRONS AT SHOWTIME. #1 HAD A BLOODY NOSE AND SEVERAL SCRATCHES TO HIS HANDS. THIS OFFICER WAS TOLD BY DEPUTY KILGORE THAT WIT #2 WAS ALSO IN NEED OF MEDICAL ATTENTION. THIS OFFICER CALLED FOR A SQUAD TO COME TO MY LOCATION. SUSPECT #1 WAS READ HIS MIRANDA RIGHT AND REFUSED TREATMENT FROM THE SQUAD. BOTH #1 AND WIT#2 HAD A VERY STRONG ODOR OF AN ALCOHOLIC BEVERAGE ABOUT THEIR BREATH AND PERSON. WIT#2 WAS TREATED AND TRANSPORTED TO MED-CENTRAL HOSPITAL FOR TREATMENT. SUSPECT #1 CONTINUED TO SAY THIS WAS A BLACK THING AND THAT HE WAS BEING TREATED DIFFERENTLY BECAUSE OF HIS SKIN COLOR. #1 WAS PATTED DOWN AND A LOCK BLADE KNIFE WAS FOUND IN HIS RIGHT FRONT POCKET OF HIS COVERALLS. DEPUTY KILGORE LOCATED A SMALL KITCHEN KNIFE LAYING ON THE FLOOR BETWEEN THE DOOR AND THE SEAT IN PLAIN VIEW.

DEPUTIES LEWIS AND EICHINGER AND SGT. SHOOK WENT TO THE INCIDENT LOCATION. I WAS ADVISED BY SGT. SHOOK THAT THE VICTIM HAD A STAB WOUND JUST ABOVE HIS RIGHT KIDNEY AND WAS BEING TRANSPORTED TO MED-CENTRAL HOSPITAL BY MIFFLIN SQUAD. SGT. SHOOK ADVISED THE VICTIM HAD IDENTIFIED THE SUSPECT AS A BLACK MALE IN BLUE COVERALLS WITH WHITE PAINT SPOTS. THIS WAS THE PERSON I HAD STOPPED LISTED AS SUSPECT #1. STATEMENTS WERE OBTAINED FROM THE WITNESSES BY DEPUTIES EICHINGER AND LEWIS.

THIS OFFICER WENT TO THE HOSPITAL AND SPOKE WITH THE VICTIM WHO GAVE A TAPED STATEMENT AS TO THE INCIDENT. IN HIS STATEMENT HE SAID THE PERSON WHO STABBED HIM WAS THE BLACK MALE WITH THE BLUE COVERALLS, WITH THE WHITE PAINT SPOTS. THE VICTIM STATED THE INCIDENT STARTED IN THE BUSINESS WITH #1'S BEHAVIOR TOWARD THE DANCERS AND HIS BEING THROWN OUT. THE VICTIM STATED HE GOT INVOLVED WHEN HE WENT TO HIS VEHICLE TO GET A PACK OF CIGARETTES AND HIS LIGHTER. THE VICTIM MADE A COMMENT TO THE SUSPECT (THAT WAS FUCKED UP WHAT YOU DID IN THERE.) THE VICTIM SAID THE SUSPECT THEN LUNGED AT HIM AND GRABBED HIM AROUND THE WAIST. THE VICTIM THEN PUSHED HIM OFF AND WENT INSIDE THE BUSINESS. VICTIM STATED HE BEGAN TO FEEL SOME PAIN IN HIS LOWER BACK AND REACHED BACK TO SCRATCH IS. HE THEN NOTICED HE WAS BLEEDING. SOMEONE IN THE LOCATION TOLD HIM HE HAD BEEN STABBED. SEE VICTIM'S STATEMENT FOR FURTHER. PHOTOS WERE TAKEN BY THIS OFFICER OF THE VICTIM'S INJURIES.

THIS OFFICER COLLECTED THE VICTIM'S CLOTHES AND SUBMITTED THEM TO THE LAB AS EVIDENCE.

THIS OFFICER CONTACTED THE ON CALL PROSECUTOR AND ADVISED HER OF THE SITUATION. SHE STATED WE HAD ENOUGH TO HOLD #1. #1 WAS ISSUED THE LISTED WARRANT ON COMPLAINT AND INCARCERATED IN THE RICHLAND COUNTY JAIL. THE SUSPECTS VEHICLE WAS TOWED BY SHELLY SMITH'S TO THEIR LOT.

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

Case # 05-915 / Ref. Report#

| | | | | | | | | |
|-------------|--|-------------------------------------|---|---|--|---|---|----------------------------------|
| Incident | Date Occurred <u>2-19-05</u> | Time Occurred <u>0300</u> | Day of Week <u>7</u> | Dept. Classification <u>Assault</u> | | | Zone: <u>1</u> | |
| | Occurrence (Apt/Lot#, City, State, Zip) <u>2921 Crider Rd</u> | | | DBA <u>showtime</u> | | <input type="checkbox"/> Insured | | Location Type <u>Business</u> |
| TWP | <input type="checkbox"/> 1 Plymouth | <input type="checkbox"/> 5 Sharon | <input type="checkbox"/> 9 Sandusky | <input checked="" type="checkbox"/> 12 Milfin | <input type="checkbox"/> 16 Perry | <input type="checkbox"/> 20 V. Plymouth | <input type="checkbox"/> 24 V. Lucas | |
| | <input type="checkbox"/> 2 Cass | <input type="checkbox"/> 6 Jackson | <input type="checkbox"/> 10 Springfield | <input type="checkbox"/> 13 Troy | <input type="checkbox"/> 17 Jefferson | <input type="checkbox"/> 21 V. Shiloh | <input type="checkbox"/> 25 V. Lexington | |
| Offense | <input type="checkbox"/> 3 Bloominggrove | <input type="checkbox"/> 7 Franklin | <input type="checkbox"/> 11E Madison | <input type="checkbox"/> 14 Washington | <input type="checkbox"/> 18 Worthington | <input type="checkbox"/> 22 C. Shelby | <input type="checkbox"/> 26 V. Bellville | |
| | <input type="checkbox"/> 4 Butler | <input type="checkbox"/> 8 Weller | <input type="checkbox"/> 11W Madison | <input type="checkbox"/> 15 Monroe | <input type="checkbox"/> 19 C. Mansfield | <input type="checkbox"/> 23 C. Ontario | <input type="checkbox"/> 27 V. Butler | |
| Offense | <input type="checkbox"/> Homicide | | <input type="checkbox"/> Rape | | <input type="checkbox"/> Robbery | | <input type="checkbox"/> Agg. Assault | |
| | <input type="checkbox"/> Murder | | <input type="checkbox"/> Forced Attempt | | <input type="checkbox"/> Firearm | | <input checked="" type="checkbox"/> Simple | |
| Offense | <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Knife | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Arson | |
| | <input type="checkbox"/> Single Residential | | <input type="checkbox"/> Other Residential | | <input type="checkbox"/> Other Comm. | | <input type="checkbox"/> Other Structure | |
| Offense | <input type="checkbox"/> MV Theft | | <input type="checkbox"/> Burglary / B & E | | <input type="checkbox"/> Point of Entry | | <input type="checkbox"/> Place of Entry | |
| | <input type="checkbox"/> Window Broken | | <input type="checkbox"/> Forced Entry | | <input type="checkbox"/> Basement | | <input type="checkbox"/> Front | |
| Offense | <input type="checkbox"/> Locked | | <input type="checkbox"/> Unlawful Entry | | <input type="checkbox"/> Second Floor | | <input type="checkbox"/> Side | |
| | <input type="checkbox"/> Unlocked | | <input type="checkbox"/> Attempt | | <input type="checkbox"/> Window | | <input type="checkbox"/> Rear | |
| Offense | <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Adjoining Area | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Unknown | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |
| Offense | <input type="checkbox"/> Weapon Type | | <input type="checkbox"/> Knife/Cutting Inst. | | <input type="checkbox"/> Structure Occupancy | | <input type="checkbox"/> Attack Reason | |
| | <input type="checkbox"/> Handgun | | <input type="checkbox"/> Blunt Object | | <input type="checkbox"/> Occupied | | <input type="checkbox"/> Racial Bias | |
| Offense | <input type="checkbox"/> Rifle | | <input type="checkbox"/> Motor Vehicle | | <input type="checkbox"/> Uninhabited | | <input type="checkbox"/> Ethnicity Bias | |
| | <input type="checkbox"/> Shotgun | | <input type="checkbox"/> Personal Weapon | | <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Assault | |
| Offense | <input type="checkbox"/> BB/Pellet | | <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Menace | | <input type="checkbox"/> Religious Bias | |
| | <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Theft | |
| Victim | Last Name <u>Holly</u> | | First Name <u>Keith</u> | | Middle <u>E</u> | | Address (Apt/Lot#, City, State, Zip) <u>117, 1045 Koon Rd</u> | |
| | DOB <u>12-14-57</u> | | Age <u>47</u> | | SSN <u>47</u> | | Employer <u>W M</u> | |
| Reporter | Last Name <u>Same</u> | | First Name <u>Chad</u> | | Middle <u>W</u> | | Address (Apt/Lot#, City, State, Zip) <u>504 St. James St. Crosstline, OH</u> | |
| | DOB <u>8-3-77</u> | | Age <u>27</u> | | SSN <u>27</u> | | Employer <u>W M</u> | |
| Suspect 1 | <input type="checkbox"/> Arrested # <u>1</u> | | Last Name <u>Spears</u> | | First Name <u>Chad</u> | | Middle <u>W</u> | |
| | <input type="checkbox"/> Wanted | | Address (Apt/Lot#, City, State, Zip) <u>504 St. James St. Crosstline, OH</u> | | Clothing / Other Info. <u>W</u> | | Res: <u>W</u> | |
| Suspect 1 | DOB <u>8-3-77</u> | | Age <u>27</u> | | SSN <u>27</u> | | Employer <u>W M</u> | |
| | Charge: | | Warrants / Date | | Summons: | | Indictment / Date | |
| Suspect 1 | # | | # | | # | | # | |
| | # | | # | | # | | # | |
| Suspect 1 | # | | # | | # | | # | |
| | # | | # | | # | | # | |
| Vehicle | <input type="checkbox"/> Stolen | | <input checked="" type="checkbox"/> Damaged | | License / Plate# <u>KNP-6158</u> | | State <u>OH</u> | |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Other | | Year <u>04</u> | | Make <u>Ford</u> | |
| Vehicle | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Other | | Model <u>Ranger</u> | | Color <u>blue</u> | |
| | V.I.N.# <u>1FTCR4AXRPB44388</u> | | Impounded <input type="checkbox"/> Owners Request | | Towing Company Used | | Value <u>100.00</u> | |
| Property | <input type="checkbox"/> Stolen | | <input type="checkbox"/> NCIC | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local | | Recovery Value <u>100.00</u> | |
| | <input type="checkbox"/> Recovered | | <input type="checkbox"/> Missing | | <input type="checkbox"/> Stolen Other/Recovered Local | | <input type="checkbox"/> Owner Notified By# | |
| Property | <input type="checkbox"/> Found | | <input type="checkbox"/> Damaged | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | |
| | QTY. <u>2</u> | | Description <u>Car Windows</u> | | Make <u>W</u> | | Model <u>W</u> | |
| Case Status | Report Date <u>2-19-05</u> | | Report Time <u>0350</u> | | Assisting Officer's Unit # <u>702, 731</u> | | Crime Lab Unit # | |
| | Unit # <u>755</u> | | Reporting Officer <u>Goulet, M.K.</u> | | Unit # <u>731</u> | | Supervisor Approval <u>21 Jackson</u> | |
| Case Status | <input type="checkbox"/> Cleared by Arrest | | <input type="checkbox"/> NCIC | | <input type="checkbox"/> Entered | | <input type="checkbox"/> Person Returned/Located | |
| | <input type="checkbox"/> Adult | | <input type="checkbox"/> Missing | | <input type="checkbox"/> Active Pending Investigation | | <input type="checkbox"/> Inactive | |
| Case Status | <input type="checkbox"/> Juvenile | | <input type="checkbox"/> Found | | <input type="checkbox"/> Unfounded | | <input checked="" type="checkbox"/> Closed | |
| | | | | | | | | |

02-19-05
SUPPLEMENTAL
05-915

LISTED DATE AND TIME: I RESPONDED TO A CALL OF AN ASSAULT AT THE LISTED LOCATION. UPON ARRIVAL THE VICTIM STATED THE FOLLOWING:

HE HAD BEEN AT SHOWTIME EARLIER ON THIS MORNING. #1 WAS HAVING TROUBLE GETTING HIS VEHICLE STARTED AND THE VICTIM OFFERED TO HELP HIM. THEY BEGAN TO ARGUE OVER HOW BEST TO JUMP #1'S CAR. THE VICTIM STATED THAT #1 WENT "CRAZY" AND BEGAN SMASHING OUT THE WINDOWS OF HIS TRUCK WITH A GOLF CLUB. #1 THEN REPORTEDLY PUNCHED THE VICTIM IN THE MOUTH. THERE WAS NO SIGN OF INJURY TO THE VICTIM ALTHOUGH BOTH DRIVER SIDE WINDOWS WERE BROKEN AND THE DRIVER SIDE MIRROR WAS BROKEN.

I LOCATED THE VEHICLE OF #1 STILL IN THE PARKING AREA OF SHOWTIME. A SHORT TIME LATER #1 ARRIVED AND STATED THE FOLLOWING: HE AND THE VICTIM HAD ARGUED OVER HOW TO START HIS CAR. THE VICTIM BECAME UPSET AND REACHED UNDER HIS SEAT AND PULLED OUT A ROCK AND ATTEMPTED TO STRIKE #1 WITH THE ROCK. INSTEAD OF HITTING #1 WITH THE ROCK THE VICTIM BROKE OUT HIS DRIVER SIDE WINDOW. #1 STATED THAT VICTIM THEN ATTEMPTED TO STRIKE HIM WITH THE CAR AS HE LEFT.

WHEN ASKED HOW THE MIRROR AND REAR DRIVER SIDE WINDOW WERE BROKEN #1 STATED HE DID NOT KNOW.

THE VICTIM WAS TOLD HOW TO FILE CHARGES VIA THE LAW DIRECTORS OFFICE.

DEP. M. R. GOUGE
RCSO

Case # 05-4854

Ref. Report #

GENERAL OFFENSE REPORT - Richland County Sheriff's Office

| | | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|---|--|---|--|
| Date Occurred 08-26-05 | | Time Occurred 0203 | | Day of Week 06 | | Dept. Classification Arrest on Warrant | | Zone: # 1 | | | | | |
| Occurrence (Apt/Lot#, City, State, Zip) 2921 Crider Road Mansfield, Ohio | | DBA Showtime | | Insured By: | | Location Type Parkerlot | | | | | | | |
| <input type="checkbox"/> 1 Plymouth <input type="checkbox"/> 2 Cass <input type="checkbox"/> 3 Bloomingrove <input type="checkbox"/> 4 Butler | | <input type="checkbox"/> 5 Sharon <input type="checkbox"/> 6 Jackson <input type="checkbox"/> 7 Franklin <input type="checkbox"/> 8 Weller | | <input type="checkbox"/> 9 Sandusky <input type="checkbox"/> 10 Springfield <input type="checkbox"/> 11E Madison <input type="checkbox"/> 11W Madison | | <input checked="" type="checkbox"/> 12Mifflin <input type="checkbox"/> 13 Troy <input type="checkbox"/> 14 Washington <input type="checkbox"/> 15 Monroe | | <input type="checkbox"/> 16 Perry <input type="checkbox"/> 17 Jefferson <input type="checkbox"/> 18 Worthington <input type="checkbox"/> 19 C. Mansfield | | <input type="checkbox"/> 20 V. Plymouth <input type="checkbox"/> 21 V. Shiloh <input type="checkbox"/> 22 C. Shelby <input type="checkbox"/> 23 C. Ontario | | <input type="checkbox"/> 24 V. Lucas <input type="checkbox"/> 25 V. Lexington <input type="checkbox"/> 26 V. Bellville <input type="checkbox"/> 27 V. Butler | |
| <input type="checkbox"/> Homicide <input type="checkbox"/> Murder <input type="checkbox"/> Neg. Manslaughter | | <input type="checkbox"/> Rape <input type="checkbox"/> Forced <input type="checkbox"/> Attempt | | <input type="checkbox"/> Robbery <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Strong-Arm <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Agg. Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Assault <input type="checkbox"/> Simple | | <input type="checkbox"/> Arson <input type="checkbox"/> Single Residential <input type="checkbox"/> Storage <input type="checkbox"/> Industrial / Manf. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Comm. / Public | | <input type="checkbox"/> Other Residential <input type="checkbox"/> Other Comm. <input type="checkbox"/> Other Structure <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other | |
| <input type="checkbox"/> MV Theft <input type="checkbox"/> Window Broken <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Ignition Peeled | | <input type="checkbox"/> Burglary / B & E <input type="checkbox"/> Forced <input type="checkbox"/> Unlawful Entry <input type="checkbox"/> Attempt | | <input type="checkbox"/> Point of Entry <input type="checkbox"/> Basement <input type="checkbox"/> Second Floor <input type="checkbox"/> Window <input type="checkbox"/> Adjoining Area <input type="checkbox"/> Unknown | | <input type="checkbox"/> First Floor <input type="checkbox"/> Door <input type="checkbox"/> Garage <input type="checkbox"/> Other | | <input type="checkbox"/> Place of Entry <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other | | <input type="checkbox"/> Larceny / Theft <input type="checkbox"/> Pickpocket <input type="checkbox"/> Shoplifting <input type="checkbox"/> Bicycle <input type="checkbox"/> Coin OP Machine <input type="checkbox"/> Theft by Computer | | <input type="checkbox"/> Purse Snatch <input type="checkbox"/> From MV <input type="checkbox"/> Building <input type="checkbox"/> Other | |
| <input type="checkbox"/> Weapon Type <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> BB/Pellet <input type="checkbox"/> Other Firearm | | <input type="checkbox"/> Knife/Cutting Inst. <input type="checkbox"/> Blunt Object <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Weapon <input type="checkbox"/> Other Weapon | | <input type="checkbox"/> Structure Occupancy <input type="checkbox"/> Occupied <input type="checkbox"/> Uninhabited <input type="checkbox"/> Abandoned | | <input type="checkbox"/> Attack Reason <input type="checkbox"/> Racial Bias <input type="checkbox"/> Ethnicity Bias <input type="checkbox"/> Assault <input type="checkbox"/> Menace | | <input type="checkbox"/> Religious Bias <input type="checkbox"/> Sexual Bias <input type="checkbox"/> Theft <input type="checkbox"/> Other | | <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Photos Taken <input type="checkbox"/> Statements | | | |
| Last Name State of | | First Name Ohio | | Middle | | Address (Apt/Lot#, City, State, Zip) | | Res: | | | | | |
| DOB | | Age | | SSN | | Race | | Sex | | Employer | | Bus: | |
| Last Name Henderson | | First Name Bradley | | Middle | | Address (Apt/Lot#, City, State, Zip) 697 Park Avenue East Mansfield, Ohio | | Re | | | | | |
| DOB | | Age | | SSN | | Race | | Sex | | Employer Richland County Sheriff's Office | | Cell: | |
| <input checked="" type="checkbox"/> Arrested 7/3 # | | Last Name Schlaper | | First Name Roger | | Middle F | | Clothing / Other Info. | | Res: | | | |
| <input type="checkbox"/> Wanted | | Address (Apt/Lot#, City, State, Zip) 510 Central Avenue Mansfield | | DOB 10-11-1966 | | Age 38 | | SSN | | Race W | | Sex M | |
| <input checked="" type="checkbox"/> Charge: F.T.A. for initial appearance Contempt-Failure to pay fines | | <input checked="" type="checkbox"/> Warrants / Date # 2003-123 / 04-01-05 | | <input type="checkbox"/> Summons: # / / | | <input type="checkbox"/> Indictment / Date # / / | | <input type="checkbox"/> Citations: # / / | | | | | |
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC | | <input type="checkbox"/> Damaged <input type="checkbox"/> Other | | License / Plate# | | State | | Year | | Make | | Model | |
| V.I.N.# | | Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> RCSO Request | | <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process | | Towing Company Used | | Value | | Color Top Bottom | | <input type="checkbox"/> Keys in Car <input type="checkbox"/> Vehicle Locked | |
| Other Info. | | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other <input type="checkbox"/> Stolen Other/Recovered Local | | Recovery Value | | Recovery By | | <input type="checkbox"/> Owner Notified By:# | | | | | |
| <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Found | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Damaged | | Date | | Time | | Location Address (Apt/Lot#, City, State, Zip) | | Recovered By | | | |
| QTY. | | Description | | Make | | Model | | Color/Year | | Serial Number | | Value | |
| Report Date 08-26-05 | | Report Time 0203 | | Assisting Officer's Unit # 709, 726 | | Crime Lab Unit # | | Assigned To: Unit #s: | | | | | |
| Unit # 713 | | Reporting Officer [Signature] | | Unit # 726 | | Supervisor Approval [Signature] | | Assigned To: Unit #s: 8/26/05 | | | | | |
| <input checked="" type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile | | <input type="checkbox"/> NCIC <input type="checkbox"/> Missing <input type="checkbox"/> Found | | <input type="checkbox"/> Entered <input type="checkbox"/> Active Pending Investigation | | <input type="checkbox"/> Person Returned/Located | | <input type="checkbox"/> Inactive | | <input type="checkbox"/> Unfounded | | <input checked="" type="checkbox"/> Closed | |

Contact was made at the listed location with #1. This officer learned that #1 had an active warrant out of Mansfield Municipal Court and Ontario's Mayor's Court. #1 was arrested on the listed warrants and transported Mansfield City Jail and turned over to their staff.

Agency Name: ☐ Mansfield Police Department
☒ Richland County Sheriff's Office
Additional Reference Number: _____
Map Reference: 12 Sector / Zone: 2

Incident Number: 05-5396 Reference Case Number: _____

Clearances - (Check One Box Only)

☐ Death of Suspect
☐ Prosecution Declined
☐ Extradition Denied
☐ Victim Refused to Coop.
☐ Juvenile/No Custody
☐ Arrest - Adult
☐ Arrest - Juvenile
☐ Warrant Issued
☒ Invest. Pending
☐ Closed
☐ Unfounded
☐ Unknown

Clearance Date: 09-21-05

Cleared By: 757

OHIO UNIFORM INCIDENT REPORT

Day of Week: WEDNESDAY

Report Date / Time: 09-21-05 0215

Incident Occurred From / Time: 09-21-05 0200

Incident Occurred To / Time: 09-21-05 0200

Incident Location (Street, Apt/Lot#, City, State, Zip): 2921 CRODER RD. MANSFIELD OH 44905

09-21-05 0200

1. ASSAULT 2. 7903.13A 3. C 4. M-1 5. N

1. ___ 2. ___ 3. ___
1. ___ 2. ___ 3. ___
1. ___ 2. ___ 3. ___
1. ___ 2. ___ 3. ___
1. ___ 2. ___ 3. ___
B - Buying/Receiving
C - Cultivating/Mfg/Pub.
D - Distributing/Selling
E - Exploiting Children
O - Oper/Propoting/Assist.
P - Possessing/Concealing
T - Transp/Transmitting
U - Using/Consuming
G - Other Gang Activity
J - Juvenile Gang Activity
N - No Gang Activity

Location of Offense - (Check Up to 2 Boxes Only)

RESIDENTIAL STRUCTURE

☐ Single Family Home
☐ Multiple Dwelling
☐ Residential Facility
☐ Other Residential
☐ Garage/Shed

☐ Jail/Prison
☐ Parking Garage
☐ Other Public Access Buildings

COMMERCIAL LOCATIONS

☐ Auto Shop
☐ Financial Institution
☐ Barber/Beauty Shop
☐ Hotel/Motel
☐ Dry Cleaners/Laundry
☐ Professional Office
☐ Doctor's Office
☐ Other Business Office
☐ Amusement Center
☐ Rental Storage Facility
☐ Other Commercial Service Loc.

RETAIL

☐ Bar
☐ Buy/Sell/Trade Shop
☐ Restaurant
☐ Gas Station
☐ Auto Sales Lot
☐ Jewelry Store
☐ Clothing Store
☐ Drugstore
☐ Liquor Store
☐ Shopping Mall
☐ Grocery/Supermarket
☐ Variety/Convenience
☐ Department Store
☒ Other Retail Store

☐ Factory/Mill/Plant
☐ Other Building

OUTSIDE

☐ Yard
☐ Construction Site
☐ Lake/Waterway
☐ Field/Woods
☐ Street
☐ Parking Lot
☐ Park/Playground
☐ Cemetery
☐ Public Transit Vehicle
☐ Other Outside Location
☐ Other

Suspected of Using:

☒ Alcohol
☐ Drugs
☐ Computer Equipment
☐ Not Applicable

Type Weapon / Force Used:

1. 17 2. 22 3. _____

Method of Entry:

☐ Force
☐ No Force

Method of Entry - Motor Vehicle Theft:

☐ Motor Running / Keys in Car
☐ Unlocked
☐ Duplicate Key Used
☐ Window Broken
☐ Towed
☐ Locked

☐ Hot Wire
☐ Slim Jim / Coat Hanger
☐ Tumblers Removed
☐ Column Peeled
☐ Ignition Peeled
☐ Unknown

Method of Entry - Burglary / B&E:

Entry (Check One Box from each column)
☐ Basement
☐ 1st Floor
☐ 2nd Floor
☐ Other
☐ Unknown

☐ Door
☐ Window
☐ Garage
☐ Skylight
☐ Other

Direction
☐ North
☐ South
☐ East
☐ West

Methods of Operation - (Enter Up to 5 Codes)

No. 01 Total Victims: 01 Victim Type: ☒ Individual ☐ Business ☐ Financial Institution ☐ Government ☐ Police Officer (In The Line of Duty) ☐ Religious Organization ☐ Society ☐ Unknown ☐ Other

Name (Last, First, Middle): LOOMIS, HAZEL N.

Address (Street, Apt/Lot#, City, State, Zip): 71 CERRATE CT GALLIEN, OH 44833

Employer Name and Address (Street, Apt/Lot#, City, State, Zip): SHOW TIME - 2921 CRODER RD. MANSFIELD, OH 44905

Phone/Cell Phone: _____

Phone/Cell Phone: _____

Age: 34 DOB: 08-15-81 Sex: F Race: W Height: 5-5 Weight: 115 Hair: BRN Eyes: HAZ

Occupation: DANCER SSN: _____

Victim Injured: ☐ If Injured, Describe Injuries: _____

Victim Status: ☐ Resident ☐ Resident ☐ Military ☒ Other ☐ Tourist ☐ Student ☐ Unknown

Reporting Officer: J.P. SWEAT Badge No.: 757 Date: 09-21-05

Assisting Officer(s): 726 731 Approving Officer: K. JACKSON Badge No.: 771 Date: 9-21-05

Follow Up: ☐ Y ☐ N Community Services Bureau ☐ Major Crimes/Det. B ☐ SIU ☐ Crime Lab ☐ Traffic ☐ Evidence Sheet

☐ 1st ☐ 2nd ☐ 3rd ☐ CP ☐ Juvenile ☐ Additional Assignments

SUSPECT/ARREST ☐ SUPPLEMENT ☒ REPORT

Incident Number: **055390** Reference Case Number: _____

No. ☒ Adult ☐ Juvenile ☐ Unknown

Check Appropriate Category ☒ Suspect ☐ Arrestee ☐ Runaway ☐ Missing ☐ Other

Name (Last, First, Middle): **CRAWFORD, PATRICIA L.**

Address (Street, Apt/Lot#, City, State, Zip): **1031 WOODSIDE DR MANSEFIELD, OH 44906**

Alias: _____

Employer / School: **SHOW TIME**

Age: **23** DOB: **09-22-91** Sex: **F** Race: **R** Height: **5-6** Weight: **125** Hair: **B/L** Eyes: **BLU**

Arrested/Armed with (Check Up to 3 boxes only):

| | | | |
|--|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Other Fully Automatic Firearm | <input type="checkbox"/> Imitation Firearm | <input type="checkbox"/> Poison |
| <input type="checkbox"/> Firearm | <input type="checkbox"/> Shotgun | <input type="checkbox"/> Simulated Firearm | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> Other Firearm | <input type="checkbox"/> BB/Pellet Gun | <input type="checkbox"/> Fire/Incendiary Device |
| <input type="checkbox"/> Automatic Handgun | <input type="checkbox"/> Semi-Automatic Sporting Rifle | <input type="checkbox"/> Knife/Cutting Instrument | <input type="checkbox"/> Drugs/Narcs/Sleeping Pills |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Semi-Automatic Assault Firearm | <input type="checkbox"/> Blunt Object | <input type="checkbox"/> Other Weapon |
| <input type="checkbox"/> Fully Automatic Rifle | <input type="checkbox"/> Machine Pistol | | |

Miscellaneous Information: _____

| Arrest / Offense Description | Arrest / Offense Code | F/M & Degree | Warrant # / Case # | Arrest / Offense Type |
|------------------------------|-----------------------|--------------|--------------------|-----------------------|
| 1. | 1. | 1. | 1. | 1. |
| 2. | 2. | 2. | 2. | 2. |
| 3. | 3. | 3. | 3. | 3. |
| 4. | 4. | 4. | 4. | 4. |
| 5. | 5. | 5. | 5. | 5. |

Arrest Date: _____ Time: _____ Arrest Location (Street, Apt, City, State, Zip): _____

Reporting Officer: _____ Badge No.: _____

Arrest Type: ☐ Complaint ☐ Warrant ☐ Order of Protection
☐ In Progress ☐ Summons ☐ Other

- 23A - Pocket Picking
- 23B - Purse Snatching
- 23C - Shoplifting
- 23D - Theft from Building
- 23E - Theft from Coin-Op Mach
- 23F - Theft from Motor Vehicle
- 23G - Motor Veh. Parts/Access
- 240 - Theft of Motor Vehicle
- 23H - Other

No. ☐ Adult ☐ Juvenile ☐ Unknown

Check Appropriate Category ☐ Suspect ☐ Arrestee ☐ Runaway ☐ Missing ☐ Other

Name (Last, First, Middle): _____

Address (Street, Apt/Lot#, City, State, Zip): _____

Alias: _____

Employer / School: _____

Age: _____ DOB: _____ Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Arrested/Armed with (Check Up to 3 boxes only):

| | | | |
|--|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Other Fully Automatic Firearm | <input type="checkbox"/> Imitation Firearm | <input type="checkbox"/> Poison |
| <input type="checkbox"/> Firearm | <input type="checkbox"/> Shotgun | <input type="checkbox"/> Simulated Firearm | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Handgun | <input type="checkbox"/> Other Firearm | <input type="checkbox"/> BB/Pellet Gun | <input type="checkbox"/> Fire/Incendiary Device |
| <input type="checkbox"/> Automatic Handgun | <input type="checkbox"/> Semi-Automatic Sporting Rifle | <input type="checkbox"/> Knife/Cutting Instrument | <input type="checkbox"/> Drugs/Narcs/Sleeping Pills |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Semi-Automatic Assault Firearm | <input type="checkbox"/> Blunt Object | <input type="checkbox"/> Other Weapon |
| <input type="checkbox"/> Fully Automatic Rifle | <input type="checkbox"/> Machine Pistol | | |

Miscellaneous Information: _____

| Arrest / Offense Description | Arrest / Offense Code | F/M & Degree | Warrant # / Case # | Arrest / Offense Type |
|------------------------------|-----------------------|--------------|--------------------|-----------------------|
| 1. | 1. | 1. | 1. | 1. |
| 2. | 2. | 2. | 2. | 2. |
| 3. | 3. | 3. | 3. | 3. |
| 4. | 4. | 4. | 4. | 4. |
| 5. | 5. | 5. | 5. | 5. |

Arrest Date: _____ Time: _____ Arrest Location (Street, Apt, City, State, Zip): _____

Reporting Officer: _____ Badge No.: _____

Arrest Type: ☐ Complaint ☐ Warrant ☐ Order of Protection
☐ In Progress ☐ Summons ☐ Other

- 23A - Pocket Picking
- 23B - Purse Snatching
- 23C - Shoplifting
- 23D - Theft from Building
- 23E - Theft from Coin-Op Mach
- 23F - Theft from Motor Vehicle
- 23G - Motor Veh. Parts/Access
- 240 - Theft of Motor Vehicle
- 23H - Other

INCIDENT SUPPLEMENT

Incident Number: **05-5396** Reference Case Number

| | | | | | | | |
|----------|--|----------------------------|--|--|-----|-----|------------------|
| Reporter | No. | Name (Last, First, Middle) | | | Age | DOB | SSN |
| | Address (Street, Apt/Lot#, City, State, Zip) | | | | | | Phone/Cell Phone |
| | Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | | Phone/Cell Phone |
| | | | | | | | |

| | | | | | | | |
|---------|--|----------------------------|--|--|-----|-----|------------------|
| Witness | No. | Name (Last, First, Middle) | | | Age | DOB | SSN |
| | Address (Street, Apt/Lot#, City, State, Zip) | | | | | | Phone/Cell Phone |
| | Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | | Phone/Cell Phone |
| | | | | | | | |

| | | | | | | | | | | |
|---------|--|---|---------------------------------------|--|--|---|--|---|---|--|
| 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"/> Unauthorized Use | | | | | | | | | |
| | No. | <input type="checkbox"/> Damage to Vehicle | | License | | State | VIN | | | |
| | | <input type="checkbox"/> Theft from Vehicle | | | | | | | | |
| | Year | Make | Model | Style | Color Top Bottom | Vehicle Locked <input type="checkbox"/> Y <input type="checkbox"/> N | Keys in Vehicle <input type="checkbox"/> Y <input type="checkbox"/> N | Hold Vehicle <input type="checkbox"/> Y <input type="checkbox"/> N | Release Contents <input type="checkbox"/> Y <input type="checkbox"/> N | |
| | Vehicle Assoc. w/Suspect No. | | Vehicle Assoc. w/Victim No. | | Vehicle Towed <input type="checkbox"/> Y <input type="checkbox"/> N | Towed By | | | | |
| | Stolen Motor Vehicle Only | No. Stolen | <input type="checkbox"/> NCIC Entered | Insured <input type="checkbox"/> Y <input type="checkbox"/> N | Insured By | Insurance Agent | | | | |
| | Motor Vehicle Recovered Only | No. Recovered | <input type="checkbox"/> NCIC Removed | Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other <input type="checkbox"/> Stolen Other/Recovered Local | | | | Recovered Value | | |
| | Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N | Recovered By | | Recovered Date / Time | | Where Recovered | | | | |
| | | | | | | | | | | |

| | | | | | | | | | | |
|----------|---|----------|----------|-------------|--|---------------|--|--|--|---|
| Property | Property Type | | | | | | | | | |
| | <input type="checkbox"/> Found <input type="checkbox"/> Lost/Missing <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown | | | | | | | | | |
| | Vict. No. | Veh. No. | Quantity | Description | | | | | | NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N |
| | Make/Brand | | | | Model | Serial Number | | | | Value |
| | Recovered Date / Time | | | | Recovery Location Address (Apt/Lot#, City, State, Zip) | | | | | Color |

| | | | | | | | | | | |
|----------|---|----------|----------|-------------|--|---------------|--|--|--|---|
| Property | Property Type | | | | | | | | | |
| | <input type="checkbox"/> Found <input type="checkbox"/> Lost/Missing <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown | | | | | | | | | |
| | Vict. No. | Veh. No. | Quantity | Description | | | | | | NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N |
| | Make/Brand | | | | Model | Serial Number | | | | Value |
| | Recovered Date / Time | | | | Recovery Location Address (Apt/Lot#, City, State, Zip) | | | | | Color |

| | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|--|
| Narrative | | | | | | | | | | |
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Additional Supplements

| | | | |
|--|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Victim / Witness | <input type="checkbox"/> Property | <input checked="" type="checkbox"/> Statements | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Suspect / Arrestee | <input checked="" type="checkbox"/> Narrative | <input checked="" type="checkbox"/> Vehicle | <input type="checkbox"/> Supplement |

VICTIM SUPPLEMENT

| VICTIM SUPPLEMENT | | | | | | | | | | Incident Number 05-53760 | | Reference Case Number | | | | | | | | | |
|--|---------------|-------------------------------|--|--------------|---|-----------|--|--|--|-----------------------------|--------------------------------|---|--|--|--|---|--|--------|--|--------|--|
| No. | Total Victims | Victim Type | <input type="checkbox"/> Individual <input type="checkbox"/> Business | | <input type="checkbox"/> Financial Institution <input type="checkbox"/> Government | | <input type="checkbox"/> Police Officer (In The Line of Duty) <input type="checkbox"/> Religious Organization | | <input type="checkbox"/> Society <input type="checkbox"/> Unknown | | <input type="checkbox"/> Other | | | | | | | | | | |
| Name (Last, First, Middle) | | | | | | | | | | | | | | | | | | | | | |
| Address (Street, Apt/Lot#, City, State, Zip) | | | | | | | | | | | | | | | | | | | | | |
| Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | | | | | | | | Phone/Cell Phone | | | | | | | | | |
| Age | | | | | | | | | | | | DOB | | Sex | | Race <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> H | | Height | | Weight | |
| Occupation | | | | SSN | | | | 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 | | | | | | | |
| Victim Injured | | If Injured, Describe Injuries | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | | | | | | | | | | | | | | |
| Agg. Assault / Homicide Circ. | | Type of Act. | | Assign. Type | | ORI-Other | | Victim/Suspect Relationship 1. 2. 3. 4. 5. 6. | | | | Victim/Offense Link | | | | | | | | | |
| No. | Total Victims | Victim Type | <input type="checkbox"/> Individual <input type="checkbox"/> Business | | <input type="checkbox"/> Financial Institution <input type="checkbox"/> Government | | <input type="checkbox"/> Police Officer (In The Line of Duty) <input type="checkbox"/> Religious Organization | | <input type="checkbox"/> Society <input type="checkbox"/> Unknown | | <input type="checkbox"/> Other | | | | | | | | | | |
| Name (Last, First, Middle) | | | | | | | | | | | | | | | | | | | | | |
| Address (Street, Apt/Lot#, City, State, Zip) | | | | | | | | | | | | | | | | | | | | | |
| Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | | | | | | | | Phone/Cell Phone | | | | | | | | | |
| Age | | | | | | | | | | | | DOB | | Sex | | Race <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> H | | Height | | Weight | |
| Occupation | | | | SSN | | | | 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 | | | | | | | |
| Victim Injured | | If Injured, Describe Injuries | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | | | | | | | | | | | | | | |
| Agg. Assault / Homicide Circ. | | Type of Act. | | Assign. Type | | ORI-Other | | Victim/Suspect Relationship 1. 2. 3. 4. 5. 6. | | | | Victim/Offense Link | | | | | | | | | |

WITNESS SUPPLEMENT

| No. | Name (Last, First, Middle) | Age | DOB | SSN | Phone/Cell Phone |
|--|----------------------------|-----|----------|-----|------------------|
| 02 | OWENS VINCENT | 45 | 01-03-60 | | |
| Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| 236 PARKWAY DR. MANFIELD, OH 44906 | | | | | |
| Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| SHOW TIME | | | | | |
| No. | Name (Last, First, Middle) | Age | DOB | SSN | Phone/Cell Phone |
| Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| No. | Name (Last, First, Middle) | Age | DOB | SSN | Phone/Cell Phone |
| Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| No. | Name (Last, First, Middle) | Age | DOB | SSN | Phone/Cell Phone |
| Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| No. | Name (Last, First, Middle) | Age | DOB | SSN | Phone/Cell Phone |
| Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | |

SUPPLEMENTAL

Richland County Sheriff's Office - 497 Park Avenue East, Mansfield, Ohio 44905-4197 419-774-5678

Page 1 of 1

Case Number: 05-5,396

On the listed date and time I was dispatched to the listed location for an assault. I arrived to make contact with the victim, witness #1 (the victim's boyfriend) and witness #2 (the manager). The suspect left the area prior to my arrival.

The victim advised she and the suspect, who are co-workers, had a heated argument in the changing room. The victim told the suspect she did not want to fight and she was contacting the Sheriff's Office reference to the dispute. The victim walked to the area of the main entrance and called 911 on her cell phone. As she was calling 911 the suspect stated, "If I'm going to jail I'm going for a reason", and swung at her. The punch lightly grazed the left side of her face. Witness #2 pulled the suspect away. As the suspect was pulled away she picked up a chair and threw it at the victim. The chair did not strike the victim. The victim walked outside awaiting our arrival.

Witness #2 advised he observed the suspect attempt to punch the victim several time, however he did not observe the victim being struck. He also advised the suspect was restrained by witness #2 prior to throwing the chair.

Witness #3 advised both parties were arguing as they approached him and he had to separate the two as they attempted to fight. He stated he did not observe the victim being struck or the suspect attempting to throw a chair at the victim.

Written statements were taken for the victim, witness #1 and witness #2. The victim did not have visible injuries and complained of no injury. She was advised how to file charges with the Mansfield Law Director's Office.

After securing from the scene I was contacted, via public service, by the suspect. She advised she and the victim had argued in the changing room and at the main entrance but denied attempting to strike the victim or throwing a chair at the victim. The suspect advised she would complete a written statement reference to the incident later this date.

I returned to work this date and several times attempted to contact the suspect on her cell phone. I was unable to contact her for a written statement. If I am able to contact the suspect, for the written statement, I will complete a follow-up to this report.

Deputy J.P. Sweat #757

Case Number: 05-5,396

09-22-05 / 2330 HRS: On the listed date and time I made contact with the suspect, Patricia L. Crawford, at Showtime. I spoke with her reference to the alleged assault, which had occurred on 09-21-05. She advised she and the victim had a heated argument in the charging room. The argument continued to the area of the main entrance. While arguing at the main entrance she, the suspect, attempted to slap the victim. The suspect stated she did not make contact with the victim. The suspect also admitted to picking up the chair, however she at no time attempted to throw the chair at the victim. The suspect did not wish to complete a written statement of the incident.

Also on this date I contacted witness #2, the manager. He provided me with a copy of the surveillance tape for the night of the incident. The tape was submitted to the crime lab.

I contacted the victim and advised her of the information I had obtained. She was again advised how to file charges with the Law Director's Office.

Deputy J.P. Sweat #757

| | | | | | |
|---|---|--|--|--|--|
| Incident Number 05-6655 | | Reference Case Number | | Agency Name <input type="checkbox"/> Mansfield Police Department <input checked="" type="checkbox"/> Richland County Sheriff's Office | |
| Additional Reference Number | | Map Reference 12 | Sector / Zone 2 | Clearances - (Check One Box Only) | |
| Photo Taken <input type="checkbox"/> Y <input type="checkbox"/> N | By | <input type="checkbox"/> Supplement | | <input type="checkbox"/> Death of Suspect <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 | |
| Film Pack Num | Frames | | | <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown | |
| Day of Week MON | | OHIO UNIFORM INCIDENT REPORT | | Clearance Date 11-22-05 | Cleared By 131 |
| Report Date / Time 11-22-05 0133 | | Incident Occurred From Date / Time 11-21-05 1730 | | Incident Occurred To Date / Time 11-21-05 1730 | |
| Incident Location (Street, Apt/Lot#, City, State, Zip) 1413 CRIDER RD MANSFIELD, OH 44905 | | | | DBA | |
| Offense | Offense Code | A/C | F/M & Degree | Hate/Bias | Larceny |
| 1. MENACING | 1. 2903-22 | C | M-4 | 4 | |
| 2. | 2. | | | | |
| 3. | 3. | | | | |
| 4. | 4. | | | | |
| 5. | 5. | | | | |
| Type Criminal Activity - (Enter Up to 3 for each) | | | | | |
| 1. 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Proporting/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity | | | | | |
| Location of Offense - (Check Up to 2 boxes only) | | | | | |
| RESIDENTIAL STRUCTURE <input type="checkbox"/> Single Family Home <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Residential Facility <input type="checkbox"/> Other Residential <input type="checkbox"/> Garage/Shed | | Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings | | Factory/Mill/Plant <input type="checkbox"/> Other Building | |
| PUBLIC ACCESS BLDGS. <input type="checkbox"/> Transit Facility <input type="checkbox"/> Government Office <input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> Church <input type="checkbox"/> Hospital | | COMMERCIAL LOCATIONS <input type="checkbox"/> Auto Shop <input type="checkbox"/> Financial Institution <input type="checkbox"/> Barber/Beauty Shop <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Dry Cleaners/Laundry <input type="checkbox"/> Professional Office <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Other Business Office <input checked="" type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc. | | RETAIL <input type="checkbox"/> Bar <input type="checkbox"/> Buy/Sell/Trade Shop <input type="checkbox"/> Restaurant <input type="checkbox"/> Gas Station <input type="checkbox"/> Auto Sales Lot <input type="checkbox"/> Jewelry Store <input type="checkbox"/> Clothing Store <input type="checkbox"/> Drugstore <input type="checkbox"/> Liquor Store <input type="checkbox"/> Shopping Mall <input type="checkbox"/> Grocery/Supermarket <input type="checkbox"/> Variety/Convenience <input type="checkbox"/> Department Store <input type="checkbox"/> Other Retail Store | |
| Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable | | Type Weapon / Force Used 1. 2. 3. | | | |
| Method of Entry <input type="checkbox"/> Force <input type="checkbox"/> No Force | | Method of Entry - Motor Vehicle Theft <input type="checkbox"/> Motor Running / Keys in Car <input type="checkbox"/> Unlocked <input type="checkbox"/> Duplicate Key Used <input type="checkbox"/> Window Broken <input type="checkbox"/> Towed <input type="checkbox"/> Locked | | Method of Entry - Burglary / B&E Entry (Check One Box from each column) <input type="checkbox"/> Basement <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor <input type="checkbox"/> Other <input type="checkbox"/> Unknown | |
| No. Premises Entered | | <input type="checkbox"/> Hot Wire <input type="checkbox"/> Slim Jim / Coat Hanger <input type="checkbox"/> Tumblers Removed <input type="checkbox"/> Column Peeled <input type="checkbox"/> Ignition Peeled <input type="checkbox"/> Unknown | | <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other | |
| Methods of Operation - (Enter Up to 5 Codes) | | Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | |
| No. | Total Victims | Victim Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business | <input type="checkbox"/> Financial Institution <input type="checkbox"/> Government | <input type="checkbox"/> Police Officer (In The Line of Duty) <input type="checkbox"/> Religious Organization | <input type="checkbox"/> Society <input type="checkbox"/> Unknown |
| Name (Last, First, Middle) RICE, JENNIFER, S. | | | | | |
| Address (Street, Apt/Lot#, City, State, Zip) 1200 HARWOOD DR #C MANSFIELD, OH 44906 | | | | | |
| Employer Name and Address (Street, Apt/Lot#, City, State, Zip) | | | | | |
| Phone/Cell Phone | | | | | |
| Age 33 | DOB 9/24/82 | Sex F | Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> H | Height 507 | Weight 125 |
| Occupation SEN | | Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist | | <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Unknown | |
| Victim Injured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N | If Injured, Describe Injuries | | | |
| Agg. Assault/Homicide Circ. Type of Act | | Assign. Type | | ORI-Other | |
| Victim/Suspect Relationship 1. 2. 3. 4. 5. 6. | | Victim/Offense Link 2903-22 | | | |
| Reporting Officer G.D. K | | | Badge No. 715 | | |
| Assisting Officer(s) | | | Date 11-22-05 | | |
| Approving Officer MCKINE | | | Badge No. 737 | | |
| Date 11-22-05 | | | | | |
| Follow Up <input type="checkbox"/> Y <input type="checkbox"/> N | Community Services Bureau <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> CP | <input type="checkbox"/> Major Crimes/Det. B <input type="checkbox"/> Juvenile | | <input type="checkbox"/> SIU <input type="checkbox"/> Traffic | |
| <input type="checkbox"/> Crime Lab <input type="checkbox"/> Evidence Sheet | | Additional Assignments | | | |