

Incident Number 05-6655		Reference Case Number		Map/Ref 12	Sec/Zone 2	SUSPECT/ARREST <input type="checkbox"/> SUPPLEMENT	
No. <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown	
Name (Last, First, Middle) L.N. UNKNOWN, ANESSA						SSN	
Address (Street, Apt/Lot#, City, State, Zip) UNK						Phone/Cell Phone	
Alias		Employer / School		Miscellaneous Information			
Age 30	DOB UNK	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 60	Weight 155	Hair BLD	Eyes
Arrestee was armed with -- (Check Up to 3 boxes only)							
<div><input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle</div> <div><input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol</div> <div><input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object</div> <div><input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills <input type="checkbox"/> Other Weapon</div>							
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #	
1.		1.		1.		1.	
2.		2.		2.		2.	
3.		3.		3.		3.	
4.		4.		4.		4.	
5.		5.		5.		5.	
Arrest Date		Time		Arrest Location (Street, Apt, City, State, Zip)			
Reporting Officer		Badge No.		Approving Officer		Badge No.	
Arrest Type		<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other					
No. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown	
Name (Last, First, Middle)						SSN	
Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone	
Alias		Employer / School		Miscellaneous Information			
Age	DOB	Sex	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> H	Height	Weight	Hair	Eyes
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Arrest Type		<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other					

INCIDENT SUPPLEMENT

Incident Number 05-6655	Reference Case Number
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Reportee	No.	Name (Last, First, Middle) VICTIM	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

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process	
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 Recovery 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 Type <input type="checkbox"/> Found <input type="checkbox"/> Lost/Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Unknown										NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
Vict. No.	Veh. No.	Quantity	Description				Value			
Make/Brand			Model		Serial Number			Color		
Recovered Date / Time			Recovery Location Address (Apt/Lot#, City, State, Zip)				Weight or Quantity of Drugs			
Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost/Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Unknown										NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
Vict. No.	Veh. No.	Quantity	Description				Value			
Make/Brand			Model		Serial Number			Color		
Recovered Date / Time			Recovery Location Address (Apt/Lot#, City, State, Zip)				Weight or Quantity of Drugs			

VICTIM ADVISED THAT AS SHE WAS WORKING AT SHOW-TIME, SUSPECT #1 CAME INTO THE ESTABLISHMENT AND TOLD HER THAT SHE WAS A CHILD MOLESTING NORE AND SHE WAS GOING TO BEAT HER DOWN AND ANYONE THAT STOOD IN HER WAY. S#1 IS THE AUNT OF THE VICTIM'S BOYFRIEND'S SIXTEEN YEAR OLD FRIEND. S#1, FOR SOME REASON, BELIEVES THE VICTIM IS SLEEPING WITH HER SIXTEEN YEAR OLD NEPHEW. THE VICTIM WAS ADVISED ON HOW TO FILE CHARGES IF SHE CHOSE TO DO SO.

Additional Supplements ☐ Victim / Witness ☐ Property ☐ Statements ☐ Other
☐ Suspect / Arrestee ☐ Narrative ☐ Vehicle ☐ Supplement

Agency Name <input type="checkbox"/> Mansfield Police Department <input checked="" type="checkbox"/> Richland County Sheriff's Office		Incident Number 06-107		Reference Case Number																																											
Additional Reference Number		Map Reference 11	Sector / Zone 2E																																												
Photo Taken <input type="checkbox"/> Y <input type="checkbox"/> N	By	<input type="checkbox"/> Supplement																																													
Film Pack Num	Frames																																														
Day of Week Fri		OHIO UNIFORM INCIDENT REPORT																																													
Report Date / Time 1-6-06 / 2201		Incident Occurred From / Time 1-6-06 / 2200		Incident Occurred To / Time 1-6-06 / 0001																																											
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 CRIDER RD Mansfield OH																																															
<table border="1"><thead><tr><th>Offense</th><th>Offense Code</th><th>AVC</th><th>F/M & Degree</th><th>Hate/Bias</th><th>Larceny</th><th>Type Criminal Activity</th></tr></thead><tbody><tr><td>1. ASSAULT</td><td>1. 2903.13</td><td>C</td><td>M-1</td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>2.</td><td>2.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>3.</td><td>3.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>4.</td><td>4.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>5.</td><td>5.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr></tbody></table>						Offense	Offense Code	AVC	F/M & Degree	Hate/Bias	Larceny	Type Criminal Activity	1. ASSAULT	1. 2903.13	C	M-1			1. 2. 3.	2.	2.					1. 2. 3.	3.	3.					1. 2. 3.	4.	4.					1. 2. 3.	5.	5.					1. 2. 3.
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5.	5.					1. 2. 3.																																									
Location of Offense - (Check Up to 2 Boxes only)																																															
<table border="1"><tr><td>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</td><td><input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings</td><td>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</td><td><input type="checkbox"/> Factory/Mill/Plant <input checked="" type="checkbox"/> Other Building</td><td colspan="2">Suspected of Using: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable</td></tr><tr><td>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</td><td>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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc.</td><td>OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other</td><td colspan="3">Type Weapon / Force Used: 1. 17 2. 3.</td></tr></table>						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	<input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings	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	<input type="checkbox"/> Factory/Mill/Plant <input checked="" type="checkbox"/> Other Building	Suspected of Using: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable		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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc.	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Method of Entry - (Check One Box from each column)																																															
Method of Entry - Force <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 <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																																											
Methods of Operation - (Enter Up to 5 Codes)																																															
Victim Information																																															
Name (Last, First, Middle) HOLLINGER SHANA L.																																															
Address (Street, Apt/Lot#, City, State, Zip) 20 E. MAIN STREET LUCAS OHIO 44843																																															
Employer Name and Address (Street, Apt/Lot#, City, State, Zip) Showtime 2921 Crider Rd Mansfield OH																																															
Age DOB 29 06/25/76																																															
Sex F																																															
Race W																																															
Height 5'2"																																															
Weight 100																																															
Hair BLD																																															
Eyes BLU																																															
Occupation DANCER																																															
Victim Injured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																															
If Injured, Describe Injuries																																															
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/Suspect Relationship 1-6-06 2903.13																																															
Victim/Offense Link																																															
Reporting Officer [Signature]																																															
Badge No. 754																																															
Date 1-6-06																																															
Assisting Officer(s) 725																																															
Approving Officer SGT. GORDON																																															
Badge No. 726																																															
Date 1-7-06																																															
Follow Up <input type="checkbox"/> Y <input checked="" 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"/> SIU <input type="checkbox"/> Crime Lab <input type="checkbox"/> Traffic <input type="checkbox"/> Evidence Sheet																																															
Additional Assignments																																															

Incident Number 06-107	Reference Case Number	Map Ref 1L	Sec/Zone 2E	SUSPECT/ARREST <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT
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No. <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway	<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown	SSN	<input type="checkbox"/> NCIC Entered
Name (Last, First, Middle) Owens Vincent A.			Address (Street, Apt/Lot#, City, State, Zip) 136 Parkway Dr. Mansfield, OH		
Alias		Employer / School	Miscellaneous Information		
Age 46	DOB 1-3-60	Sex M	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 5'9"	Weight 155
Arrestee was armed with (Check Up to 3 boxes only)			Hair Red Eyes Blue		
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle			<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol		
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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

Arrest Date	Time	Arrest Location (Street, Apt, City, State, Zip)
Reporting Officer	Badge No.	Approving Officer
Badge No.	Arrest Type	<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other

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Arrestee was armed with (Check Up to 3 boxes only)			Hair Eyes		
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Officers were called to listed location by suspect #1 due to victim causing problems refusing to leave. Both got into argument and victim advised that

Incident Number 06-107	Reference Case Number
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INCIDENT SUPPLEMENT

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

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process	
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 Recovery 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 Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited / Forged <input type="checkbox"/> Destroyed / Damaged / Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown					NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N	
Vict. No.	Veh. No.	Quantity	Description			Value
Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)				Insured By

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

Narrative	

NARRATIVE SUPPLEMENT

Incident Number

06-107

Reference Case Number

#1 spit on her. #1 stated that he did not spit on victim. witness stated that #1 was in victim's face yelling, But is unsure if #1 spit on victim. Victim wanted a Report and was advised how to file charges.

Narrative

Reporting Officer

Approving Officer

Badge No.

754

Date

4-6-06

Badge No.

Date

Reason Cleared

☐ Death of Offender
☐ Prosecution Declined
☐ Extradition Denied

☐ Victim Refused to Coop
☐ Juvenile/No Custody
☐ Arrest - Adult

☐ Arrest - Juvenile
☐ Warrant Issued
☐ Invest. Pending

☐ Closed
☐ Unfounded
☐ Unknown

Date Cleared

Case Status

SUSPECT/ARREST ☐ SUPPLEMENT ☐ REPORT

Incident Number 06-0236	Reference Case Number
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No. <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown
Name (Last, First, Middle) KNUCKLES LESIA J.		SSN
Address (Street, Apt/Lot#, City, State, Zip) 7117 COUNTY RD 59 LOT 134 MANSFIELD OHIO 44904		Phone/Cell Phone
Alias	Employer / School SHOW TEMIE	Miscellaneous Information
Age 33 DOB 07-72 Sex F Race W Height 5'01" Weight 120 Hair Red Eyes Blue		
Arrestee was 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		

Arrest / Offense Description	Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Larceny Type
1. ETA	1. 293743	1.	1. MARRIOTT COUNTY	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
4.	4.	4.	4.	4.
5.	5.	5.	5.	5.

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

Arrest Date: 07-13-06 Time: 1957	Arrest Location (Street, Apt, City, State, Zip) 2921 LINDER RD MANSFIELD OHIO 44905
Reporting Officer: [Signature]	Badge No. 709
Arrest Type: <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	

No. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown
Name (Last, First, Middle)		SSN
Address (Street, Apt/Lot#, City, State, Zip)		Phone/Cell Phone
Alias	Employer / School	Miscellaneous Information
Age DOB Sex Race Height Weight Hair Eyes		
Arrestee was 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		

Arrest / Offense Description	Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Larceny 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.

23A - Pocket Picking
23B - Purse Snatching
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23G - Motor Veh. Parts/Access
240 - Theft of Motor Vehicle
23H - Other

Arrest Date: Time	Arrest Location (Street, Apt, City, State, Zip)
Reporting Officer	Badge No.
Arrest Type: <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	

#1 WAS ARRESTED AT THE ABOVE LOCATION. SHE WAS TURNED OVER TO MARRIOTT COUNTY AT 35 125 314 AT THE MARRIOTT COUNTY LINE.

Administrative	Incident Number 06-434	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 2E	Clearances - (Check One, Box Only)																
	Photo Taken <input type="checkbox"/> Y <input checked="" 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 checked="" 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 WEDNESDAY	OHIO UNIFORM INCIDENT REPORT			Clearance Date 01-25-06	Cleared By 757															
Report Date / Time 01-25-06 0212		Incident Occurred From Date / Time 01-25-06 0212		Incident Occurred To Date / Time 01-25-06 0212																
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 CRIDER RD MANSFIELD OH 44905				DBA SHOWTIME																
Offense	Offense	Offense Code	A/C	F/M & Degree	Hate/Bias	Larceny	Type Criminal Activity - (Enter Up to 3 for each)													
	1. PHYSICAL CONTROL	4811.194	C	M-1	N		1. 2. 3.													
	2.						1. 2. 3.													
	3.						1. 2. 3.													
	4.						1. 2. 3.													
	5.						1. 2. 3.													
Location of Offense - (Check Up to 2 boxes only)																				
<table><tr><td>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</td><td><input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings</td><td>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 checked="" type="checkbox"/> Other Retail Store</td><td><input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building</td><td>OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other</td><td colspan="2">Suspected of Using <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="5">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</td><td colspan="2">Type Weapon / Force Used 1. ISO 2. ZZ 3.</td></tr></table>							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	<input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings	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 checked="" type="checkbox"/> Other Retail Store	<input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building	OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other	Suspected of Using <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable		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					Type Weapon / Force Used 1. ISO 2. ZZ 3.	
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	<input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings	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 checked="" type="checkbox"/> Other Retail Store	<input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building	OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other	Suspected of Using <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable															
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					Type Weapon / Force Used 1. ISO 2. ZZ 3.															
Method of Entry																				
<table><tr><td><input type="checkbox"/> Force <input type="checkbox"/> No Force</td><td><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</td><td><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</td><td colspan="2">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</td><td colspan="2">Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West</td></tr><tr><td>No. Premises Entered</td><td colspan="2"></td><td colspan="2"></td><td colspan="2"></td></tr></table>							<input type="checkbox"/> Force <input type="checkbox"/> No Force	<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	<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	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		Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		No. Premises Entered						
<input type="checkbox"/> Force <input type="checkbox"/> No Force	<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	<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	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		Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West															
No. Premises Entered																				
Methods of Operation - (Enter Up to 5 Codes)																				
No.	Total Victims	Victim Type	Name (Last, First, Middle)																	
01	01	<input type="checkbox"/> Individual <input type="checkbox"/> Business	STATE OF OHIO																	
Address (Street, Apt/Lot#, City, State, Zip)			Phone/Cell Phone																	
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"/> Y <input type="checkbox"/> U <input type="checkbox"/> H	Height	Weight	Hair														
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 <input type="checkbox"/> Y <input type="checkbox"/> N	Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N	If Injured, Describe Injuries																		
Agg. Assault / Homicide / Circ.		Type of Act <input type="checkbox"/> L.E.O. Killed/Assaulted Information <input type="checkbox"/> Assign. Type <input type="checkbox"/> ORI-Other		Victim/Suspect Relationship 1. 2. 3. 4. 5. 6.		Victim/Offense Link 01														
Reporting Officer J.P. SWEAT			Badge No. 757		Date 01-25-06															
Assisting Officer(s) 726, 747			Approving Officer SLT SIBOL		Badge No. 708															
					Date 1-26-06															
Follow Up <input type="checkbox"/> Y <input checked="" 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"/> SIU <input type="checkbox"/> Traffic		<input type="checkbox"/> Crime Lab <input type="checkbox"/> Evidence Sheet															
Additional Assignments																				

Incident Number
06-434

Incident Number 060-434	Reference Case Number	Map Ref 12	Sec/Zone ZE	SUSPECT/ARREST <input type="checkbox"/> SUPPLEMENT REPORT
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No. 01	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other
Name (Last, First, Middle) TAYLOR JR, JACKIE L.			SSN
Address (Street, Apt/Lot#, City, State, Zip) 515 BROAD ST. ASHLAND, OH 44805			<input type="checkbox"/> NCIC Entered

Alias	Employer / School	Miscellaneous Information
Age 39	DOB 03-26-66	Sex M
Race RW	Height 5'11"	Weight 175
Hair BRN	Eyes HAE	
Arrestee was armed with-- (Check Up to 3 boxes only)		
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Other Fully Automatic Firearm	<input type="checkbox"/> Imitation Firearm
<input type="checkbox"/> Firearm	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Simulated Firearm
<input type="checkbox"/> Handgun	<input type="checkbox"/> Other Firearm	<input type="checkbox"/> BB/Pellet Gun
<input type="checkbox"/> Automatic Handgun	<input type="checkbox"/> Semi-Automatic Sporting Rifle	<input type="checkbox"/> Knife/Cutting Instrument
<input type="checkbox"/> Rifle	<input type="checkbox"/> Semi-Automatic Assault Firearm	<input type="checkbox"/> Blunt Object
<input type="checkbox"/> Fully Automatic Rifle	<input type="checkbox"/> Machine Pistol	<input type="checkbox"/> Poison
		<input type="checkbox"/> Explosives
		<input type="checkbox"/> Fire/Incendiary Device
		<input type="checkbox"/> Drugs/Narcs/Sleeping Pills
		<input type="checkbox"/> Other Weapon

Arrest / Offense Description	Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Larceny Type
1. PHYSICAL CONTROL	1. 4511.194	1. M-1	1. 376005	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
4.	4.	4.	4.	4.
5.	5.	5.	5.	5.

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

Arrest Date 01-25-00	Time 0212	Arrest Location (Street, Apt, City, State, Zip) SAME
Reporting Officer J.P. SWEAT	Badge No. 757	Approving Officer
Arrest Type <input checked="" type="checkbox"/> In-Progress <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection		

No. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other
Name (Last, First, Middle)		SSN
Address (Street, Apt/Lot#, City, State, Zip)		<input type="checkbox"/> NCIC Entered

Alias	Employer / School	Miscellaneous Information
Age	DOB	Sex
Race	Height	Weight
Hair	Eyes	
Arrestee was 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"/> Firearm	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Simulated Firearm
<input type="checkbox"/> Handgun	<input type="checkbox"/> Other Firearm	<input type="checkbox"/> BB/Pellet Gun
<input type="checkbox"/> Automatic Handgun	<input type="checkbox"/> Semi-Automatic Sporting Rifle	<input type="checkbox"/> Knife/Cutting Instrument
<input type="checkbox"/> Rifle	<input type="checkbox"/> Semi-Automatic Assault Firearm	<input type="checkbox"/> Blunt Object
<input type="checkbox"/> Fully Automatic Rifle	<input type="checkbox"/> Machine Pistol	<input type="checkbox"/> Poison
		<input type="checkbox"/> Explosives
		<input type="checkbox"/> Fire/Incendiary Device
		<input type="checkbox"/> Drugs/Narcs/Sleeping Pills
		<input type="checkbox"/> Other Weapon

Arrest / Offense Description	Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Larceny 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.

23A - Pocket Picking
23B - Purse Snatching
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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

Arrest Date	Time	Arrest Location (Street, Apt, City, State, Zip)
Reporting Officer	Badge No.	Approving Officer
Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection		
<input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other		

Incident Number 06-434	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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

Check Categories <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Impounded <input type="checkbox"/> Received <input checked="" type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unauthorized Use									
No.	<input type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
01		DNV9833	OH	ZGCEK1931R1204976	\$1,000				
Year	Make	Model	Style	Color	Vehicle Locked	Keys in Vehicle	Hold Vehicle	Release Contents	
94	CHEVY	1500	PU	TAN	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Vehicle Assoc. w/Suspect No.		Vehicle Assoc. w/Victim No.		Vehicle Towed	Towed By	Impounded	Owners Request	Abandoned	
01				<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Owners Request	<input type="checkbox"/> Officer Request	<input type="checkbox"/> Hold for Court	
Stolen Motor Vehicle Only	No. Stolen	<input type="checkbox"/> NCIC Entered	Insured	Insured By	Insurance Agent				
			<input type="checkbox"/> Y <input type="checkbox"/> N						
Motor Vehicle Recovery 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 Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered					NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Lost / Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown					
Vict. No.	Veh. No.	Quantity	Description		Value
Make/Brand		Model	Serial Number	Color	Weight or Quantity of Drugs
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)			Insured By

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

Narrative	

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

SUPPLEMENTAL

Richland County Sheriff's Office - 597 Park Avenue East, Mansfield, Ohio 44905-4197-774-5678

Page 1 of 1

Case Number: 06-434

Deputy J.P. Sweat #757

On the listed date and time I was checking the parking lot of the listed business when I observed the listed vehicle parked and running with a white male in the driver's seat. The driver appeared to be passed out.

I approached the vehicle and knocked on the window. The driver did not immediately wake. After knocking several times the driver woke up and opened the window. I could immediately detect a strong odor of an intoxicating beverage coming from his person and breath. As we spoke I noted his eyes were bloodshot and glassy and his speech was slurred.

I asked the driver to exit the vehicle. Upon exiting the vehicle the driver was unsteady on his feet and his motor skills were diminished. I asked the driver how much alcohol he had consumed and he advised too much, between six and twelve beers. Due to the weather conditions the driver was not offered roadside tests at the scene. He was secured and Sgt. Gordon transported him to our Jail. The driver's vehicle was secured at the scene.

Once at the jail I requested the driver complete roadside tests. He refused to complete the tests. I read the driver the BMV 2255 form and requested he complete a BAC test. The driver completed the test and tested a 0.187% on the BAC.

The driver was issued a citation for physical control, given his copies of the BMV 2255 and the BAC results. The driver was released from the jail to a sober person.

Administrative	Incident Number 00-1107	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 checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Day of Week WEDNESDAY	OHIO UNIFORM INCIDENT REPORT			Clearance Date 3-01-06	Cleared By 746
Report Date / Time 3-01-06 / 1229Hrs		Incident Occurred From Date / Time 2-28-06 / 1800		Incident Occurred To Date / Time 3-01-06 / 0900Hrs	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 CRIDER RD. MANSFIELD OHIO 44903					
DBA SHOW TIME					
Offense					
1. THEFT		1. Offense Code 2913.02	A/C C	F/M & Degree M-1	Hate/Bias N
2. CRIMINAL DAMAGE		2. 2909.06	C	M-1	
3.		3.			
4.		4.			
5.		5.			
Type Criminal Activity - (Enter Up to 3 for each)					
1. N 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 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 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 Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other					
Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable					
Type Weapon / Force Used 1. 24 2. 3.					
Method of Entry					
<input type="checkbox"/> Force <input type="checkbox"/> No Force		<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		<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	
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		<input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other		Direction <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other	
Methods of Operation - (Enter Up to 5 Codes)					
Victim					
No. Total Victims 1					
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 <input type="checkbox"/> Other					
Name (Last, First, Middle) VANCE VONLEY D.					
Address (Street, Apt/Lot#, City, State, Zip) 1423 BELLUVE DR MANSFIELD OHIO 44905					
Employer Name and Address (Street, Apt/Lot#, City, State, Zip) SHOW TIME OWNER					
Age 70					
DOB 1-29-36					
Sex M					
Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> H					
Height					
Weight					
Hair					
Eyes					
Occupation SSN					
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 type="checkbox"/> N					
Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N					
If Injured, Describe Injuries					
Agg. Assault / Homicide Circ. <input type="checkbox"/> Y <input type="checkbox"/> N					
L.E.O. Killed/Assaulted Information Type of Act. Assign. Type ORI-Other					
Victim/Suspect Relationship 1 2. 3. 4. 5. 6.					
Victim/Offense Link 2913.02 / 2909.06					
Reporting Officer Det. KOCHIS					
Badge No. 746					
Date 3-1-06					
Assisting Officer(s)					
Approving Officer					
Badge No.					
Date					
Follow Up <input type="checkbox"/> Y <input checked="" 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					

Incident Number
00-1107

INCIDENT SUPPLEMENT

Incident Number
00-1107

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

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 checked="" type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unauthorized Use									
No.	<input checked="" type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft from Vehicle	License DG-4777	State OHIO	VIN	Value \$150.00				
Year 98	Make LINCOLN	Model CONTINENTAL	Style MARK VIII	Color Top Bottom CREAM	Vehicle Locked <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Keys in Vehicle <input type="checkbox"/> Y <input checked="" 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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process	
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 Recovery 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 Type <input type="checkbox"/> Found <input type="checkbox"/> Lost/Missing <input type="checkbox"/> None <input type="checkbox"/> Counterfeit/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Unknown				NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
Vict. No.	Veh. No.	Quantity	Description RADAR DETECTION FROM RADIO SHACK	Value \$80.00
Make/Brand UNKNOWN		Model	Serial Number	Color
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)		Weight or Quantity of Drugs

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

Narrative	

Additional Supplements ☐ Victim / Witness ☐ Property ☐ Statements ☐ Other ☐ Suspect / Arrestee ☐ Narrative ☐ Vehicle ☐ Supplement

NARRATIVE SUPPLEMENT

Incident Number 06-1107	Reference Case Number
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ON ABOVE DATE AND TIME I CONTACTED THE VICTIM AT HIS PLACE OF BUSINESS, REFERENCE TO A THEFT AND CRIMINAL DAMAGE TO HIS VEHICLE. THE VICTIM ADVISED ON ABOVE DATE AND TIME UNKNOWN PERSON (S), HAD USED AN UNKNOWN OBJECTED TO PRY ON THE DRIVERS SIDE WINDOW (ABOVE VEHICLE), BREAKING IT. THEY THEN STOLE A RADAR DETECTOR. THEY ALSO DAMAGE THE CENTER CONSOLE BY FORCING IT OPEN. NO EVIDENCE TO PROCESS AT THE SCENE. NO SUSPECTS.

Reporting Officer DEPUTY KOCHIS				Badge No. 746	Date 03-01/06
Approving Officer				Badge No.	Date
Reason Cleared	<input type="checkbox"/> Death of Offender <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	<input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	Date Cleared

Incident Number 06-2249		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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	By POST 70	<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 FRIDAY		OHIO UNIFORM INCIDENT REPORT			
Report Date / Time 042806 0130		Incident Occurred From Date / Time 042806 0144		Incident Occurred To Date / Time 4/28/06	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Calder rd Mans OH 44903		DBA SHAW TIME			
Offense 1. TROUBLE W/ SUBJECT		Offense Code	A/C	F/M & Degree	Hate/Bias
1. _____		1. _____	_____	_____	_____
2. _____		2. _____	_____	_____	_____
3. _____		3. _____	_____	_____	_____
4. _____		4. _____	_____	_____	_____
5. _____		5. _____	_____	_____	_____
Location of Offense - (Check Up to 2 boxes only)		Type Criminal Activity - (Enter Up to 3 for each)			
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		1. _____ 2. _____ 3. _____			
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		B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Properting/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity			
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.		1. _____ 2. _____ 3. _____			
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 checked="" type="checkbox"/> Not Applicable			
Factory/Mill/Plant <input type="checkbox"/> Other Building		Type Weapon / Force Used 1. 26 2. _____ 3. _____			
OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input checked="" type="checkbox"/> Other		Method of Entry - Burglary / B&E Entry (Check One Box from each column) Basement <input type="checkbox"/> Door <input type="checkbox"/> Front <input type="checkbox"/> 1st Floor <input type="checkbox"/> Window <input type="checkbox"/> Side <input type="checkbox"/> 2nd Floor <input type="checkbox"/> Garage <input type="checkbox"/> Rear <input type="checkbox"/> Other <input type="checkbox"/> Skylight <input type="checkbox"/> Roof <input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/>			
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	
No. Premises Entered		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"/>		Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Methods of Operation - (Enter Up to 5 Codes) 89					
No. Victims	Total Victims	Victim Type <input type="checkbox"/> Individual <input type="checkbox"/> Business	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 <input type="checkbox"/>		
Name (Last, First, Middle) STATE OF OHIO					
Address (Street, Apt/Lot#, City, State, Zip)					
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
Phone/Cell Phone					
Phone/Cell Phone					
Age	DOB	Sex	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> H <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		Hair	Eyes
Victim Injured <input type="checkbox"/> Y <input type="checkbox"/> N	Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N	If Injured, Describe Injuries			
Agg. Assault / Homicide / Circ.		L.E.O. Killed/Assaulted Information Type of Act Assign. Type OR Other		Victim/Suspect Relationship	
Reporting Officer Det Kelyne		Assisting Officer(s)		Victim/Offense Link	
Badge No. 743		Date 042806		Incident Number 06-2249	
Approving Officer SGT. GORDON		Badge No. 726		Date 4/28/06	
Follow Up <input type="checkbox"/> Y <input checked="" 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		Additional Assignments <input type="checkbox"/> SIU <input type="checkbox"/> Crime Lab <input type="checkbox"/> Traffic <input type="checkbox"/> Evidence Sheet	

Incident Number 06-2249 Reference Case Number Map Ref 12 Sec/Zone 2 SUSPECT/ARREST SUPPLEMENT REPORT

Name (Last, First, Middle) BEN KHAMES JOHN Address (Street, Apt/Lot#, City, State, Zip) 610 SENEWAY AVE BAY VILLAGE, OH Age 35 DOB 080870 Sex M Race W Height 510 Weight 200 Hair B Eyes BR Arrestee was armed with: Firearm, Handgun, Rifle, Fully Automatic Rifle, Other Fully Automatic Firearm, Shotgun, Other Firearm, Semi-Automatic Sporting Rifle, Semi-Automatic Assault Firearm, Machine Pistol, Imitation Firearm, Simulated Firearm, BB/Pellet Gun, Knife/Cutting Instrument, Blunt Object, Poison, Explosives, Fire/Incendiary Device, Drugs/Narcs/Sleeping Pills, Other Weapon

Arrest / Offense Description 1. RECKLESS OPERATION 2. 3. 4. 5. Arrest / Offense Code 1. 4571.20 2. 3. 4. 5. F/M & Degree 1. M-1 2. 3. 4. 5. Warrant # / Case # 1. CITATION # 34445 2. 3. 4. 5. Arrest Larceny Type 1. 2. 3. 4. 5. 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

Arrest Date 042806 Time 0144 Arrest Location (Street, Apt, City, State, Zip) SR 30 + SR 71 Mans, OH 44905 Reporting Officer D.P. Kilgore Badge No. 743 Approving Officer Badge No. Arrest Type Complaint, Warrant, Order of Protection, In-Progress, Summons, Other

Name (Last, First, Middle) JOHANNI MICHAEL J Address (Street, Apt/Lot#, City, State, Zip) 1515 KINGSWAY WESTLAKE OH 44145 Age 39 DOB 010867 Sex M Race W Height 509 Weight 175 Hair BRO Eyes BRO Arrestee was armed with: Firearm, Handgun, Rifle, Fully Automatic Rifle, Other Fully Automatic Firearm, Shotgun, Other Firearm, Semi-Automatic Sporting Rifle, Semi-Automatic Assault Firearm, Machine Pistol, Imitation Firearm, Simulated Firearm, BB/Pellet Gun, Knife/Cutting Instrument, Blunt Object, Poison, Explosives, Fire/Incendiary Device, Drugs/Narcs/Sleeping Pills, Other Weapon

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

Arrest Date Time Arrest Location (Street, Apt, City, State, Zip) Reporting Officer Badge No. Approving Officer Badge No. Arrest Type Complaint, Warrant, Order of Protection, In-Progress, Summons, Other

INCIDENT SUPPLEMENT

Incident Number: 0-2049 Reference Case Number

Reporter	No.	Name (Last, First, Middle)		Age	DOB	SSN
	1	HARTMAN, LINDY R		28	9-7-77	
	Address (Street, Apt/Lot#, City, State, Zip)					
Witness	1240 SR 430 MAINE, OH 44903					
	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)					
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
Phone/Cell Phone						

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	Value			
<input type="checkbox"/> Theft from Vehicle									
Year	Make	Model	Style	Color	Vehicle Locked	Keys in Vehicle	Hold Vehicle	Release Contents	
Vehicle Assoc. w/Suspect No.		Vehicle Assoc. w/Victim No.		Vehicle Towed	Towed By	Impounded		Abandoned	
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Stolen Motor Vehicle Only	No. Stolen	<input type="checkbox"/> NCIC Entered	Insured	Insured By	Insurance Agent		<input type="checkbox"/> Hold for Court		
Motor Vehicle Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code		Stolen Other/Recovered Local		Recovered Value		
				<input type="checkbox"/> Stolen/Recovered Local					
Owner Notified	Recovered By	Recovered Date / Time		Where Recovered					
<input type="checkbox"/> Y <input type="checkbox"/> N									

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

Narrative	

Additional Supplements: ☐ Victim / Witness ☐ Property ☐ Statements ☐ Other
☐ Suspect / Arrestee ☐ Narrative ☐ Vehicle ☐ Supplement

06-2249

SUPPLEMENTAL

ON 04/28/06 DISPATCH RECEIVED A CALL FROM THE REPORTING PERSON STATING THAT THERE WERE TWO CUSTOMERS AT SHOW TIME, 2921 CRIDER ROAD THAT WERE INVOLVED IN AN ARGUMENT. IT WAS ADVISED THAT ONE OF THE PERSONS HAD A GUN, AND THAT THEY LEFT BUSINESS.

OFFICERS WERE RELAYED INFORMATION THAT THE VEHICLE WAS WHITE IN COLOR, OCCUPIED BY TWO PERSONS, THE TAIL GATE WAS DOWN, AND THAT THERE WAS LIGHTS ON THE TOP OF THE VEHICLE. THE REPORTING PERSON KEPT REPORTING THE LOCATION OF THE TRUCK AS DRIVING IN THE AREA OF THE BUSINESS, BUT THE CALLER DID NOT SPECIFICALLY ADVISE A LOCATION.

DEPUTY GOUGE, DEPUTY KILGORE, AND MYSELF CHECKED THE AREA FOR THE VEHICLE. AS I WAS DRIVING AROUND THE BUSINESS I OBSERVED A VEHICLE THAT MATCHED THE DESCRIPTION GIVEN DRIVING ONTO THE STATE ROUTE 30 WEST ON RAMP FROM KOOGLE ROAD. THE VEHICLE WAS TRAVELING AT A HIGH RATE OF SPEED AND PULLED ONTO THE STATE ROUTE 71 SOUTH BOUND RAMP FROM STATE ROUTE 30 WEST WITHOUT USING IT'S TURN SIGNAL.

I ACTIVATED MY LIGHTS TO STOP THE VEHICLE WHILE I WAS ENTERING THE STATE ROUTE 30 ON RAMP. WHILE I WAS DRIVING ON THE STRAIGHT PORTION OF THE ON RAMP MY SPEED WAS 70 AND THE SUSPECT VEHICLE WAS INCREASING THE DISTANCE BETWEEN US. THE SUSPECT VEHICLE REGISTRATION PLN8148 WAS UNABLE TO STAY ON THE ROADWAY WHILE TRAVELING AT SUCH A HIGH RATE OF SPEED AND SLID SIDWAYS KNOCKING OVER TRAFFIC SIGNS AND FLATTENING IT'S FRONT DRIVER'S SIDE TIRE. THE VEHICLE STOPPED ON STATE ROUTE 71 SOUTH BOUND.

DEPUTY GOUGE ARRIVED AND WE REMOVED THE SUSPECTS FROM THE VEHICLE AT GUNPOINT. AFTER THEY WERE SECURED THE DRIVER SUSPECT #1 GAVE PERMISSION TO CHECK THE VEHICLE FOR THE GUN. THERE WAS NO GUN FOUND INSIDE THE VEHICLE, OR IN THE TOOL BOX IN THE BED OF THE TRUCK.

BOTH SUSPECTS WERE READ THEIR MIRANDA WARNING, AND THEY GAVE A STATEMENT. POST 70 WAS CALLED AND THEY HANDLED THE CRASH REPORT. DEPUTY KILGORE MADE CONTACT AT THE BUSINESS AND SPOKE TO THE

(SUPPLEMENTAL PAGE 2)

REPORTING PERSON. THE REPORTING PERSON STATED THAT THE SUSPECTS PAID THEIR BILL, AND THERE WAS AN ARGUMENT BETWEEN ONE OF THE SUSPECTS AND ANOTHER PATRON. THE REPORTING PERSON ADVISED DEPUTY KILGORE THAT THERE WAS NO GUN OBSERVED, NO THREAT OVERHEARD, AND SHE DID NOT OBSERVE A FIGHT BETWEEN THE SUBJECTS.

SUSPECT #1 WAS ISSUED A CITATION FOR RECKLESS OPERATION AND RELEASED AT THE SCENE.

SGT. GORDON
04/28/06

Incident Number 06-2460		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) <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 <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Photo Taken <input type="checkbox"/> Y <input type="checkbox"/> N	By	<input type="checkbox"/> Supplement		Clearance Date 5-9-06	
Film Pack Num	Frames			Cleared By 713	
Day of Week Tuesday		OHIO UNIFORM INCIDENT REPORT			
Report Date / Time 5-9-06 / 1430		Incident Occurred From Date / Time 5-8-06 / 2000		Incident Occurred To Date / Time 5-9-06 / 0200	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd Mansfield, Ohio 44905					
Offense 1. Theft 2. 291B c2 3. 4. 5.					
Offense Code 291B c2 C FS N 23C					
Type Criminal Activity - (Enter Up to 3 for each) 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3.					
Location of Offense - (Check Up to 2 boxes only) <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings <input type="checkbox"/> 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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc. <input type="checkbox"/> Retail <input checked="" 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 <input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building <input type="checkbox"/> Outside <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other					
Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable					
Type Weapon / Force Used 1. 25 2. 3.					
Method of Entry <input type="checkbox"/> Force <input type="checkbox"/> No Force <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 <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"/> 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 <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other					
Methods of Operation (Enter Up to 5 Codes) 87					
No. Total Victims 1					
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 <input type="checkbox"/> Other					
Name (Last, First, Middle) Dwinger, Fisha					
Address (Street, Apt/Lot#, City, State, Zip) 608 Fifth Ave Mansfield, Ohio					
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
Phone/Cell Phone					
Phone/Cell Phone					
Age 29	DOB 1-10-79	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 5'07"	Weight 144
Occupation		SSN	Hair Bk		Eyes Bk
Victim Injured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Victim Treated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	If Injured, Describe Injuries		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
Agg. Assault / Homicide Circ. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		L.E.O. Killed/Assaulted Information Type of Act <input type="checkbox"/> Assign. Type <input type="checkbox"/> ORI Other		Victim/Suspect Relationship 1	
Reporting Officer [Signature]		Assisting Officer(s)		Victim/Offense Link #1	
Follow Up <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Community Services Bureau <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> CP		Badge No. 713	
		Major Crimes/Det. B <input type="checkbox"/> Juvenile <input type="checkbox"/> SIU <input type="checkbox"/> Crime Lab <input type="checkbox"/> Traffic <input type="checkbox"/> Evidence Sheet		Date 5-9-06	
Additional Assignments					

Incident Number: 06-2460
Reference Case Number

INCIDENT SUPPLEMENT

Reportee
No. Name (Last, First, Middle) Age DOB SSN
Sum as Victim
Address (Street, Apt/Lot#, City, State, Zip)
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)
Phone/Cell Phone
Phone/Cell Phone

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

Vehicle
Check Categories ☐ Stolen ☐ Recovered ☐ Impounded ☐ Received ☐ Suspect's Vehicle ☒ Victim's Vehicle ☐ Unauthorized Use
No. ☐ Damage to Vehicle License State VIN
☒ Theft from Vehicle *LYK* *OH* *LYK* Value: *\$2000*
Year Make Model Style Color Top Bottom Vehicle Locked Keys in Vehicle Hold Vehicle Release Contents
73 *Dodge* *3dr.* *Red* ☒ Y ☐ N ☐ Y ☒ N ☐ Y ☐ N
Vehicle Assoc. w/Suspect No. Vehicle Assoc. w/Victim No. Vehicle Towed Towed By Impounded Owners Request Officer Request Abandoned Hold for Court Lab Process
☐ Y ☐ N ☐ Y ☐ N ☐ Y ☐ N
Stolen Motor Vehicle Only No. Stolen ☐ NCIC Entered Insured ☒ Y ☐ N Insured By Insurance Agent
Motor Vehicle Recovery Only No. Recovered ☐ NCIC Removed Recovery Code ☐ Stolen/Recovered Local ☐ Stolen Other/Recovered Local Recovered Value
☐ Y ☐ N Recovered By Recovered Date / Time Where Recovered

Property
Property Type ☐ Found ☐ Lost / Missing ☐ None ☐ Burned ☐ Counterfeited / Forged ☐ Destroyed / Damaged / Vandalized ☒ Stolen Seized ☐ Recovered ☐ Unknown NCIC Entered ☐ Y ☐ N
Vict. No. Veh. No. Quantity Description Value
1 *1* *1* *Ohio License Plate (Rear)* *\$50*
Make/Brand Model Serial Number Color Weight or Quantity of Drugs
Ohio *License plate* *F1397CR* *Red/White/Blue*
Recovered Date / Time Recovery Location Address (Apt/Lot#, City, State, Zip) Insured By

Property
Property Type ☐ Found ☐ Lost / Missing ☐ None ☐ Burned ☐ Counterfeited / Forged ☐ Destroyed / Damaged / Vandalized ☐ Stolen Seized ☐ Recovered ☐ Unknown NCIC Entered ☐ Y ☐ N
Vict. No. Veh. No. Quantity Description Value
Make/Brand Model Serial Number Color Weight or Quantity of Drugs
Recovered Date / Time Recovery Location Address (Apt/Lot#, City, State, Zip) Insured By

The victim advised that the listed property was taken from the listed vehicle between the times and dates listed. The victim has no suspects. A copy of this report was given to dispatch to enter the license plate into NCIC.

Additional Supplements ☐ Victim / Witness ☐ Property ☐ Statements ☐ Other
☐ Suspect / Arrestee ☐ Narrative ☐ Vehicle ☐ Supplement

Administrative	Incident Number 06-2911		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 02	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 Cooperate <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 checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown																																											
Day of Week WEDNESDAY		OHIO UNIFORM INCIDENT REPORT			Clearance Date 5-31-06	Cleared By 745																																										
Report Date / Time 5-31-06 1312		Incident Occurred From Date / Time 5-31-06 0400		Incident Occurred To Date / Time 5-31-06 0430																																												
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 CROCKER RD MANSFIELD OH					DBA SHOWTIME																																											
<table border="1"><thead><tr><th>Offense</th><th>Offense Code</th><th>A/C</th><th>F/M & Degree</th><th>Hate/Bias</th><th>Larceny</th><th>Type Criminal Activity - (Enter Up to 3 for each)</th></tr></thead><tbody><tr><td>1. THEFT</td><td>2913.02</td><td>C</td><td>M-1</td><td></td><td>23D</td><td>1. 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Proposing/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity</td></tr><tr><td>2.</td><td></td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>3.</td><td></td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>4.</td><td></td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>5.</td><td></td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr></tbody></table>							Offense	Offense Code	A/C	F/M & Degree	Hate/Bias	Larceny	Type Criminal Activity - (Enter Up to 3 for each)	1. THEFT	2913.02	C	M-1		23D	1. 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Proposing/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity	2.						1. 2. 3.	3.						1. 2. 3.	4.						1. 2. 3.	5.						1. 2. 3.
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Name (Last, First, Middle) PENKINS DELOCA																																																
Address (Street, Apt/Lot#, City, State, Zip) 265 ORANGE ST GALION OH 44805																																																
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)																																																
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Occupation	SSN	Resident Status	Military	Student	Other	Unknown																																										
		<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																																										
<table border="1"><thead><tr><th>Victim Injured</th><th>Victim Treated</th><th>If Injured, Describe Injuries</th></tr></thead><tbody><tr><td><input type="checkbox"/> Y <input type="checkbox"/> N</td><td><input type="checkbox"/> Y <input type="checkbox"/> N</td><td></td></tr></tbody></table>							Victim Injured	Victim Treated	If Injured, Describe Injuries	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N																																					
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Incident Number
1168-06

Incident Number 06-2911	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process	
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 Recovery 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 Type <input type="checkbox"/> Found <input type="checkbox"/> Lost/Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown								NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
Vict. No.	Veh. No.	Quantity	Description WALLET w/ DRIVER ID CARD					Value 1/20
Make/Brand		Model		Serial Number		Color		Weight or Quantity of Drugs
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)					Insured By	

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

VICTIM STATED SHE PUT HER WALLET IN A BAG AND SET IT DOWN WHILE SHE WENT OUTSIDE TO ASSIST IN THE CHANGING OF A TIRE. WHEN SHE RETURNED SHE DISCOVERED HER WALLET MISSING. VICTIM REQUESTED A REPORT FOR FILE PURSUANT ONLY IN CASE SOMEONE ATTEMPT TO USE ID OR SOCIAL SECURITY CARD.

Administrative	Incident Number <u>06-12-06-2122</u>	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 <u>12</u>	Sector / Zone <u>2</u>
	Photo Taken <input type="checkbox"/> Y <input type="checkbox"/> N	By	Clearances -- (Check One Box Only) <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 checked="" type="checkbox"/> Arrest - Adult <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
	Film Pack Num	Frames	
Day of Week <u>Mon.</u>	OHIO UNIFORM INCIDENT REPORT		Clearance Date <u>6-12-06</u>
	Report Date / Time <u>06-12-06/2122</u>	Incident Occurred From Date / Time <u>06-12-06/2100</u>	Incident Occurred To Date / Time <u>06-12-06/2122</u>
	Incident Location (Street, Apt/Lot#, City, State, Zip) <u>2921 Crider Rd. Mansfield, Ohio</u>		
	Offense <u>1. Intox</u> <u>2. Disrupting public services</u> <u>3.</u> <u>4.</u> <u>5.</u>	Offense Code <u>2917.11(B)(1)</u> <u>2909.04(A)</u> <u></u> <u></u> <u></u>	A/C <u>C</u> <u>C</u> <u></u> <u></u> <u></u>
	F/M & Degree <u>M-M</u> <u>F-M</u> <u></u> <u></u> <u></u>	Hate/Bias <u>Y</u> <u>N</u> <u></u> <u></u> <u></u>	Larceny <u></u> <u></u> <u></u> <u></u> <u></u>
	Type Criminal Activity (Enter Up to 3 for each) <u>1. 2. 3.</u> <u>1. 2. 3.</u> <u>1. 2. 3.</u> <u>1. 2. 3.</u> <u>1. 2. 3.</u>	B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Propagating/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)		
Offense	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	RETAIL <input checked="" 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
	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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc.	Factory/Mill/Plant <input type="checkbox"/> Other Building
	Suspected of Using <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable		Type Weapon / Force Used <u>1. 25</u> 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 <input type="checkbox"/> Basement <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor <input type="checkbox"/> Other <input type="checkbox"/> Unknown
	Methods of Operation -- (Enter Up to 5 Codes) <u>09</u>		
	No. Total Victims <u>1</u>	Victim Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business	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) <u>Hartman, Linda</u>		
	Address (Street, Apt/Lot#, City, State, Zip) <u>1290 Park Ave East Mansfield, Ohio</u>		
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip) <u></u>		
Victim	Age <u>28</u>	DOB <u>9-7-77</u>	Sex <u>F</u>
	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 <u>5'09"</u>	Weight <u>115</u>
	Occupation <u></u>	SSN <u></u>	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 type="checkbox"/> N	Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N	If Injured, Describe Injuries <u></u>
	Agg Assault/Homicide Circ <input type="checkbox"/> Y <input type="checkbox"/> N	L.E.O. Killed/Assaulted Information Type of Act <u>106</u> Assign Type <u>2</u> ORI/Other <u>3</u>	Victim/Suspect Relationship <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u>
	Victim/Offense Link <u>41-412</u>		
Case Status	Reporting Officer <u>209, 214, 236</u>		Badge No. <u>713</u>
	Assisting Officer(s) <u></u>		Date <u>6-12-06</u>
	Approving Officer <u></u>		Badge No. <u></u>
	Date <u></u>		Additional Assignments <u></u>
	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	Major Crimes/Det. B <input type="checkbox"/> SIU <input type="checkbox"/> Traffic
		<input type="checkbox"/> Juvenile	Crime Lab <input type="checkbox"/> Evidence Sheet

Incident Number		Reference Case Number		Map Ref	Sec/Zone	SUSPECT/ARREST		<input type="checkbox"/> SUPPLEMENT <input checked="" type="checkbox"/> REPORT	
No.	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other		Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		<input type="checkbox"/> NCIC Entered	
Name (Last, First, Middle) Mickens, Justin						SSN			
Address (Street, Apt/Lot#, City, State, Zip) 907 Sites Rd.						Phone/Cell Phone 717			
Alias		Employer / School		Miscellaneous Information					
Age	DOB	Sex	Race	Height	Weight	Hair	Eyes		
26	3-28-80	M	W	6'00"	200	BLK	BRN		
Arrestee was armed with -- (Check Up to 3 boxes only)									
<input checked="" type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle									
<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol									
<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object									
<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon									
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Larceny Type	
1. Intox		1. 2917.11(5)(2)		1. M-M		1. Summary 93020		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)					
6-12-06		2122		2921 Crider Rd. Mansfield, Ohio					
Reporting Officer		Badge No.		Approving Officer		Badge No.		Arrest Type	
Dorothy R. Huffman		713						<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input checked="" type="checkbox"/> Summons <input type="checkbox"/> Other	
No.	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		<input type="checkbox"/> NCIC Entered	
Name (Last, First, Middle)						SSN			
Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone			
Alias		Employer / School		Miscellaneous Information					
Age	DOB	Sex	Race	Height	Weight	Hair	Eyes		
Arrestee was armed with -- (Check Up to 3 boxes only)									
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle									
<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol									
<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object									
<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon									
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Larceny 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.		Approving Officer		Badge No.		Arrest Type	
								<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	

Incident Number <i>06-5327</i>	Reference Case Number
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INCIDENT SUPPLEMENT

Reporter	No.	Name (Last, First, Middle) <i>Same as Victim</i>	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

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process	
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 Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other				Recovered Value		
Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By	Recovered Date / Time		Where Recovered					

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

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

The victim advised that #1 was yelling and throwing beer cans inside of the establishment. The victim advised that she called #1 a cab and attempted to get him to leave with negative results and #1 continued to throw items. The victim advised that she attempted to call 9-1-1 and while she was using the emergency line #1 took the phone from her and broke the phone.

Upon arrival to the listed location contact was made with #1 as he was walking out of the building. #1 was carrying a half of a 12 pack of beer. #1 showed signs of intoxication, slow/slurred speech, unsteady on his feet, strong odor of an alcoholic beverage emitting from his person and breath. #1 was arrested and transported to the Richland County Jail. While enroute to the Jail #1 cursed at and verbally abused officers. #1 was issued his copy of the listed summons and turned over to Corrections. A Statement form was given to the victim to complete. A copy of this report will be forwarded to the Prosecutor's office for possible charges.

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

Incident Number 06-6109		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) <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 <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Photo Taken <input type="checkbox"/> Y <input type="checkbox"/> N	By	<input type="checkbox"/> Supplement		Clearance Date 11-2-06	
Film Pack Num	Frames			Cleared By 747	
Day of Week Thursday		OHIO UNIFORM INCIDENT REPORT			
Report Date / Time 11-2-06 / 2111		Incident Occurred From Date / Time 11-2-06 / 2050		Incident Occurred To Date / Time 11-2-06 / 2050	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd Mansfield, OH 44903					
Offense 1. Assault					
Offense Code 2903.13		A/G C	F/M & Degree M1	Hate/Bias N	Type Criminal Activity - (Enter Up to 3 for each) Show Time
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		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 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	
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		OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other		Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable	
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 <input type="checkbox"/> 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		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		Direction <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other	
Methods of Operation - (Enter Up to 5 Codes)					
Victim No. 1 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 <input type="checkbox"/> Other					
Name (Last, First, Middle) Rose, April R					
Address (Street, Apt/Lot#, City, State, Zip) 5306 Columbus Rd Apt 3 Wooster, OH 44691					
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
Age 21		DOB 7-20-85	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
Occupation		SSN		Weight	Hair
Victim Injured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Victim Treated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		If Injured, Describe Injuries	
Agg. Assault / Homicide Circ.		L.E.O. Killed/Assaulted Information Type of Act / Assn. Type / ORI - Other		Victim/Suspect Relationship	
Reporting Officer J. Snay		Assisting Officer(s) 736, 711		Approving Officer SLT SHOON	
Follow Up <input type="checkbox"/> Y <input checked="" 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"/> Juvenile		Major Crimes/Det. B <input type="checkbox"/> SIU <input type="checkbox"/> Crime Lab <input type="checkbox"/> Traffic <input type="checkbox"/> Evidence Sheet	
Badge No. 747		Date 11-2-06		Additional Assignments	
Badge No. 708		Date 11-3-06		Incident Number 06-6109	

Incident Number 06-609	Reference Case Number	Map Ref 12	Sec/Zone 2	SUSPECT/ARREST <input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT
No. 1 <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown

Name (Last, First, Middle) Fox, Amy, C		Address (Street, Apt/Lot#, City, State, Zip) 1621 Rummell Rd Lucas, OH 44843		<input type="checkbox"/> NCIC Entered																								
Alias	Employer / School	Miscellaneous Information																										
Age 20	DOB 3-12-86	Sex A	Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> H	Height 504																								
Arrestee was armed with - (Check Up to 3 boxes only)		Weight 140	Hair BCIA	Eyes BLU																								
<table border="0"><tr><td><input type="checkbox"/> None</td><td><input type="checkbox"/> Other Fully Automatic Firearm</td><td><input type="checkbox"/> Imitation Firearm</td><td><input type="checkbox"/> Poison</td></tr><tr><td><input type="checkbox"/> Firearm</td><td><input type="checkbox"/> Shotgun</td><td><input type="checkbox"/> Simulated Firearm</td><td><input type="checkbox"/> Explosives</td></tr><tr><td><input type="checkbox"/> Handgun</td><td><input type="checkbox"/> Other Firearm</td><td><input type="checkbox"/> BB/Pellet Gun</td><td><input type="checkbox"/> Fire/Incendiary Device</td></tr><tr><td><input type="checkbox"/> Automatic Handgun</td><td><input type="checkbox"/> Semi-Automatic Sporting Rifle</td><td><input type="checkbox"/> Knife/Cutting Instrument</td><td><input type="checkbox"/> Drugs/Narcs/Sleeping Pills</td></tr><tr><td><input type="checkbox"/> Rifle</td><td><input type="checkbox"/> Semi-Automatic Assault Firearm</td><td><input type="checkbox"/> Blunt Object</td><td><input type="checkbox"/> Other Weapon</td></tr><tr><td><input type="checkbox"/> Fully Automatic Rifle</td><td><input type="checkbox"/> Machine Pistol</td><td></td><td></td></tr></table>					<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		
<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																											

Arrest / Offense Description	Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Location 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.: Approving 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. 2 <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown																								
Name (Last, First, Middle) Hefner, Patricia, C		Address (Street, Apt/Lot#, City, State, Zip) 1631 Woodside Dr		<input type="checkbox"/> NCIC Entered																								
Alias	Employer / School	Miscellaneous Information																										
Age 25	DOB 7-22-81	Sex F	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> H	Height 506																								
Arrestee was armed with - (Check Up to 3 boxes only)		Weight 115	Hair BLN	Eyes BLU																								
<table border="0"><tr><td><input type="checkbox"/> None</td><td><input type="checkbox"/> Other Fully Automatic Firearm</td><td><input type="checkbox"/> Imitation Firearm</td><td><input type="checkbox"/> Poison</td></tr><tr><td><input type="checkbox"/> Firearm</td><td><input type="checkbox"/> Shotgun</td><td><input type="checkbox"/> Simulated Firearm</td><td><input type="checkbox"/> Explosives</td></tr><tr><td><input type="checkbox"/> Handgun</td><td><input type="checkbox"/> Other Firearm</td><td><input type="checkbox"/> BB/Pellet Gun</td><td><input type="checkbox"/> Fire/Incendiary Device</td></tr><tr><td><input type="checkbox"/> Automatic Handgun</td><td><input type="checkbox"/> Semi-Automatic Sporting Rifle</td><td><input type="checkbox"/> Knife/Cutting Instrument</td><td><input type="checkbox"/> Drugs/Narcs/Sleeping Pills</td></tr><tr><td><input type="checkbox"/> Rifle</td><td><input type="checkbox"/> Semi-Automatic Assault Firearm</td><td><input type="checkbox"/> Blunt Object</td><td><input type="checkbox"/> Other Weapon</td></tr><tr><td><input type="checkbox"/> Fully Automatic Rifle</td><td><input type="checkbox"/> Machine Pistol</td><td></td><td></td></tr></table>					<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		
<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																											

Arrest / Offense Description	Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Location 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.: Approving 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 Number 06 6109	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request	<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process		
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 Recovery 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 Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <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			Value		
Make/Brand		Model	Serial Number	Color		Weight or Quantity of Drugs			
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)			Insured By				

Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <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			Value		
Make/Brand		Model	Serial Number	Color		Weight or Quantity of Drugs			
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)			Insured By				

Narrative	<p>The victim and suspects were contacted at the incident location. The victim advised that the suspects don't like her because they all work at the incident location and the victim makes more money than the suspects. The victim advised that the suspects jumped her, suspect #1 hit her and #2 pulled her hair. The victim completed a written statement. She was advised to contact the law director for charges.</p> <p>The suspects were contacted inside. Suspect #1 advised that the victim started it and suspect #2 said that she was just breaking the fight up but never pulled the victim's hair.</p>									
	Additional Supplements <input type="checkbox"/> Victim / Witness <input type="checkbox"/> Property <input type="checkbox"/> Statements <input type="checkbox"/> Other									
	<input checked="" type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Narrative <input type="checkbox"/> Vehicle <input type="checkbox"/> Supplement									

Incident Number: 06-6936
Reference Case Number:
Agency Name: Mansfield Police Department, Richland County Sheriff's Office
Clearances: (Check One Box Only)
Death of Suspect, Prosecution Declined, Extradition Denied, Victim Refused to Cooperate, Juvenile/No Custody, Arrest - Adult, Arrest - Juvenile, Warrant Issued, Invest. Pending, Closed, Unfounded, Unknown
OHIO UNIFORM INCIDENT REPORT
Report Date/Time: 12-16-06/0015
Incident Occurred From Date/Time: 12-16-06/0000
Incident Occurred To Date/Time: 12-16-06/0015
Incident Location (Street, Apt/Lot#, City, State, Zip): 2921 Grider Rd, Mansfield, OH
Offense: Intox, Open Container
Offense Code: 2917.11B2, 4301.62B5
FIM & Degrees: C, M-4, C, M-M
Type Criminal Activity: (Enter Up to 3 for each)
1. V 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: Single Family Home, Multiple Dwelling, Residential Facility, Other Residential, Garage/Shed
PUBLIC ACCESS BLDGS.: Transit Facility, Government Office, School, College, Church, Hospital
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. 24 2. 3.
Method of Entry: Force, No Force, 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
Entry (Check One Box from each column): Basement, 1st Floor, 2nd Floor, Other, Unknown, Door, Window, Side, Garage, Skylight, Other
Direction: North, South, East, West
Methods of Operation - (Enter Up to 5 Codes)
No. Total Victims: 1
Victim Type: Individual, Business, Financial Institution, Government, Police Officer (In The Line of Duty), Religious Organization, Society, Unknown, Other
Name (Last, First, Middle): State of Ohio
Address (Street, Apt/Lot#, City, State, Zip):
Employer Name and Address (Street, Apt/Lot#, City, State, Zip):
Phone/Cell Phone:
Age, DOB, Sex, Race, Height, Weight, Hair, Eyes
Occupation, SSN, Resident Status: Resident, Military, Student, Other, Unknown
Victim Injured, Victim Treated, If Injured, Describe Injuries
Agg. Assault / Homicide Circ.: LEO Killed/Assaulted Information, Type of Act, Assign. Type, ORI-Other, Victim/Suspect Relationship, Victim/Offense Link
Reporting Officer: GORDON, M. R.
Assisting Officer(s):
Approving Officer: SGT. GORDON
Badge No.: 726
Date: 12-16-06
Follow Up: Y, N
Community Services Bureau: 1st, 2nd, 3rd, CP, Juvenile
Major Crimes/Det. B: SIU, Crime Lab, Traffic, Evidence Sheet
Additional Assignments:
Incident Number: 06-6936

Administrative	Number 6-6936		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 checked="" 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 Cooperate <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 checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Day of Week Saturday		OHIO UNIFORM INCIDENT REPORT			Clearance Date 12-16-06	Cleared By 755
Report Date / Time 12-16-06 / 0015		Incident Occurred From Date / Time 12-16-06 / 0000		Incident Occurred To Date / Time 12-16-06 / 0015		
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd, Mansfield, OH					DBA Show time	
Offense	Offense		Offense Code	A/C	F/M & Degree	Hate/Bias
	1. Intox		2917.11B2	C	M-4	
	2. Open Container		4301.62B	C	M-M	
	3.					
	4.					
	5.					
Type Criminal Activity - (Enter Up to 3 for each) 1. V 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Proprietor/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 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						
Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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						
Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other						
Suspected of Using <input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable						
Type Weapon / Force Used 1. 24 2. 3.						
Method of Entry						
<input type="checkbox"/> Force <input type="checkbox"/> No Force No. Premises Entered						
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						
<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						
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						
<input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other						
Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other						
Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West						
Methods of Operation - (Enter Up to 5 Codes)						
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"/> Other <input type="checkbox"/> Unknown						
Name (Last, First, Middle) State of Ohio						
Address (Street, Apt/Lot#, City, State, Zip)						
Phone/Cell Phone						
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"/> U <input type="checkbox"/> H						
Height						
Weight						
Hair						
Eyes						
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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Victim Treated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
If Injured, Describe Injuries						
Agg. Assault / Homicide, Circ.						
L.E.O. Killed/Assaulted Information Type of Act Assign. Type ORI/Other						
Victim/Suspect Relationship 1. 2. 3. 4. 5. 6.						
Victim/Offense Link 2917.11B2						
Reporting Officer Gordon, M. R.						
Badge No. 755						
Date 12-16-06						
Assisting Officer(s)						
Approving Officer SGT. GORDON						
Badge No. 726						
Date 12/18/06						
Follow Up <input type="checkbox"/> Y <input checked="" 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"/> Crime Lab <input type="checkbox"/> Traffic <input type="checkbox"/> Evidence Sheet						
Additional Assignments						

Incident Number
06-6936

Incident Number 06-6436 Reference Case Number Map/Ref 12 Sec/Zone 2 SUSPECT/ARREST ☐ SUPPLEMENT ☒ REPORT

No. 1 Adult ☒ Juvenile ☐ Unknown ☐ Check Appropriate Category ☐ Suspect / Arrestee ☐ Missing ☐ Other ☐ Resident ☐ Tourist ☐ Student ☐ Other ☐ Name (Last, First, Middle) Laakey, Bryan, D Address (Street, Apt/Lot#, City, State, Zip) 69 STRT 42, West Salem, OH 44287 SSN ☐ NCIC Entered ☐ Alias Employer / School Miscellaneous Information Age 25 DOB 1-23-71 Sex M Race W Height 5'9 Weight 160 Hair Brz Eyes Blu Arrestee was armed with - (Check Up to 3 boxes only) ☒ None ☐ Firearm ☐ Handgun ☐ Automatic Handgun ☐ Rifle ☐ Fully Automatic Rifle ☐ Other Fully Automatic Firearm ☐ Shotgun ☐ Other Firearm ☐ Semi-Automatic Sporting Rifle ☐ Semi-Automatic Assault Firearm ☐ Machine Pistol ☐ Imitation Firearm ☐ Simulated Firearm ☐ BB/Pellet Gun ☐ Knife/Cutting Instrument ☐ Blunt Object ☐ Poison ☐ Explosives ☐ Fire/Incendiary Device ☐ Drugs/Narcs/Sleeping Pills ☐ Other Weapon

Arrest / Offense Description	Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Larceny Type
1. Intox.	2A17.11B2	1. M-4	1. 100072	1.
2. Open Container	4301.62B5	2. M-M	2. 100070	2.
3.		3.		3.
4.		4.		4.
5.		5.		5.

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

Arrest Date 12-16-08 Time 0015 Arrest Location (Street, Apt, City, State, Zip) 2421 Corder Rd, Mansfield, OH 44405 Reporting Officer Gouge, M.R. Badge No. 755 Approving Officer Arrest Type ☐ Complaint ☐ Warrant ☐ Order of Protection ☒ In-Progress ☐ Summons ☐ Other

No. 2 Adult ☒ Juvenile ☐ Unknown ☐ Check Appropriate Category ☐ Suspect / Arrestee ☐ Missing ☐ Other ☐ Resident ☐ Tourist ☐ Student ☐ Other ☐ Name (Last, First, Middle) Jenkins, Jay E Address (Street, Apt/Lot#, City, State, Zip) 924 Brock Rd, Wadsworth, OH 44281 SSN ☐ NCIC Entered ☐ Alias Employer / School Miscellaneous Information Age 51 DOB 10-20-55 Sex F Race W Height 5'9 Weight 130 Hair Rd Eyes Brn Arrestee was armed with - (Check Up to 3 boxes only) ☒ None ☐ Firearm ☐ Handgun ☐ Automatic Handgun ☐ Rifle ☐ Fully Automatic Rifle ☐ Other Fully Automatic Firearm ☐ Shotgun ☐ Other Firearm ☐ Semi-Automatic Sporting Rifle ☐ Semi-Automatic Assault Firearm ☐ Machine Pistol ☐ Imitation Firearm ☐ Simulated Firearm ☐ BB/Pellet Gun ☐ Knife/Cutting Instrument ☐ Blunt Object ☐ Poison ☐ Explosives ☐ Fire/Incendiary Device ☐ Drugs/Narcs/Sleeping Pills ☐ Other Weapon

Arrest / Offense Description	Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Larceny Type
1. Intox.	2A17.11B2	1. M-4	1. 100071	1.
2. Open Container	4301.62B5	2. M-M	2. 100068	2.
3.		3.		3.
4.		4.		4.
5.		5.		5.

23A - Pocket Picking
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23C - Shoplifting
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Arrest Date 12-16-08 Time 0015 Arrest Location (Street, Apt, City, State, Zip) 2421 Corder Rd, Mansfield, OH 44405 Reporting Officer Gouge, M.R. Badge No. 755 Approving Officer Arrest Type ☐ Complaint ☐ Warrant ☐ Order of Protection ☒ In-Progress ☐ Summons ☐ Other

Incident Number 06-6936	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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

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 <input type="checkbox"/> Theft from Vehicle	License ES 38LS	State OH	VIN 1FAFP55S23A235182	Value \$000.00				
Year 03	Make Ford	Model Taurus	Style 4dr	Color Top Bottom white	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		Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process
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 Recovery 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 Type: <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost / Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown					NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N	
Vict. No.	Veh. No.	Quantity	Description			Value
Make/Brand		Model		Serial Number	Color	Weight or Quantity of Drugs
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)				Insured By

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

Narrative	

Additional Supplements	<input type="checkbox"/> Victim / Witness	<input type="checkbox"/> Property	<input type="checkbox"/> Statements	<input type="checkbox"/> Other
	<input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Narrative	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Supplement

06-6936
SUPPLEMENTAL
12-16-06

LISTED DATE AND TIME: I OBSERVED #1 AND 2 SEATED IN THE LISTED VEHICLE IN THE PARKING LOT OF SHOWTIME ON THE BACKSIDE OF THE BUSINESS. DUE TO THE HIGH CRIME RATE AT THIS LOCATION (DRUG OFFENSES, ALCOHOL VIOLATIONS, ASSAULTS ETC.) I MADE CONTACT.

AS I APPROACHED THE DRIVE SIDE WINDOW #1, THE DRIVER BEGAN MAKING FURTIVE MOVEMENTS BETWEEN THE SEATS IN WHAT APPEARED AN ATTEMPT TO HIDE SOMETHING. WHILE SPEAKING WITH #1 I DETECTED THE FOLLOWING SIGN OF INTOXICATION: EXTREMELY SLURRED SPEECH, BLOODSHOT AND GLASSY EYES, POOR COORDINATION WHILE ATTEMPTING TO FIND AND REMOVE HIS O.L. AND A STRONG ODOR OF AN ALCOHOLIC BEVERAGE UPON HIS BREATH. WHILE SPEAKING WITH #1 I OBSERVED AN OPEN CAN OF BEER IN THE CONSOL BETWEEN THE SEATS.

I ASKED #2 HIS FEMALE PASSENGER SEVERAL TIMES FOR HER ID AND SHE SEEMED TO BE UNABLE TO UNDERSTAND ME OR UNWILLING TO COMPLY SO I MOVED TO HER SIDE OF THE CAR. AS I DID SO SHE ATTEMPTED TO REMOVE THE OPEN CAN OF BEER FROM THE CENTER CONSOL AND HIDE IT IN THE BACK OF THE CAR. I OPENED THE DOOR AND ADVISED HER THAT OBSTRUCTING OFFICIAL BUSINESS WAS A MUCH MORE SERIOUS CRIME THAN OPEN CONTAINER. WITH THAT SHE REPLACED THE CAN. #2 DEMONSTRATED THE SAME SIGNS OF INTOXICATION AS LISTED ABOVE FOR #1 WITH THE EXCEPTION OF FINDING HER OL. SHE DID NOT HAVE IT WITH HER. HER COORDINATION WAS SHOWN AS POOR WHILE EXITING THE CAR, ATTEMPTING TO STAND STILL AND WHILE WALKING. SHE WAS PLACED UNDER ARREST FOR INTOXICATION AND INTO THE BACK OF MY CAR.

I RE-CONTACTED #1 AND ASKED HIM TO STEP FROM THE CAR. HE WAS FIRST TOLD TO TURN THE CAR OFF AND REMOVE THE KEYS WHICH HE DID. AS HE STEPPED FROM THE CAR HE NEARLY FELL OVER. I ASKED HIM IF HE HAD ANYTHING IN HIS POCKETS THAT I SHOULD KNOW ABOUT AND HE BEGAN TO PULL ITEMS FROM HIS PANTS POCKET. THIS IS WHEN HE DROPPED A PLASTIC WRAPPER WITH WHAT APPEARED TO BE A TABLET AND A HALF OF PRESCRIPTION MEDICATION INSIDE. WHEN ASKED WHAT IT WAS HE STATED IT WAS ZANAX. HE STATED THAT #2 HAD GIVEN IT TO HIM. HE WAS PLACED UNDER ARREST AND INTO MY CAR AS WELL.

#2 PROVIDED A PRESCRIPTION FOR THE ZANAX AND STATED THAT SHE HAD ASKED #1 TO HOLD THE MEDICINE AS HE HAD NO WHERE TO KEEP IT. DURING A SEARCH OF THE VEHICLE I LOCATED SEVERAL OPEN AND EMPTY BEER CANS, TWO OPEN AND HALF FULL CANS AND A COUPLE OF CLOSED CANS IN A COOLER. ONE OF THE OPEN AND HALF FULL CANS WAS HIDDEN WHERE #2 WAS SEATED.

#1 AND #2 WERE TAKEN TO RCSO AND ISSUED THE ABOVE.

1722

Incident Number 07-1772		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 2E	Clearances - (Check One Box Only) <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 checked="" type="checkbox"/> Arrest - Adult <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																																																																			
Photo Taken <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	By	<input type="checkbox"/> Supplement		Clearance Date																																																																			
Film Pack Num	Frames			Cleared By																																																																			
Day of Week SUNDAY		OHIO UNIFORM INCIDENT REPORT																																																																					
Report Date / Time 4/15/07 0430		Incident Occurred From Date / Time 4/15/07 0400		Incident Occurred To Date / Time 4/15/07 0550																																																																			
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 CRIDER ROAD MANSFIELD, OHIO																																																																							
DBA SHOW TIME																																																																							
<table border="1"><thead><tr><th>Offense</th><th>Offense Code</th><th>A/C</th><th>F/M & Degree</th><th>Hate/Bias</th><th>Larceny</th><th>Type Criminal Activity - (Enter Up to 3 for each)</th></tr></thead><tbody><tr><td>1. UNDERAGE CONSUMPTION</td><td>4301.69(E)(1)</td><td>C</td><td>M-1</td><td></td><td></td><td>1. U 2. 3.</td></tr><tr><td>2. POSSESSION OF MARIJUANA</td><td>2925.11</td><td>C</td><td>MM</td><td></td><td></td><td>1. P 2. 3.</td></tr><tr><td>3. DISORDERLY INTOXICATION</td><td>2917.11(B)(2)</td><td>C</td><td>MM</td><td></td><td></td><td>1. U 2. 3.</td></tr><tr><td>4. DISORDERLY CONDUCT</td><td>2917.11(A)(1)</td><td>C</td><td>M-4</td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>5.</td><td></td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr></tbody></table>						Offense	Offense Code	A/C	F/M & Degree	Hate/Bias	Larceny	Type Criminal Activity - (Enter Up to 3 for each)	1. UNDERAGE CONSUMPTION	4301.69(E)(1)	C	M-1			1. U 2. 3.	2. POSSESSION OF MARIJUANA	2925.11	C	MM			1. P 2. 3.	3. DISORDERLY INTOXICATION	2917.11(B)(2)	C	MM			1. U 2. 3.	4. DISORDERLY CONDUCT	2917.11(A)(1)	C	M-4			1. 2. 3.	5.						1. 2. 3.																								
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No. Premises Entered	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		Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other		Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other																																																																		
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<table border="1"><tr><td>No. Total Victims 01 01</td><td>Victim Type <input type="checkbox"/> Individual <input type="checkbox"/> Business</td><td><input type="checkbox"/> Financial Institution <input type="checkbox"/> Government</td><td><input type="checkbox"/> Police Officer (In The Line of Duty) <input type="checkbox"/> Religious Organization</td><td><input checked="" type="checkbox"/> Society <input type="checkbox"/> Unknown</td><td><input type="checkbox"/> Other</td></tr><tr><td colspan="6">Name (Last, First, Middle)</td></tr><tr><td colspan="6">Address (Street, Apt/Lot#, City, State, Zip)</td></tr><tr><td colspan="6">Employer Name and Address (Street, Apt/Lot#, City, State, Zip)</td></tr><tr><td>Age</td><td>DOB</td><td>Sex</td><td>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</td><td>Height</td><td>Weight</td></tr><tr><td colspan="2">Occupation</td><td>SSN</td><td colspan="2">Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist</td><td><input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Unknown</td></tr><tr><td>Victim Injured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td><td>Victim Treated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td><td colspan="4">If Injured, Describe Injuries</td></tr><tr><td colspan="2">Agg. Assault / Homicide Circ.</td><td colspan="2">L.E.O. Killed/Assaulted Information Type of Act. Assign. Type ORI-Other</td><td colspan="2">Victim/Suspect Relationship 1. 2. 3. 4. 5. 6.</td></tr><tr><td colspan="2">Reporting Officer</td><td colspan="2">Assisting Officer(s) 735</td><td colspan="2">Approving Officer SGT. GORDON</td></tr><tr><td colspan="2">Follow Up <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td><td colspan="2">Community Services Bureau <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> CP</td><td colspan="2">Major Crimes/Det. B <input type="checkbox"/> SIU <input type="checkbox"/> Crime Lab <input type="checkbox"/> Traffic <input type="checkbox"/> Evidence Sheet</td></tr><tr><td colspan="2">Additional Assignments</td><td colspan="4">Incident Number 07-1772-1722</td></tr></table>						No. Total Victims 01 01	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 checked="" 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)						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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Victim Treated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	If Injured, Describe Injuries				Agg. Assault / Homicide Circ.		L.E.O. Killed/Assaulted Information Type of Act. Assign. Type ORI-Other		Victim/Suspect Relationship 1. 2. 3. 4. 5. 6.		Reporting Officer		Assisting Officer(s) 735		Approving Officer SGT. GORDON		Follow Up <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Community Services Bureau <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> CP		Major Crimes/Det. B <input type="checkbox"/> SIU <input type="checkbox"/> Crime Lab <input type="checkbox"/> Traffic <input type="checkbox"/> Evidence Sheet		Additional Assignments		Incident Number 07-1772-1722			
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Additional Assignments		Incident Number 07-1772-1722																																																																					

Incident Number 07-1722		Reference Case Number		Map Ref 12	Sec/Zone 25	SUSPECT/ARREST <input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT	
No. 01	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway		<input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown		
Name (Last, First, Middle) LESTER KATHLEEN E.					<input type="checkbox"/> NCIC Entered		
Address (Street, Apt/Lot#, City, State, Zip) 27 1/2 W. MAIN ST. LUCAS, OHIO 44843					Phone/Cell Phone		
Alias		Employer / School		Miscellaneous Information			
Age 20	DOB 1/26/87	Sex F	Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> H	Height 4'11"	Weight 100	Hair BRN	Eyes GRN
Arrestee was armed with - (Check Up to 3 boxes only)							
<input checked="" type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon							
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree	Warrant # / Case #		Arrest Larceny Type
1. UNDERAGE CONSUMPTION		1. 4301.69(E)(1)		1. M-1	1. SUMMONS #103013		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
2. POSSESSION		2. 2925.11		2. M/M	2. SUMMONS #103012		
3.		3.		3.	3.		
4.		4.		4.	4.		
5.		5.		5.	5.		
Arrest Date		Time	Arrest Location (Street, Apt, City, State, Zip)				
Reporting Officer		Badge No.	Approving Officer		Badge No.	Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input checked="" type="checkbox"/> Summons <input type="checkbox"/> Other	
No. 02		<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown		
Name (Last, First, Middle) PORTER CHRISTINA A					<input type="checkbox"/> NCIC Entered		
Address (Street, Apt/Lot#, City, State, Zip) 2021 ST. RT. 39 LUCAS OHIO 44822 44843					Phone/Cell Phone		
Alias		Employer / School		Miscellaneous Information			
Age 26	DOB 1-15-81	Sex F	Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> H	Height 5'4"	Weight 125	Hair BRO	Eyes BRO
Arrestee was armed with - (Check Up to 3 boxes only)							
<input checked="" type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon							
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree	Warrant # / Case #		Arrest Larceny Type
1. INTOXICATION		1. 2917.11(B)(2)		1. M/M	1. SUMMONS #103011		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
2. DISORDERLY CONDUCT		2. 2917.11(A)(1)		2. M-4	2. SUMMONS #103014		
3.		3.		3.	3.		
4.		4.		4.	4.		
5.		5.		5.	5.		
Arrest Date		Time	Arrest Location (Street, Apt, City, State, Zip)				
Reporting Officer		Badge No.	Approving Officer		Badge No.	Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input checked="" type="checkbox"/> Summons <input type="checkbox"/> Other	
Narr.							

Incident Number 07-1722	Reference Case Number
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INCIDENT SUPPLEMENT

Reporter	No.	Name (Last, First, Middle) SUSPECT #1	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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
	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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request	<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process		
	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 Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other				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"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown										NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
	Vict. No.	Veh. No.	Quantity	Description TWO BAGS OF POSSIBLE MARIJUANA TAKEN FROM SUSP #1						Value	
	Make/Brand		Model		Serial Number			Color	Weight or Quantity of Drugs		
	Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip) 55 E. SECOND ST. MANS.						Insured By		

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

Narrative											

Additional Supplements	<input type="checkbox"/> Victim / Witness	<input type="checkbox"/> Property	<input type="checkbox"/> Statements	<input type="checkbox"/> Other
	<input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Narrative	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Supplement

SUPPLEMENTAL

REPORT # 07- 1722

ON APRIL 15, 2007 DEPUTY MONTGOMERY AND MYSELF RESPONDED TO SHOW TIME IN REGARD TO A CALL PLACED BY SUSPECT #1. SUSPECT #1 REQUESTED OFFICERS TO RESPOND FOR AN UNKNOWN REASON.

UPON ARRIVAL I MADE CONTACT WITH SUSPECT #1 WHO WAS IN THE PARKING LOT. SUSPECT #1 STATED THAT SHE AND SUSPECT #2 ARE GIRLFRIENDS, AND THAT SUSPECT #2 WOKE HER UP BY SMACKING HER IN THE HEAD. SUSPECT #1 HAD RED GLASSY EYES, SMELLED OF THE ODOR OF ALCOHOL, AND STATED THAT SHE HAD DRANK THREE BEERS. SUSPECT #1 ALSO STATED THAT SHE WAS TWENTY YEARS OLD. SUSPECT #1 HAD NO VISIBLE INJURY.

SUSPECT #2 EXITED THE VEHICLE THAT SHE WAS IN AND WAS STUMBLING AROUND THE PARKING LOT ON THE PARTIALLY SNOW COVERED GROUND. SUSPECT #2 DID NOT HAVE SHOES ON, AND THE SWEATER THAT SHE HAD ON WAS ONLY ZIPPED AT THE BOTTOM. SUSPECT #2 STATED THAT SHE HAD DRUNK THREE BEERS, SHE HAD RED GLASSY EYES, AND SLURRED SPEECH. SUSPECT #1 AND SUSPECT #2 KEPT ARGUING UPON OUR CONTACT.

SUSPECT #1 WAS ARRESTED FOR UNDERAGE CONSUMPTION AND SUSPECT #2 WAS ARRESTED FOR INTOXICATION. WHEN BEING PATTED DOWN SUSPECT #1 WAS ASKED IF SHE HAD ANY DRUGS OR WEAPONS AND SHE STATED THAT SHE MAY HAVE SOME MARIJUANA IN HER FRONT COAT POCKET, BUT NONE WAS FOUND. I TRANSPORTED SUSPECT #1 AND DEPUTY MONTGOMERY TRANSPORTED SUSPECT #2.

AT THE JAIL DURING THE PAT DOWN OF SUSPECT #1 THEY LOCATED TWO POSSIBLE BAGGIES OF SUSPECTED MARIJUANA ON SUSPECT #1. SUSPECT #1 WAS ALSO ISSUED FOR POSSESSION.

AT THE JAIL SUSPECT #2 WAS PLACED IN THE CLASS ROOM DUE TO THE BOOK IN FACILITY BEING FULL OF MALES. SUSPECT #2 REMAINED COMBATIVE BY YELLING, CURSING AT OFFICERS AND SUSPECT #2, HITTING THE DESK, AND TAUNTING OFFICERS. SUSPECT #2 WAS REPEATEDLY ADVISED BY DEPUTY MONTGOMERY TO QUIT DOWN, QUIT YELLING, AND STOP BEING DISORDERLY AS SHE CONTINUED TO DO SO.

AT ONE POINT SUSPECT #2 STOOD UP, SLAMMED HER HANDS ON THE TABLE, OVERTURNED THE TABLE, AND STARTED PUSHING IT TOWARDS DEPUTY MONTGOMERY. DEPUTY MONTGOMERY USED HIS TASER ON SUSPECT #2, AND SHE WAS PLACED IN THE RESTRAINT CHAIR. SUSPECT #2 WAS ISSUED FOR DISORDERLY CONDUCT AFTER BEING ADVISED TO DESIST FOR HER ACTIONS. #2 WAS ALSO ISSUED FOR INTOXICATION. THE JAIL STAFF WAS ADVISED TO HOLD BOTH SUSPECTS ON AN EIGHT-HOUR HOLD DUE TO THEIR INTOXICATION.

SGT. GORDON

04/15/07

NARRATIVE SUPPLEMENT

Incident Number
2007- 1723

Reference Case Number

ON THE LISTED DATE AND TIME OFFICERS WERE DISPATCHED TO A DISTURBANCE CALL AT THE LISTED LOCATION. UPON OFFICERS ARRIVAL CONTACT WAS MADE WITH SUSPECTS #1 AND #2. BOTH SHOWED ALL THE INDICATORS OF ALCOHOL INTOXICATION. IT WAS NOT CLEAR WHY THE SUSPECTS WERE ARGUING. BOTH SUSPECTS CONTINUED TO YELL OBSCENITIES AT EACH OTHER. BOTH SUSPECTS WERE ARRESTED AND TRANSPORTED TO RCSO JAIL. #1 WAS TAKEN INTO BOOK-IN AND PATTED DOWN. DURING THE PAT DOWN A SMALL QUANTITY OF MARIJUANA WAS FOUND ON #1'S PERSON. #1 WAS CHARGED WITH UNDER AGE CONSUMPTION AND DRUG ABUSE. #2 ALSO WAS PATTED DOWN. THE SUSPECTS WERE SEPARATED IN AN ATTEMPT TO KEEP THE PEACE. #2 WHO WAS VERY INTOXICATED CONTINUED TO YELL OBSCENITIES, AT #1, EVEN THOUGH #1 WAS NOT PRESENT IN THE SAME AREA. #2 WAS TOLD AT LEAST FIVE TIMES TO CALM DOWN AND STOP YELLING. #2 THEN TURNED HER ATTENTION TO OFFICERS. #2 STARTED CALLING OFFICERS NAMES AND MADE THREATS TO THROW ITEMS AT OFFICERS. #2 THEN STARTED POUNDING ON THE TABLE SHE WAS SITTED AT, WITH HER FIST, REFUSING TO CALM DOWN. #2 WAS TOLDS SEVERAL TIMES IF SHE CONTINUED HER DISORDERLY BEHAVIOR SHE WOULD BE TASED AND PLACED IN THE RESTRAINT CHAIR. #2 APPEARED TO CALM DOWN FOR A SHORT PERIOD OF TIME, BUT THEN STOOD UP AND FLIPPED THE TABLE OVER CAUSING IT TO SLIDE TOWARD ME AND STRIKING OTHER TABLES AND CHAIRS. #2 THEN STARTED YELLING OBSENITYS CALLING ME A MOTHER FUCKER AND DIRTY PIG. I REMOVED MY TASER AND #2 WAS TASED ONCE. #2 WAS THEN PLACED IN THE RESTRAINT CHAIR, BY CORRECTIONS OFFICERS, AS SHE AGAIN STARTED BEING DISORDERLY, BY STRUGGLEING AND YELLING OBSCENITYS. A SHORT TIME AFTER BEING PLACED IN THE RESTRAINT CHAIR, #2 PASSED OUT. #2 WAS CHARGED WITH DISORDERLY CONDUCT (M4), AND INTOXICATION.

Reporting Officer DEPUTY STAN MONTGOMERY		Badge No. 735	Date 04-15-07
Approving Officer SGT WILL GORDON		Badge No. 726	Date 04-15-07
Reason Cleared	<input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Juvenile/No Custody <input checked="" type="checkbox"/> Arrest - Adult	<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	Date Cleared

Incident Number 01-5087		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 1Z	Sector / Zone 2E	Clearances - (Check One Box Only)																																											
Photo Taken <input type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown																																											
Day of Week Sun				Clearance Date 10/21/07 Cleared By 739																																											
OHIO UNIFORM INCIDENT REPORT																																															
Report Date / Time 10/21/07 1844		Incident Occurred From Date / Time 10/21/07 1844		Incident Occurred To Date / Time 10/21/07 1844																																											
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 CRIDER RD MANSFIELD OH 44903				DBA SHOWTIME																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Offense</th> <th>Offense Code</th> <th>A/C</th> <th>P/M & Degree</th> <th>Hate/Bias</th> <th>Category</th> <th>Type Criminal Activity (Enter Up to 3 for each)</th> </tr> <tr> <td>1. RECOVERED STOLEN</td> <td>1.</td> <td></td> <td></td> <td></td> <td></td> <td>1. 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Propriating/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity</td> </tr> <tr><td>2.</td><td>2.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr> <tr><td>3.</td><td>3.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr> <tr><td>4.</td><td>4.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr> <tr><td>5.</td><td>5.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr> </table>						Offense	Offense Code	A/C	P/M & Degree	Hate/Bias	Category	Type Criminal Activity (Enter Up to 3 for each)	1. RECOVERED STOLEN	1.					1. 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Propriating/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity	2.	2.					1. 2. 3.	3.	3.					1. 2. 3.	4.	4.					1. 2. 3.	5.	5.					1. 2. 3.
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Location of Offense - (Check Up to 2 boxes only)																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> 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 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 </td> <td style="width:33%;"> <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input checked="" type="checkbox"/> Other Commercial Service Loc. </td> <td style="width:33%;"> 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 </td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="3">Suspected of Using</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="3">Type Weapon / Force Used</td> </tr> <tr> <td colspan="3">1. 24 2. 3.</td> </tr> </table>						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 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	<input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input checked="" type="checkbox"/> Other Commercial Service Loc.	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Incident Number 07-5087	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	No.	Name (Last, First, Middle)	Age	DOB	SSN
	1	DEP ALFREY			
	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

Check Categories <input type="checkbox"/> Stolen <input checked="" 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 <input type="checkbox"/> Theft from Vehicle	License EEC 420S	State OHIO	VIN 4T1SV21E0MU429228	Value \$ 500.00				
Year 91	Make TOYOT	Model CAMRY	Style 4DR	Color Top Bottom WHT	Vehicle Locked <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Keys in Vehicle <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Hold Vehicle <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Release Contents <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Vehicle Assoc. w/Suspect No.		Vehicle Assoc. w/Victim No. 1/1		Vehicle Towed <input type="checkbox"/> Y <input type="checkbox"/> N	Towed By	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request	<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process		
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 Recovery Only	No. Recovered 1	<input checked="" type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input checked="" type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other			Recovered Value \$ 500.00			
Owner Notified <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Recovered By 739	Recovered Date / Time 10/21/07	Where Recovered 2921 CRIDER RD						

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

Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Unknown					NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
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Make/Brand		Model	Serial Number	Color	Weight or Quantity of Drugs
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)			Insured By

WHILE CHECKING THE ABOVE BUSINESS I OBSERVED THE ABOVE VEHICLE PARKED IN THE REAR. THE CAR CAME BACK STOLEN OUT OF ASHLAND CO. ASHLAND CO ADVISED TO SECURE THE CAR AT THE SCENE WHILE THEY TRIED TO CONTACT THE OWNER. AROUND 2000 HRS THE OWNERS DAUGHTER ADVISED SHE WOULD BRING A TOW TRUCK TO PICK THE CAR UP.

Narrative	

Additional Supplements	<input type="checkbox"/> Victim / Witness	<input type="checkbox"/> Property	<input type="checkbox"/> Statements	<input type="checkbox"/> Other
	<input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Narrative	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Supplement

Administrative	Incident Number 08-354		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 checked="" type="checkbox"/> Invest. Pending <input type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown																																											
Day of Week Thursday		OHIO UNIFORM INCIDENT REPORT				Clearance Date 1-24-08																																										
Report Date / Time 1-24-08 / 0806		Incident Occurred From Date / Time 1-24-08 / 0100		Incident Occurred To Date / Time 1-24-08 / 0200																																												
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd Mansfield, OH						DBA Show Time																																										
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Offense	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 PUBLIC ACCESS BLDGS. <input type="checkbox"/> Transit Facility <input type="checkbox"/> Government Office <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Hospital		<input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input checked="" 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																																											
			<input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other		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. 24 2. 3.																																											
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	Assisting Officer(s)				Approving Officer																																											
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Incident Number 08-1354	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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

Check Categories <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Impounded <input type="checkbox"/> Received <input type="checkbox"/> Suspect's Vehicle <input checked="" type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unauthorized Use									
No.	<input type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft from Vehicle	License DVM 3973	State OH	VIN 1GZWP14N8JF234626	Value \$2,000				
Year 88	Make Pont	Model Grand Prix	Style 25	Color Top White Bottom	Vehicle Locked <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Keys in Vehicle <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Hold Vehicle <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Release Contents <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Vehicle Assoc. w/Suspect No.		Vehicle Assoc. w/Victim No. 1		Vehicle Towed <input type="checkbox"/> Y <input type="checkbox"/> N	Towed By	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request	<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process		
Stolen Motor Vehicle Only	No. Stolen 1	<input checked="" type="checkbox"/> NCIC Entered	Insured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Insured By Acceptance	Insurance Agent Hiki Weiler				
Motor Vehicle Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other			Recovered Value			
Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By		Recovered Date / Time		Where Recovered				

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

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

Narrative						

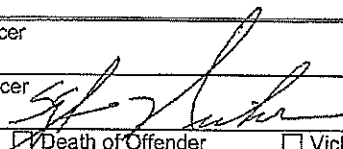
Additional Supplements	<input type="checkbox"/> Victim / Witness	<input type="checkbox"/> Property	<input type="checkbox"/> Statements	<input type="checkbox"/> Other
	<input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Narrative	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Supplement

NARRATIVE SUPPLEMENT

Incident Number
08-55

Reference Case Number

THE VICTIM WAS CONTACTED AT THE INCIDENT LOCATION. THE VICTIM ADVISED THAT WHILE IN THE BUSINESS AN UNKNOWN SUSPECT STOLE THE LISTED CAR FROM THE LOT. THE DOORS DO NOT LOCK AND THE IGNITION DOES NOT REQUIRE A KEY. THE VEHICLE CAN BE IDENTIFIED BY WHITE LIGHT TO THE REAR WHEN THE HIGH MOUNT BRAKE LIGHT IS ACTIVATED, IT HAS A HITCH, NO PASSENGER DOOR HANDLE, AND NO GLASS IN THE DRIVER'S SIDE VIEW MIRROR. MANAGEMENT IS GOING TO CHECK ON THE VIDEO SURVEILLANCE. IT WAS NOT AVAILABLE TONIGHT. THE VICTIM WAS ADVISED TO CONTACT THE SHERIFF'S OFFICE IF THE VEHICLE IS LOCATED. SHE ADVISED THAT SHE WOULD LIKE THE VEHICLE PROCESSED IF IT IS LOCATED UNOCCUPIED. SHE DOES WANT TO FILE CHARGES IF THE SUSPECT IS APPREHENDED.

Reporting Officer J. SNAY		Badge No. 747	Date 1-24-08
Approving Officer 		Badge No. 712	Date 01-24-08
Reason Cleared	<input checked="" type="checkbox"/> Death of Offender <input checked="" 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	<input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input checked="" type="checkbox"/> Invest. Pending <input type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown
		Date Cleared 1-24-08	

Incident Number 08-5153		Reference Case Number		Map Ref 12	Sec/Zone 2	SUSPECT/ARREST <input type="checkbox"/> SUPPLEMENT <input checked="" type="checkbox"/> REPORT	
No. 1	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input checked="" type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other		Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other			
Name (Last, First, Middle) LUCKIE KALUG N						SSN	
Address (Street, Apt/Lot#, City, State, Zip) 294 ABBEYFEALE RD						<input type="checkbox"/> NCIC Entered	
Alias		Employer / School		Miscellaneous Information			
Age 20	DOB 12/26/87	Sex F	Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> H	Height 503	Weight 115	Hair BRO	Eyes BRO
Arrestee was armed with - (Check Up to 3 boxes only)							
<input checked="" type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon							
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #	
1. FTA JAIL (MPD)		1. 2937.43		1. MI		1. 05M16025	
2. FTA		2. 2937.43		2.		2. 07 TRD 03023 MPD	
3.		3.		3.		3.	
4.		4.		4.		4.	
5.		5.		5.		5.	
Arrest Larceny Type 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							
Arrest Date 10/18/08		Time 2058		Arrest Location (Street, Apt, City, State, Zip)			
Reporting Officer DEP ALFREY		Badge No. 739		Approving Officer [Signature]		Badge No. 711	
No. <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		Arrest Type <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other			
Name (Last, First, Middle)						SSN	
Address (Street, Apt/Lot#, City, State, Zip)						<input type="checkbox"/> NCIC Entered	
Alias		Employer / School		Miscellaneous Information			
Age	DOB	Sex	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> H	Height	Weight	Hair	Eyes
Arrestee was armed with - (Check Up to 3 boxes only)							
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon							
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #	
1.		1.		1.		1.	
2.		2.		2.		2.	
3.		3.		3.		3.	
4.		4.		4.		4.	
5.		5.		5.		5.	
Arrest Larceny Type 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							
Arrest Date		Time		Arrest Location (Street, Apt, City, State, Zip)			
Reporting Officer		Badge No.		Approving Officer		Badge No.	
#1 WAS ARRESTED AND TAKEN TO RCLSO JAIL.							

Administrative	Incident Number 08-5710		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 02	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 checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Day of Week Friday		OHIO UNIFORM INCIDENT REPORT			Clearance Date 11-21-08	Cleared By 712
Report Date / Time 11-21-08 0303		Incident Occurred From Date / Time 11-21-08 0230		Incident Occurred To Date / Time 11-21-08 0303		
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Cedar Road Mansfield Ohio 44903					DBA Showtime	
Offense	Offense	Offense Code	A/C	F/M & Degree	Hate/Bias	Larceny
	1. Assault	1. 2903.13	C	M-1		
	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 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 <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc. RETAIL <input checked="" 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 <input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other						
Suspected of Using <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable						
Type Weapon / Force Used 1. 17 2. 3.						
Method of Entry <input type="checkbox"/> Force <input type="checkbox"/> No Force No. Premises Entered						
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 <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						
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 <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West						
Methods of Operation - (Enter Up to 5 Codes)						
No.	Total Victims	Victim Type	Individual <input checked="" 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"/> Society <input type="checkbox"/> Other <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown <input type="checkbox"/>			
01	01					
Name (Last, First, Middle) Kindler Tonya M						
Address (Street, Apt/Lot#, City, State, Zip) 3918 WAYNE STREET Mansfield Ohio					Phone/Cell Phone	
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					Phone/Cell Phone	
Age	DOB	Sex	Race	Height	Weight	Hair
22	08-15-86	F	BW	5'4"	108	Blk
Occupation	SSN	Resident Status	Resident <input checked="" type="checkbox"/> Tourist <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>			
Victim Injured	Victim Treated	If Injured, Describe Injuries				
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N					
Agg. Assault / Homicide Circ.	L.E.O. Killed/Assaulted Information	Victim/Suspect Relationship	Victim/Offense Link			
	Type of Act Assign Type ORI-Other	1. 2. 3. 4. 5. 6.	2903.13			
Reporting Officer [Signature]			Badge No. 712		Date 11-21-08	
Assisting Officer(s)			Approving Officer		Badge No. 712	
					Date	
Follow Up	Community Services Bureau		Major Crimes/Det. B		SIU	
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> CP		<input type="checkbox"/> Juvenile		<input type="checkbox"/> Traffic	
			Crime Lab		Evidence Sheet	
Additional Assignments						

Incident Number
08-5710

Incident Number 08-5710		Reference Case Number		Map Ref 12	Sec/Zone 02	SUSPECT/ARREST		<input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT	
No. 01	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway			<input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		<input type="checkbox"/> Military <input type="checkbox"/> Unknown	
Name (Last, First, Middle) RUTAN Michael E.						SSN		<input type="checkbox"/> NCIC Entered	
Address (Street, Apt/Lot#, City, State, Zip) 4571 Fifth Avenue Mansfield Ohio 44905						Phone/Cell Phone			
Alias		Employer / School			Miscellaneous Information				
Age 50	DOB 10-17-58	Sex M	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 6'0"	Weight 185	Hair Brn	Eyes Blu		
Arrestee was armed with - (Check Up to 3-boxes only)									
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle									
<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol									
<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object									
<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills <input type="checkbox"/> Other Weapon									
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Larceny 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.		Approving Officer		Badge No.		Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	
No. 01	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other			<input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		<input type="checkbox"/> Military <input type="checkbox"/> Unknown	
Name (Last, First, Middle)						SSN		<input type="checkbox"/> NCIC Entered	
Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone			
Alias		Employer / School			Miscellaneous Information				
Age 50	DOB 10-17-58	Sex M	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 6'0"	Weight 185	Hair Brn	Eyes Blu		
Arrestee was armed with - (Check Up to 3-boxes only)									
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle									
<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol									
<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object									
<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills <input type="checkbox"/> Other Weapon									
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Larceny 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.		Approving Officer		Badge No.		Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	

Incident Number 08-5710	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	No.	Name (Last, First, Middle) Victim	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) Day Ryan G	Age 25	DOB 02-12-83	SSN
	Address (Street, Apt/Lot#, City, State, Zip) LKA 457 Fifth Avenue Mansfield Ohio 44905				Phone/Cell Phone
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)				Phone/Cell Phone

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process	
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 Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other			Recovered Value			
Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By		Recovered Date / Time		Where Recovered				

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

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

CONTACT WAS MADE WITH ALL LISTED SUBJECTS. VICTIM ADVISED SHE WAS GATHERING HER PERSONAL ITEMS IN A BACK ROOM OF THE BUSINESS. VICTIM STATES #1 TURNED OFF THE LIGHTS. THE VICTIM TURNED THE LIGHTS BACK ON. THE VICTIM ADVISED THIS CONTINUED AND SUSP #1 GOT FRUSTRATED WITH THE VICTIM. THE VICTIM ADVISED SUSP #1 THEN PUNCHED HER IN HER UPPER CHEST WITH A CLOSED FIST. OFFICERS CHECKED THE VICTIM FOR INJURIES. THE VICTIM HAD NO SIGNS OF INJURY OR ANY MARKS TO SHOW SHE HAD BEEN ASSAULTED. WIT #1 ADVISED HE AND SUSP #1 GOT INTO A VERBAL ALTERCATION OVER WIT #1 NO LONGER LIVING WITH THE SUSPECT. WIT #1 ADVISED SUSP #1 TURNED OFF THE LIGHTS WHERE THE VICTIM WAS TRYING TO GATHER HER THINGS. SUSP #1 GOT IN THE VICTIM'S WAY AND PUNCHED HER IN THE CHEST. WIT #1 ADVISED SUSP #1 WAS UNDER THE INFLUENCE OF ALCOHOL AND MARIJUANA. SUSP #1 HAD THE ODOR OF AN ALCOHOLIC BEVERAGE ABOUT HIS BREATH AND PERSON. SUSP #1 WAS CHECKED AND NO MARIJUANA LOCATED. THE VICTIM AND WIT #1 FILLED OUT STATEMENT FORMS.

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

Incident Number 09-28		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 02	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 checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Day of Week Saturday		OHIO UNIFORM INCIDENT REPORT		Clearance Date 01-03-09	Cleared By 712
Report Date / Time 01-03-09 0024		Incident Occurred From Date / Time 01-03-09 0000		Incident Occurred To Date / Time 01-03-09 0024	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2927 CRIDER ROAD Mansfield Ohio				DBA Showtime	
Offense		Offense Code	A/C	F/M & Degree	Hate/Bias
1. Assault		1. 2913.03	C	M-1	
2.		2.			
3.		3.			
4.		4.			
5.		5.			
Location of Offense - (Check Up to 2 boxes only)		Type Criminal Activity - (Enter Up to 3 for each)			
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 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		Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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 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		Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other			
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. 17 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 <input type="checkbox"/> Other		
Name (Last, First, Middle) Kindler Tonya M					
Address (Street, Apt/Lot#, City, State, Zip) 398 WAYNE STREET Mansfield Ohio 44902					
Employer Name and Address (Street, Apt/Lot#, City, State, Zip) ALA: Vikes					
Age	DOB	Sex	Race	Height	Weight
22	08-15-86	F	<input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> H	5'4"	120
Occupation	Resident Status		Hair		
	<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist		Blk		
Victim Injured	Victim Treated	If Injured, Describe Injuries			
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				
Agg. Assault / Homicide Circ.		L.E.O. Killed/Assaulted Information Type of Act. Assign. Type ORI-Other		Victim/Suspect Relationship	
				1AQ 2. 3. 4. 5. 6.	
Reporting Officer: [Signature]		Assisting Officer(s): [Signature]		Victim/Offense Link 2913.01	
Approving Officer: [Signature]		Badge No. 712		Date 01-03-09	

Incident Number
09-28

Incident Number 09-28		Reference Case Number		Map Ref 1Z	Sec/Zone 02	SUSPECT/ARREST <input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT	
No. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other		Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Military <input type="checkbox"/> Unknown		
Name (Last, First, Middle) Woodward-Zedonis					SSN		
Address (Street, Apt/Lot#, City, State, Zip) 301 CLEVELAND AVENUE Ashland Ohio 44805					Phone/Cell Phone		
Alias Sapphire		Employer / School		Miscellaneous Information			
Age 37	DOB 12-27-71	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 5'8"	Weight 125	Hair Blk	Eyes Blu
Arrestee was armed with -- (Check Up to 3 boxes only)							
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills <input type="checkbox"/> Other Weapon							
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #	
1.		1.		1.		1.	
2.		2.		2.		2.	
3.		3.		3.		3.	
4.		4.		4.		4.	
5.		5.		5.		5.	
Arrest Date		Time		Arrest Location (Street, Apt, City, State, Zip)			
Reporting Officer		Badge No.		Approving Officer		Badge No.	
Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> In-Progress		<input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection		<input type="checkbox"/> Summons <input type="checkbox"/> Other			
No. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Military <input type="checkbox"/> Unknown	
Name (Last, First, Middle)					SSN		
Address (Street, Apt/Lot#, City, State, Zip)					Phone/Cell Phone		
Alias		Employer / School		Miscellaneous Information			
Age	DOB	Sex	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> H	Height	Weight	Hair	Eyes
Arrestee was armed with -- (Check Up to 3 boxes only)							
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills <input type="checkbox"/> Other Weapon							
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #	
1.		1.		1.		1.	
2.		2.		2.		2.	
3.		3.		3.		3.	
4.		4.		4.		4.	
5.		5.		5.		5.	
Arrest Date		Time		Arrest Location (Street, Apt, City, State, Zip)			
Reporting Officer		Badge No.		Approving Officer		Badge No.	
Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> In-Progress		<input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection		<input type="checkbox"/> Summons <input type="checkbox"/> Other			

Incident Number 09-28	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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

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	Value				
Year	<input type="checkbox"/> Theft from Vehicle	Model	Style	Color	Vehicle Locked	Keys in Vehicle	Hold Vehicle	Release Contents	
				Top Bottom	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
Vehicle Assoc. w/Suspect No.		Vehicle Assoc. w/Victim No.		Vehicle Towed	Towed By	Impounded	<input type="checkbox"/> Owners Request	<input type="checkbox"/> Abandoned	
				<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Officer Request	<input type="checkbox"/> Hold for Court	<input type="checkbox"/> Lab Process	
Stolen Motor Vehicle Only	No. Stolen	<input type="checkbox"/> NCIC Entered	Insured	Insured By	Insurance Agent				
			<input type="checkbox"/> Y <input type="checkbox"/> N						
Motor Vehicle Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code			Recovered Value			
			<input type="checkbox"/> Stolen/Recovered Local			<input type="checkbox"/> Stolen Other/Recovered Local			
			<input type="checkbox"/> Stolen Local/Recovered Other						
Owner Notified	Recovered By	Recovered Date / Time		Where Recovered					
<input type="checkbox"/> Y <input type="checkbox"/> N									

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

OFFICERS RESPONDED TO THE LISTED LOCATION IN REFERENCE TO AN ASSAULT. THE VICTIM ADVISED SHE AND WITNESS #1 WERE LEAVING THE LOCATION. VICTIM AND WITNESS ADVISED THEY WERE SITTING IN THEIR VEHICLE WHEN #1 CAME OUTSIDE YELLING AT THE VICTIM. VICTIM ADVISED THEY ROLLED DOWN THE WINDOWS TO HEAR WHAT SUSPECT #1 WAS YELLING ABOUT. VICTIM ADVISED SUSP #1 ACCUSED HER OF POURING BEER IN HER BOOTS THEN SUSP #1 HIT HER TWICE IN THE FACE + KICKED THEIR VEHICLE. THE VICTIM HAD NO SIGNS OF INJURY. CONTACT WAS MADE WITH SUSP #1. SUSP #1 DENIED HITTING THE VICTIM. SUSP #1 ADVISED AT THE TIME OF THEIR VERBAL ALTERCATION ALL SHE HAD ON WAS A BIKINI TOP + A THONG. SUSP #1 ADVISED SHE NEVER LEFT THE CLUB. SUSP #1 ADVISED THE REASON FOR THE ALTERCATION WAS THE VICTIM + WIT #1 COULDN'T USE THEIR DRUGS AT THE CLUB. THEY GOT MAD TRASHED REST ROOMS AND DRESSING ROOM + SUSP #1'S BOOTS THEN LEFT. SUSP #1 ADVISED BOTH VICTIM + WIT #1 QUIT. VICTIM + WIT #1 WERE TOLD WHAT THE SUSPECT SAID ABOUT THE DRUGS. BOTH DENIED HAVING OR USING DRUGS. I WAS ALLOWED TO SEARCH THEIR PROPERTY + VEHICLE TO NO AVAIL.

Additional Supplements	<input type="checkbox"/> Victim / Witness	<input type="checkbox"/> Property	<input type="checkbox"/> Statements	<input type="checkbox"/> Other
	<input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Narrative	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Supplement

Administrative	Incident Number 0912827	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 02	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 Sat	OHIO UNIFORM INCIDENT REPORT			Clearance Date	Cleared By
Report Date / Time 7-11-09 0540		Incident Occurred From Date / Time 7-11-09 0400		Incident Occurred To Date / Time 7-11-09 0500	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd					
Offense Stolen Vehicle		Offense Code 2913.03	A/C C	F/M & Degree	Hate/Bias
Type Criminal Activity - (Enter Up to 3 for each)		1. 2. 3.			
1. 2. 3.		B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Proporing/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity			
1. 2. 3.		1. 2. 3.			
1. 2. 3.		1. 2. 3.			
1. 2. 3.		1. 2. 3.			
1. 2. 3.		1. 2. 3.			
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		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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc.		RETAIL <input checked="" 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/Supernmarket <input type="checkbox"/> Variety/Convenience <input type="checkbox"/> Department Store <input type="checkbox"/> Other Retail Store	
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		Factory/Mill/Plant Other Building		Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable	
OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location		Other		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) Basement 1st Floor 2nd Floor Other Unknown	
No. Premises Entered		Hot Wire Slim Jim / Coat Hanger Tumblers Removed Column Peeled Ignition Peeled Unknown		Direction Door Window Garage Skylight Other	
Methods of Operation - (Enter Up to 5 Codes)		Structure <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant		Structure <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant	
No. Total Victims 1					
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 <input type="checkbox"/> Other					
Name (Last, First, Middle) Owens Vincent A					
Address (Street, Apt/Lot#, City, State, Zip) 236 Parkway Dr.					
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
Phone/Cell Phone					
Age 49		DOB 03-60	Sex M	Race A	Height
Occupation Manager		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		Weight	
Victim Injured <input type="checkbox"/> Y <input type="checkbox"/> N		Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N		If Injured, Describe Injuries	
Agg. Assault / Homicide Circ. <input type="checkbox"/> Y <input type="checkbox"/> N		E.O. Killed/Assaulted Information Type of Act Assign. Type ORI-Other		Victim/Suspect Relationship 1. 2. 3. 4. 5. 6.	
Reporting Officer C. B. Brown		Badge No. 733		Date 7-11-09	
Assisting Officer(s)		Approving Officer		Date	
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		Additional Assignments <input type="checkbox"/> SIU <input type="checkbox"/> Crime Lab <input type="checkbox"/> Traffic <input type="checkbox"/> Evidence Sheet	

Incident Number 092827	Reference Case Number
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INCIDENT SUPPLEMENT

Reporter	No.	Name (Last, First, Middle) Same	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

Check Categories <input checked="" 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 <input type="checkbox"/> Theft from Vehicle	License DXC8559	State OH	VIN 1G3AL54R1M6304331	Value \$500.00				
Year 91	Make Olds	Model 98	Style PC	Color Top Bottom MAR	Vehicle Locked <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Keys in Vehicle <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Hold Vehicle <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Release Contents <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Vehicle Assoc. w/Suspect No.		Vehicle Assoc. w/Victim No.		Vehicle Towed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Towed By	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request	Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process		
Stolen Motor Vehicle Only	No. Stolen	<input type="checkbox"/> NCIC Entered	Insured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Insured By	Insurance Agent				
Motor Vehicle Recovery 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 checked="" type="checkbox"/> N	Recovered By		Recovered Date / Time		Where Recovered				

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

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

Narrative	Victim reported his Vehicle listed above was Stolen From the parking lot. Victim said the Keys were left in Vehicle with Doors Unlocked. Vehicle has an empty gas tank. Vehicle entered into NCIC.					

Additional Supplements	<input type="checkbox"/> Victim / Witness <input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Property <input type="checkbox"/> Narrative	<input type="checkbox"/> Statements <input type="checkbox"/> Vehicle	<input type="checkbox"/> Other <input type="checkbox"/> Supplement
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Administrative	Incident Number 10-1171	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 2E				
	Photo Taken <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	By	Clearances - (Check One Box Only) <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 <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown				
	Film Pack Num	Frames		<input type="checkbox"/> Supplement			
Day of Week WEDNESDAY	OHIO UNIFORM INCIDENT REPORT		Clearance Date 4/8/10				
	Report Date / Time 4/7/10 2312	Incident Occurred From Date / Time 4/7/10 1245	Incident Occurred To Date / Time 4/7/10 2312				
	Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 BRIDGE ROAD		DBA SHOW TIME				
Offense	Offense	Offense Code	A/C	F/M & Degree	Hate/Bias	Larceny	Type Criminal Activity - (Enter Up to 3 for each)
	1. CRIMINAL DAMAGING	1. 2909.06	C	M-2			1. 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Proprietary/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity
	2.	2.					1. 2. 3.
	3.	3.					1. 2. 3.
	4.	4.					1. 2. 3.
	5.	5.					1. 2. 3.
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 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 <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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 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 <input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input checked="" type="checkbox"/> Other Suspected or Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable Type Weapon / Force Used 1. 25 2. 3.							
Method of Entry - (Check One Box from each column)							
Methods of Operation - (Enter Up to 5 Codes)							
No. Total Victims 01							
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 <input type="checkbox"/> Other							
Name (Last, First, Middle) RIVAS CRYSTAL M.							
Address (Street, Apt/Lot#, City, State, Zip) 771 LAVER ROAD #7 MANS.							
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)							
Age 22							
DOB 6/18/87							
Sex F							
Race W							
Height 5'2							
Weight 135							
Hair BLK							
Eyes BRO							
Occupation							
Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Military <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Unknown							
Victim Injured <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
Victim Treated <input type="checkbox"/> Y <input checked="" 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							
Reporting Officer							
Badge No.							
Date							
Assisting Officer(s) 712							
Approving Officer SGT. GORDON							
Badge No. 726							
Date 4/7/10							
Follow Up <input type="checkbox"/> Y <input checked="" 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							

Incident Number
10-1171

Incident Number 10-1171	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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

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 checked="" type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unauthorized Use									
No.	<input checked="" type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft from Vehicle	License DZD6496	State OHIO	VIN KMH DU4ADXA U929603	Value \$8000.00				
Year 10	Make HUNDI	Model 400	Style 4 DOOR	Color Top Bottom WHITE	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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request			Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process
Stolen Motor Vehicle Only	No. Stolen	<input type="checkbox"/> NCIC Entered	Insured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Insured By STATE FARM	Insurance Agent				
Motor Vehicle Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other			Recovered Value			
Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By		Recovered Date / Time		Where Recovered				

Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited / Forged <input type="checkbox"/> Destroyed / Damaged / Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown					NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
Vict. No. 01	Veh. No. 01	Quantity 1	Description FRONT DRIVERS SIDE BUMPER AREA		Value \$1000.00
Make/Brand		Model	Serial Number		Color
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)			Insured By

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

Narrative	AT LISTED LOCATION THE VICTIM DISCOVERED A CIRCULAR TYPE DENT ON THE FRONT DRIVERS SIDE BUMPER OF LISTED VEHICLE. THE VICTIM IS NOT SURE WHERE THE DAMAGE OCCURRED AT, OR WHAT CAUSED THE DAMAGE.

Additional Supplements	<input type="checkbox"/> Victim / Witness	<input type="checkbox"/> Property	<input type="checkbox"/> Statements	<input type="checkbox"/> Other
	<input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Narrative	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Supplement

Administrative	Incident Number 10-2026		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 02	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 Saturday		OHIO UNIFORM INCIDENT REPORT			Clearance Date 06-12-10	Cleared By 712		
Report Date / Time 06-12-10 0158		Incident Occurred From Date / Time 06-12-10 0030		Incident Occurred To Date / Time 06-12-10 0035				
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Cedar Road Mansfield Ohio 44905					DBA Show Time			
Offense	Offense		Offense Code	A/C	F/M & Degree	Hate/Bias	Larceny	Type Criminal Activity - (Enter Up to 3 for each)
	1. Assault		1. 2903.13	C	M-1			1. 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Proprietor/Assist. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming G - Other Gang Activity J - Juvenile Gang Activity N - No Gang Activity
	2.		2.					1. 2. 3.
	3.		3.					1. 2. 3.
	4.		4.					1. 2. 3.
	5.		5.					1. 2. 3.
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			RETAIL <input checked="" 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		
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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc.			OUTSIDE <input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other		
Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable			Type Weapon / Force Used 1. 24 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 <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		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		Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West
No. Premises Entered		Structure <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant		Methods of Operation - (Enter Up to 5 Codes)				
No.	Total Victims	Victim Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business	Financial Institution <input type="checkbox"/> Government		Police Officer (In The Line of Duty) <input type="checkbox"/> Religious Organization		Society <input type="checkbox"/> Unknown	
Name (Last, First, Middle) Kemp Todd L								
Address (Street, Apt/Lot#, City, State, Zip) 20911 DANIEL ROAD Mt. Vernon Ohio 43050							Phone/Cell Phone	
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)							Phone/Cell Phone	
Age	DOB	Sex	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 5'9"	Weight 205	Hair Bro	Eyes Bro	
Occupation		SSN		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 checked="" type="checkbox"/> N	If Injured, Describe Injuries						
Agg. Assault / Homicide Circ.		Type of Act <input checked="" type="checkbox"/> L.E.O. Killed/Assaulted Information <input type="checkbox"/> Other		Victim/Suspect Relationship 1 2 3 4 5 6		Victim/Offense Link 2903.13		
Reporting Officer Sgt. Nichols				Badge No. 712		Date 06-12-10		
Assisting Officer(s)				Approving Officer		Badge No. Date		

Incident Number
10-2026

Incident Number 10-0024		Reference Case Number		Map Ref 12	Sec/Zone 02	SUSPECT/ARREST <input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT	
No. <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other			Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown			
Name (Last, First, Middle) Cherry				SSN		<input type="checkbox"/> NCIC Entered	
Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone	
Alias		Employer / School		Miscellaneous Information			
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	Hair	Eyes
Arrestee was armed with - (Check Up to 3 boxes only)							
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle		<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol		<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object		<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon	
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree	Warrant # / Case #	Arrest Larceny Type	
1.		1.		1.	1.	1.	
2.		2.		2.	2.	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	
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.	Approving Officer		Badge No.	Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	
No. <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other			Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown		
Name (Last, First, Middle)				SSN		<input type="checkbox"/> NCIC Entered	
Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone	
Alias		Employer / School		Miscellaneous Information			
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	Hair	Eyes
Arrestee was armed with - (Check Up to 3 boxes only)							
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle		<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol		<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object		<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon	
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree	Warrant # / Case #	Arrest Larceny Type	
1.		1.		1.	1.	1.	
2.		2.		2.	2.	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	
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.	Approving Officer		Badge No.	Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	

Incident Number 10-2026	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	No.	Name (Last, First, Middle) SAME	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) CHRISTINE SARAH S	Age 23	DOB 07-01-86	SSN
	Address (Street, Apt/Lot#, City, State, Zip) 67 EAST GAMBIER STREET Mt VERNON OHIO 43050				Phone/Cell Phone
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)				Phone/Cell Phone

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
Year	Make	Model	Style	Color <small>Top Bottom</small>	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		<input type="checkbox"/> Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request <input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process		
<input type="checkbox"/> Stolen Motor Vehicle Only	No. Stolen	<input type="checkbox"/> NCIC Entered	Insured <input type="checkbox"/> Y <input type="checkbox"/> N	Insured By	Insurance Agent				
<input type="checkbox"/> Motor Vehicle Recovery 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 Type: <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown					NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
Vict. No.	Veh. No.	Quantity	Description		Value
Make/Brand		Model	Serial Number		Color
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)			Insured By

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

Narrative	Victim Advised he was at the location to see witness #1. Victim states several dancers grabbed him and sat him down at the stage. Victim advised a dancer on stage started to dance on him the witness (girlfriend) told the dancer to get off the victim. The victim advised a argument started between the two females. The victim said he got up went to a table and sat down. The victim advised the next thing he knew "cherry" poured a glass of pop on him. The victim asked for his \$10.00 admission back and the manager refused.				
	I went to show time and was told by the manager that he didn't know #1's real name but she was told not to come back.				
	All the dancers were gone				

Administrative	Incident Number 10-2027		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 172	Sector / Zone 02	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 checked="" 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 Saturday		OHIO UNIFORM INCIDENT REPORT			Clearance Date 06-12-10	Cleared By 712	
Report Date / Time 06-12-10 0253		Incident Occurred From Date / Time 06-12-10		Incident Occurred To Date / Time			
Incident Location (Street, Apt/Lot#, City, State, Zip) 7921 Cedar Road Mansfield Ohio 44905					DBA Showtime		
Offense	1. Intoxication		Offense Code 2917.11	A/C C	F/M & Degree M-M	Hate/Bias <input type="checkbox"/>	
	2.						
	3.						
	4.						
	5.						
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 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							
Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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 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							
Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input checked="" type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other							
Suspected of Using <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable							
Type Weapon / Force Used 1. 24 2. 3.							
Method of Entry - (Check One Box from each column)							
Force <input type="checkbox"/> Force <input type="checkbox"/> No Force		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		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		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						Direction <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other	
						Structure <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant	
Methods of Operation - (Enter Up to 5 Codes)							
No. Total Victims <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 checked="" type="checkbox"/> Society <input type="checkbox"/> Unknown <input type="checkbox"/> Other							
Name (Last, First, Middle) STATE OF Ohio							
Address (Street, Apt/Lot#, City, State, Zip)							
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)							
Age <input type="checkbox"/> DOB <input type="checkbox"/> Sex <input type="checkbox"/> 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							
Hair							
Eyes							
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 <input type="checkbox"/> Y <input type="checkbox"/> N							
Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N							
If Injured, Describe Injuries							
Agg Assault / Homicide Circ. <input type="checkbox"/> L E O Killed/Assaulted Information <input type="checkbox"/> Type of Act <input type="checkbox"/> Assign Type <input type="checkbox"/> ORI - Other							
Victim/Suspect Relationship 1. 2. 3. 4. 5. 6.							
Victim/Offense Link 2917.11							
Reporting Officer Sgt Mike							
Badge No. 712							
Date 06-12-10							
Assisting Officer(s)							
Approving Officer							
Badge No.							
Date							

Incident Number
10-2027

Incident Number		Reference Case Number		Map Ref	Sec/Zone	SUSPECT/ARREST		<input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT		
No.	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Suspect <input checked="" type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input checked="" type="checkbox"/> Unknown		SSN		<input type="checkbox"/> NCIC Entered		
Name (Last, First, Middle) McQuaig Christopher						Address (Street, Apt/Lot#, City, State, Zip) TRANSVIEW		Phone/Cell Phone		
Alias		Employer / School		Miscellaneous Information						
Age	DOB	Sex	Race	Height	Weight	Hair	Eyes			
30	09-07-80	M	W	5'11"	165	Blk	Blue			
Arrestee was armed with -- (Check Up to 3 boxes only)										
<input checked="" type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle			<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol			<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object			<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon	
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Larceny Type		
1. INTOXICATION		1. 2917.11		1. MM		1. 109065		1. 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		
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)						
06-12-10		0253		2921 RIDER ROAD Mansfield Ohio 44805						
Reporting Officer		Badge No.		Approving Officer		Badge No.		Arrest Type		
SA Phil		715						<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input checked="" type="checkbox"/> Summons <input type="checkbox"/> Other		
No.	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown		SSN		<input type="checkbox"/> NCIC Entered		
Name (Last, First, Middle)						Address (Street, Apt/Lot#, City, State, Zip)		Phone/Cell Phone		
Alias		Employer / School		Miscellaneous Information						
Age	DOB	Sex	Race	Height	Weight	Hair	Eyes			
			W							
Arrestee was armed with -- (Check Up to 3 boxes only)										
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle			<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol			<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object			<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon	
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Larceny 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.		Approving Officer		Badge No.		Arrest Type		
								<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other		

NARRATIVE SUPPLEMENT

10-2027	Reference Case Number

ON 10-14-10 SGT. ZEHNER ADVISED ME TO GO THE RESIDENCE OF 5654 LONDON WEST RD REFERENCE THE PREVIOUS OWNERS WERE OBSERVED ON THE PROPERTY SITTING AROUND AN OPEN FIRE. SGT. ZEHNER ADVISED ME TO ASK THE SUBJECTS TO LEAVE THE AREA IF THEY WERE STILL THERE WHEN I ARRIVE. WHEN I ARRIVED THERE WAS NOBODY AROUND THE FIRE OR ON THE PROPERTY. I DID OBSERVE A VERTICAL FOUR ROW METAL SHELF IN THE FIRE AND AN OLD PUSH MOWER; BOTH ITEMS WERE DAMAGED BECAUSE OF THE FIRE. I THEN WALKED AROUND THE RESIDENCE AND MADE SURE ALL THE DOORS / WINDOWS WERE SECURED, WHICH THEY WERE. THERE WERE NUMEROUS TIRE TRACKS IN THE BACK, SIDE/FRONT YARD, AND THERE WERE NUMEROUS BUSHES / PLANTS THAT WERE PULLED FROM AROUND THE RESIDENCE.

DEPUTY SCHIVINSKI/740

Administrative	Incident Number 10-4107		Reference Case Number		Agency Name <input type="checkbox"/> Mansfield Police Department <input checked="" type="checkbox"/> Richland County Sheriff's Office																				
	Additional Case Number		Map Reference 12	Sector / Zone 2	Clearances - (Check One Box Only) <input type="checkbox"/> Death of Suspect <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Arrest - Adult																				
	Photos Taken <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	By MPD	Film Pack Num Frames 3		<input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input checked="" type="checkbox"/> Invest. Pending <input type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown																				
	Day Of Week Wednesday		Supplement		Clearance Date 10/27/2010																				
Offense	OHIO UNIFORM INCIDENT REPORT				Cleared By 715																				
	Report Date / Time 10/27/2010 21:50		Incident Occurred From Date / Time 10/27/2010 21:00		Incident Occurred To Date / Time 10/27/2010 21:00																				
	Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd. Mansfield, Oh 44905				DBA Show Time																				
	Offense	Offense Code	A/C	F/M & Degree	Hate/Bias	Larceny																			
	1. Assault	1. 2903.13	C	M1																					
	2.	2.																							
	3.	3.																							
	4.	4.																							
	5.	5.																							
	Type Criminal Activity (Enter up to 3) 1. 2. 3. B - Buying/Receiving C - Cultivating/Mfg/Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Proporing/Assit. 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 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"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings <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 checked="" 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/Convince <input type="checkbox"/> Department Store <input type="checkbox"/> Other Retail Store Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable Type Weapon / Force Used 1. 17 2. 3. 3.																									
Method of Entry <input type="checkbox"/> Force <input type="checkbox"/> No Force No. Premises Entered		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) <table border="1"><tr><td><input type="checkbox"/> Basement</td><td><input type="checkbox"/> Door</td><td><input type="checkbox"/> Front</td><td><input type="checkbox"/> Direction</td></tr><tr><td><input type="checkbox"/> 1st Floor</td><td><input type="checkbox"/> Window</td><td><input type="checkbox"/> Side</td><td><input type="checkbox"/> North</td></tr><tr><td><input type="checkbox"/> 2nd Floor</td><td><input type="checkbox"/> Garage</td><td><input type="checkbox"/> Rear</td><td><input type="checkbox"/> South</td></tr><tr><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> Skylight</td><td><input type="checkbox"/> Roof</td><td><input type="checkbox"/> East</td></tr><tr><td><input type="checkbox"/> Unknown</td><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> West</td></tr></table>		<input type="checkbox"/> Basement	<input type="checkbox"/> Door	<input type="checkbox"/> Front	<input type="checkbox"/> Direction	<input type="checkbox"/> 1st Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Side	<input type="checkbox"/> North	<input type="checkbox"/> 2nd Floor	<input type="checkbox"/> Garage	<input type="checkbox"/> Rear	<input type="checkbox"/> South	<input type="checkbox"/> Other	<input type="checkbox"/> Skylight	<input type="checkbox"/> Roof	<input type="checkbox"/> East	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> West
<input type="checkbox"/> Basement	<input type="checkbox"/> Door	<input type="checkbox"/> Front	<input type="checkbox"/> Direction																						
<input type="checkbox"/> 1st Floor	<input type="checkbox"/> Window	<input type="checkbox"/> Side	<input type="checkbox"/> North																						
<input type="checkbox"/> 2nd Floor	<input type="checkbox"/> Garage	<input type="checkbox"/> Rear	<input type="checkbox"/> South																						
<input type="checkbox"/> Other	<input type="checkbox"/> Skylight	<input type="checkbox"/> Roof	<input type="checkbox"/> East																						
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> West																						
Method of Operation - (Enter Up To 5 Codes)																									
No. 1	Total Victims 1	Victim Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business	<input type="checkbox"/> Financial Institution <input type="checkbox"/> Government	<input type="checkbox"/> Police Office (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) Shilling, Jocelyn S.																									
Address (Street, Apt/Lot#, City, State, Zip) 615 Gilbert Ave. Mansfield, Oh 44906				Phone/Cell Phone																					
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)				Phone/Cell Phone																					
Age 19	DOB 12/28/1990	Sex F	Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> H	Height	Weight																				
Occupation	SSN	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	Eyes																					
Victim Injured <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Victim Treated <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Injured, Describe Injuries Torn Clitoris																							
Agg. Assault / Homicide Circ.		L.E.O. Killed/Assaulted Information Type of Act. Assign Type ORI-Other		Victim/Suspect Relationship 1.UU 2. 3. 4. 5. 6.																					
Reporting Officer Off. Gerrick (MPD)		Assisting Officer(s)		Victim/Offense Link 2903.13																					
Follow Up <input checked="" 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		Additional Assignments																					
Major Crimes Unit <input type="checkbox"/> Juvenile		SIU <input type="checkbox"/> Traffic		Crime Lab <input type="checkbox"/> Evidence Sheet																					

Incident Number
10-4107

Incident Number 10-4107	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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
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
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"/> Recovered <input type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unauthorized Use					
	No.	<input type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft From Vehicle	License	State	VIN	Value
	Year	Make	Model	Style	Color	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 _____ Impounded <input type="checkbox"/> Owner's Request <input type="checkbox"/> Abandoned <input type="checkbox"/> Officer's Request <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process
	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 Recovery Only	No Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other		Value
	Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By _____		Recovery Date / Time _____		Recovery Location _____
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing		<input type="checkbox"/> None <input type="checkbox"/> Burned	<input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown		NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
	Vict. No.	Veh. No.	Quantity	Description		Value
	Make/Brand		Model	Serial Number		Color
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)			Insured By	
Property	Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing		<input type="checkbox"/> None <input type="checkbox"/> Burned	<input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown		NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
	Vict. No.	Veh. No.	Quantity	Description		Value
	Make/Brand		Model	Serial Number		Color
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)			Insured By
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing		<input type="checkbox"/> None <input type="checkbox"/> Burned	<input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown		NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
	Vict. No.	Veh. No.	Quantity	Description		Value
	Make/Brand		Model	Serial Number		Color
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)			Insured By
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing		<input type="checkbox"/> None <input type="checkbox"/> Burned	<input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown		NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
	Vict. No.	Veh. No.	Quantity	Description		Value
Make/Brand		Model	Serial Number		Color	
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)			Insured By	

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Incident Number 104107	Reference Case Number
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NARRATIVE SUPPLEMENT

Victim advised that she works as a dancer at Show Time, the place of occurrence. The victim advised that on this date, an unknown subject, Suspect #1 came into the club and paid for a private dance so she and S#1 went into the back room. According to the victim, while she was performing her dance, S#1 was sitting on the couch and she was dancing over him. S#1 then lunged forward and bit her in her groin area and tore a "clit ring" out of her clitoris splitting her clitoris. The victim advised that she only was wearing panties at the time. At this time she cried out for help and her boss and other dancers came into the room. The victim's boss told her to go to the hospital which she did but the wait was going to be too long so she went home and called 911 to report the incident. The victim advised that she did not know S#1, he was not a regular and this was the first time the victim saw S#1. The victim also advised that her boss let S#1 leave without getting S#1's name or any information from S#1. Officer Stacy Gerrick from Mansfield Police Department came to the victim's residence to photograph the victim's injury. The victim advised that she was going to go back to Med Central Mansfield for treatment. The photos were submitted to the crime lab.

Supplemental ☐ **Follow-Up** ☒

Richland County Sheriff's Office – 597 Park Ave. East, Mansfield, Ohio 44905 (419) 522-5420

Case # 10-4107

I made contact with Vince who was the manager at Show Time. Vince was working the night of this assault. Vince advised that he did not know identity of S#1. S#1 was a truck driver who was driving through and stopped in. This was the first time they saw S#1. Vince also advised that there are cameras in the room where the victim and S#1 were but those cameras are only connected to a monitor so that staff can make sure that the dancers are safe. The cameras are not connected to any recording devices. Vince also advised that the victim was not allowed to let the client get that close. This is against the club's rules and the victim violated this rule. According to Vince, because the victim violated this rule, she was fired.

Report Date 10-29-10	Report Time 2230 Hrs	Location	
Unit# Reporting Officer 715 <i>[Signature]</i>		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 checked="" type="checkbox"/> Closed
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Found	<input type="checkbox"/> Unfounded	

Incident Number 2010-4496		Reference Case Number		Agency Name <input type="checkbox"/> Mansfield Police Department <input checked="" type="checkbox"/> Richland County Sheriff's Office	
Additional Case Number		Map Reference 12	Sector / Zone 2E	Clearances - (Check One Box Only) <input type="checkbox"/> Death of Suspect <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Arrest - Adult <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input checked="" type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Photos Taken <input type="checkbox"/> Y <input type="checkbox"/> N	By	ORIGINAL		Clearance Date 11/21/2010	
Film Pack Num	Frames			Cleared By 735	
Day Of Week Sunday		OHIO UNIFORM INCIDENT REPORT			
Report Date / Time 11/21/2010 20:00		Incident Occurred From Date / Time 11/21/2010 02:45		Incident Occurred To Date / Time 11/21/2010 20:00	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 CRIDER ROAD, MANSFIELD OHIO 44903				DBA SHOW TIME	
Offense		Offense Code	A/C	F/M & Degree	Hate/Bias
1. MISSING PERSON		1.			
2.		2.			
3.		3.			
4.		4.			
5.		5.			
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		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/Convince <input type="checkbox"/> Department Store <input type="checkbox"/> Other Retail Store	
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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input checked="" type="checkbox"/> Other Commercial Service Loc.		Factory/Mill/Plant <input type="checkbox"/> Other Building	
				OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other	
				Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable	
				Type Weapon / Force Used 1. 024 2. 3. 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 <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Method of Operation - (Enter Up To 5 Codes)					
No. 01	Total Victims 01	Victim Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business	<input checked="" type="checkbox"/> Financial Institution <input type="checkbox"/> Government	<input type="checkbox"/> Police Office (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) GRAHMAN, HEATHER A.					
Address (Street, Apt/Lot#, City, State, Zip) 360 S MAIN STREET LOT #640, WEST SALEM, OHIO 44287					
Employer Name and Address (Street, Apt/Lot#, City, State, Zip) SHOW TIME					
Age 21					
DOB 04/01/1989					
Sex F					
Race <input checked="" type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> H					
Height 5' 6"					
Weight 150					
Hair BRO					
Lyes BLU					
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 <input type="checkbox"/> Y <input type="checkbox"/> N		Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N		If Injured, Describe Injuries	
Agg. Assault / Homicide Circ.		L.E.O. Killed / Assaulted Information Type of Act Assign Type ORI-Other		Victim/Suspect Relationship 1. 2. 3. 4. 5. 6.	
Victim/Offense Link					
Reporting Officer Shanty		Badge No. 735		Date 11/21/2010	
Assisting Officer(s) 721		Approving Officer Cap NJ		Badge No. 721	
Date 11/21/2010					
Follow Up <input checked="" 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		Major Crimes/Det. B <input type="checkbox"/> Juvenile	
		SIU <input type="checkbox"/> Traffic		Charge Lab <input type="checkbox"/> Evidence Sheet	
				Additional Assignments	

Incident Number 2010-4496		Reference Case Number		Map Ref 12		Sec/Zone 2E		<input checked="" type="checkbox"/> SUSPECT/ARREST <input type="checkbox"/> SUPPLEMENT REPORT		
Name/Descriptive	No. 01	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category		<input type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown		
	Name (Last, First Middle) LATKA, JEFFERY ROGER							SSN		
	Address (Street, Apt/Lot#, City, State, Zip) 234 CAMPBELL LN, LINCOLNTON, NC 28092							Phone/Cell Phone		
	Alias		Employer / School		Miscellaneous Information					
	Age 42	DOB 08/19/1968	Sex M	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 6' 8"	Weight	Hair RED	Eyes BLU		
	Arrestee was armed with - (Check up to 3 boxes only)									
	<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle			<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol			<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object			
							<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon			
	Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest/Larceny Type	
	1.		1.						1.	
2.		2.						2. <input type="checkbox"/> 23A - Pocket Picking <input type="checkbox"/> 23B - Purse Snatching <input type="checkbox"/> 23C - Shoplifting <input type="checkbox"/> 23D - Theft from Building <input type="checkbox"/> 23E - Theft from Coin-Op Mac <input type="checkbox"/> 23F - Theft from Motor Vehicle <input type="checkbox"/> 23G - Motor Veh. Parts/Access <input type="checkbox"/> 24O - Theft of Motor Vehicle <input type="checkbox"/> 23H - Other		
3.		3.						3.		
4.		4.						4.		
5.		5.						5.		
Arrest Date		Time		Arrest Location (Street, Apt/Lot#, City, State, Zip)						
Reporting Officer		Badge No.		Approving Officer		Badge No.		Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other		
No. 02	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category		<input type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown			
Name (Last, First Middle) UNKNOWN LAST NAME, FISRT NAME POSSIBLY JAMES							SSN			
Address (Street, Apt/Lot#, City, State, Zip)							Phone/Cell Phone			
Alias		Employer / School		Miscellaneous Information WEARING A BEARD						
Age	DOB	Sex M	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	Weight	Hair	Eyes			
Arrestee was armed with - (Check up to 3 boxes only)										
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle			<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol			<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object				
						<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon				
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest/Larceny Type		
1.		1.						1.		
2.		2.						2. <input type="checkbox"/> 23A - Pocket Picking <input type="checkbox"/> 23B - Purse Snatching <input type="checkbox"/> 23C - Shoplifting <input type="checkbox"/> 23D - Theft from Building <input type="checkbox"/> 23E - Theft from Coin-Op Mach <input type="checkbox"/> 23F - Theft from Motor Vehicle <input type="checkbox"/> 23G - Motor Veh. Parts/Access <input type="checkbox"/> 24O - Theft of Motor Vehicle <input type="checkbox"/> 23H - Other		
3.		3.						3.		
4.		4.						4.		
5.		5.						5.		
Arrest Date		Time		Arrest Location (Street, Apt/Lot#, City, State, Zip)						
Reporting Officer		Badge No.		Approving Officer		Badge No.		Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other		

Incident Number 2010-4496	Reference Case Number
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INCIDENT SUPPLEMENT

Reporter	No. 01	Name (Last, First, Middle) GRAHAM, SHARON	Age 40	DOB 03/22/1970	SSN
	Address (Street, Apt/Lot#, City, State, Zip) 360 S. MAIN STREET LOT #640, WEST SALEM, OHIO 44287				Phone/Cell Phone
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)				Phone/Cell Phone
Witness	No. 01	Name (Last, First, Middle) SKLENICKA, JAMIE L	Age 26	DOB 05/04/1984	SSN
	Address (Street, Apt/Lot#, City, State, Zip) 360 S MAIN STREET LOT #581, WEST SALEM, OHIO 44287				Phone/Cell Phone
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)				Phone/Cell Phone
Witness	No. 02	Name (Last, First, Middle) SMITH, ANTHONY V II	Age 27	DOB 05/24/1983	SSN
	Address (Street, Apt/Lot#, City, State, Zip) 50 CHERRY STREET, WEST SALEM, OHIO 44287				Phone/Cell Phone
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)				Phone/Cell Phone
Vehicle	No.	Name (Last, First, Middle)	Age	DOB	SSN
	Address (Street, Apt/Lot#, City, State, Zip)				
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)				
Property	Check Categories <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Impounded <input type="checkbox"/> Recovered <input checked="" type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unauthorized Use				
	No. 01	<input type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft From Vehicle	License VTW7423	State NC	VIN 1GCEK19JX9E143782
	Year 2009	Make CHEVY	Model SILVERADO	Style TRK	Color WHITE
	Vehicle Assoc. w/Suspect No. 1		Vehicle Assoc. w/Victim No. 1		Vehicle Towed <input type="checkbox"/> Y <input type="checkbox"/> N
	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		Impounded <input type="checkbox"/> Owner's Request <input type="checkbox"/> Officer's Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process
	Stolen Motor Vehicle Only	No. Stolen	<input type="checkbox"/> NCIC Entered	Insured <input type="checkbox"/> Y <input type="checkbox"/> N	Insured By
	Motor Vehicle Recovery Only	No Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen Local/Recovered Other	<input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local
	Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By		Recovery Date / Time	Recovery Location
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Unknown				
	Vict. No.	Veh. No.	Quantity	Description	Value
	Make/Brand		Model	Serial Number	Color
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)		Insured By
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Unknown				
	Vict. No.	Veh. No.	Quantity	Description	Value
Make/Brand		Model	Serial Number	Color	
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)		Insured By	
Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Unknown					
Vict. No.	Veh. No.	Quantity	Description	Value	
Make/Brand		Model	Serial Number	Color	
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)		Insured By	
Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Unknown					
Vict. No.	Veh. No.	Quantity	Description	Value	
Make/Brand		Model	Serial Number	Color	
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)		Insured By	
Additional Supplements <input type="checkbox"/> Victim / Witness <input type="checkbox"/> Property <input type="checkbox"/> Statements <input type="checkbox"/> Other <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Narrative <input type="checkbox"/> Vehicle <input type="checkbox"/> Supplement					

ON THE LISTED DATE AND TIME CONTACT WAS MADE WITH THE REPORTEE, AND LISTED WITNESSES, AT THE RCSO ADMINISTRATION OFFICE. REPORTEE ADVISED SHE HAD GONE TO THE LISTED BUSINESS, EARLY THIS MORNING TO PICK UP THE VICTIM, HER DAUGHTER, AFTER WORK. REPORTEE ADVISED THE VICTIM INFORMED HER SHE ALREADY HAD A RIDE AND LEFT WITH TWO WHITE MALE IN A WHITE FOUR DOOR PICK-UP TRUCK. WITNESS #1 A FRIEND OF BOTH THE VICTIM AND REPORTEE WAS ALSO AT THE BUSINESS TO PROVIDE A RIDE HOME FOR ANOTHER FRIEND. THE REPORTEE REMEMBERS ONE OF THE MALES INTRODUCING HIMSELF TO HER AS JAMES. REPORTEE FURTHER ADVISED JAMES HAD A SOUTHERN ACCENT. WITNESS #1 FURTHER ADVISED SHE HAD WRITTEN DOWN THE LICENSE PLATE NUMBER FOR THE TRUCK, WHICH WAS REGISTERED IN NORTH CAROLINA, TO SUSPECT #1. REPORTEE ADVISED THE VICTIM IS A RECOVERING HEROIN ADDICT AND BELIEVES SHE MAY HAVE BEEN FOLLOWING DRUG ADDING THIS WAS OUT OF HER CHARACTER TO LEAVE WITH STRANGERS. BOTH THE REPORTEE AND WITNESS PROVIDED VOLUNTARY STATEMENTS. CAPT BAKER MADE CONTACT WITH THE AUTHORITIES, WHERE THE SUSPECT VEHICLE WAS REGISTERED, TO HAVE THEM CHECK. CAPT BAKER ALSO CONTACTED LOCAL HOSPITALS, WITH NEGATIVE RESULTS. SEE CAPT BAKER'S SUPPLEMENTS FOR FURTHER. THE VICTIM WAS ENTERED INTO LEADS AND A CHECK ON THE WELL BEING WAS SENT STATE WIDE.

NARRATIVE SUPPLEMENTIncident Number
10-4496

Reference Case Number

AT 2040 HOURS, THIS OFFICER CONTACTED THE OWNER OF SHOWTIME, VONLEY VANCE, AT HIS RESIDENCE LOCATED AT 2017 SATINWOOD DRIVE. ACCORDING TO MR. VANCE, HE WAS NOT AT THE BUSINESS EARLIER THIS DATE. THIS OFFICER THEN CONTACTED VINNIE OWENS, THE MANAGER OF SHOWTIME VIA PUBLIC SERVICE. ACCORDING TO VINNIE, HE WITNESSED THE VICTIM LEAVE THE BUSINESS AND JUST ASSUMED THAT SHE LEFT WITH HER MOTHER, THE REPORTEE. VINNIE STATED THAT THE VICTIM IS SUPPOSED TO WORK AT 1800 HOURS ON MONDAY NOVEMBER 22.

VONLEY VANCE STATED THAT HE WILL HAVE VECTOR SECURITY REVIEW THE TAPED FOOTAGE OF THE ESTABLISHMENT BETWEEN 0100-0300 HOURS THIS DATE AND WILL CALL THIS OFFICER WHEN COMPLETED. VONLEY'S PUBLIC SERVICE IS

AT 2100 HOURS, THE REPORTEE CONTACTED HER RESIDENCE IN WEST SALEM, OHIO AND STATED THAT HER DAUGHTER WAS HOME. THE REPORTEE ADVISED HER DAUGHTER TO STAY THERE UNTIL SHE ARRIVED HOME.

DISPATCH SENT AN ALL-TERM CANCELLING THE VICTIM AS MISSING AND LINCOLNTON P.D. WAS ALSO NOTIFIED. THE VICTIM STATED THAT SHE IS FINE AND IS OLD ENOUGH TO DO WHAT SHE WANTS.

Reporting Officer		Badge No.	Date
CAPTAIN NJ BAKER		721	11/21/10
Approving Officer		Badge No.	Date
Reason Cleared	<input type="checkbox"/> Death of Offender <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	<input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending
		<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	Date Cleared

NARRATIVE SUPPLEMENT

Incident Number

10-4498

Reference Case Number

ON SUNDAY NOVEMBER 21, 2010, THIS OFFICER HAD 911 DISPATCH CONTACT THE LINCOLNTON, NORTH CAROLINA POLICE DEPARTMENT TO HAVE THEM CHECK FOR A JEFFREY R. LATKA AT 234 CAMPBELL LANE. THE VICTIM WAS LAST SEEN ENTERING HIS VEHICLE AT SHOWTIME LOCATED AT 2921 CRIDER ROAD IN MIFFLIN TOWNSHIP. ALSO, ANOTHER MALE NAMED "JAMES" WAS WITH THE SUSPECT. LINCOLNTON P.D. CHECKED THE RESIDENCE AND THERE WAS NO ONE HOME. FURTHER ATTEMPTS THROUGHOUT THE NIGHT WILL BE MADE BY LICOLNTON P.D..

THIS OFFICER CHECKED SURROUNDING HOTELS & MOTELS TO SEE IF EITHER THE VICTIM OR THE SUSPECT WERE REGISTERED AS GUESTS. NOTHING WAS FOUND AT THE LOCAL ESTABLISHMENTS. THE SUSPECT WAS OPERATING A WHITE 2009 CHEVROLET SILVERADO BEARING NORTH CAROLINA REGISTRATION VTW7423. ALSO, THE VICTIM WORKS AT SHOWTIME AS A DANCER BUT THE ESTABLISHMENT WAS CLOSED ON THIS DATE.

AT 2000 HOURS, THIS OFFICER ALONG WITH DEPUTY STAN MONTGOMERY WAS CONTACTED BY THE REPORTEE, SHARON GRAHAM AND A WITNESS, JAMIE L. SKLENICKA, AT THE SHERIFF'S OFFICE. THE REPORTEE STATED THAT HER DAUGHTER IS A RECOVERING HEROIN ADDICT AND IS ON PROBATION FOR THEFT OUT OF HURON COUNTY. STATEMENTS WERE TAKEN FROM BOTH THE REPORTEE AND THE WITNESS.

Reporting Officer

CAPTAIN NJ BAKER

Badge No.

721

Date

11-21-10

Approving Officer

Badge No.

Date

Reason
Cleared

- ☐ Death of Offender
☐ Prosecution Declined
☐ Extradition Denied

- ☐ Victim Refused to Coop.
☐ Juvenile/No Custody
☐ Arrest - Adult

- ☐ Arrest - Juvenile
☐ Warrant Issued
☒ Invest. Pending

- ☐ Closed
☐ Unfounded
☐ Unknown

Date Cleared

Incident Number 11-3677		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 02	Clearances - (Check One Box Only) <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 <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Photo Taken <input type="checkbox"/> Y <input type="checkbox"/> N	By	<input type="checkbox"/> Supplement <div style="text-align: center; font-weight: bold; font-size: 1.2em;">OHIO UNIFORM INCIDENT REPORT</div>		Clearance Date 08-25-11	
Film Pack Num	Frames			Cleared By 749	
Day of Week Thu		Report Date / Time 08-25-11		Incident Occurred From Date / Time 08-23-11 1200	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2901 Crest Rd Mansfield Ohio 44903		Incident Occurred To Date / Time 08-24-11 1700		DBA Shoreline	
Offense Theft		Offense Code 2913.02	A/C C	F/M & Degree M-1	Rate/Bias U
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 F - Oper/Proposing/Assist. G - Possessing/Concealing H - Transp/Transmitting I - Using/Consuming J - Other Gang Activity K - Juvenile Gang Activity L - 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 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 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	
Method of Entry <input type="checkbox"/> Force <input type="checkbox"/> No Force No Premises Entered		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 <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)		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. _____	
Name (Last, First, Middle) Vance Venley D Address (Street, Apt/Lot#, City, State, Zip) 2717 Satiawood Mansfield Ohio 44903 Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
No. Total Victims 1 Victim Type <input type="checkbox"/> Individual <input checked="" 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					
Age 36 Sex M Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> H Height 5' 09" Weight 170 Hair GRY Eyes BLU					
Occupation SALES 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 type="checkbox"/> N Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N If Injured, Describe Injuries					
Agg. Assault / Homicide Circ. <input type="checkbox"/> L.E.O. Killed/Assaulted Information <input type="checkbox"/> Type of Act <input type="checkbox"/> Assign. Type <input type="checkbox"/> ORI Other Victim/Suspect Relationship 1 2 3 4 5 6 Victim/Offense Link 2913.02					
Reporting Officer [Signature] Assisting Officer(s) [Signature] Approving Officer [Signature] Badge No. 749 Date 08-25-11					
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"/> Traffic <input type="checkbox"/> Crime Lab <input type="checkbox"/> Evidence Sheet Additional Assignments					

Incident Number 11-3677	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request	<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process		
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 Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other			Recovered Value			
Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By		Recovered Date / Time		Where Recovered				

Property Type <input type="checkbox"/> Found <input type="checkbox"/> Lost / Missing <input type="checkbox"/> None <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeited / Forged <input type="checkbox"/> Destroyed / Damaged / Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown								NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
Vict. No.	Veh. No.	Quantity	Description Sign Sleeves					Value 600
Make/Brand		Model		Serial Number		Color		Weight or Quantity of Drugs
Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)					Insured By	

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

The victim stated sometime between listed dates and times someone stole listed items from a sign at his business. The victim has no witnesses or suspects and needed a report for the record. Two of the sign sleeves had the letters B.Y.O.B and the other two had the words Gentleman's Club.

Additional Supplements	<input type="checkbox"/> Victim / Witness <input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Property <input type="checkbox"/> Narrative	<input type="checkbox"/> Statements <input type="checkbox"/> Vehicle	<input type="checkbox"/> Other <input type="checkbox"/> Supplement
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Incident Number 4-4344		Reference Case Number		Agency Name <input checked="" type="checkbox"/> Mansfield Police Department <input checked="" type="checkbox"/> Richland County Sheriff's Office	
Additional Case Number		Map Reference 12	Sector / Zone 2	Clearances - (Check One Box Only) <input type="checkbox"/> Death of Suspect <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Arrest - Adult <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Photos Taken <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	By 747	ORIGINAL OHIO UNIFORM INCIDENT REPORT			
Film Pack Num	Frames				
Day Of Week Tuesday		Report Date / Time 10/04/2011 21:07		Clearance Date 10/04/2011	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Road, Mansfield, OH 44905		Incident Occurred From Date / Time 10/02/2011 00:10		Incident Occurred To Date / Time 10/02/2011 00:30	
Offense 1. Criminal Damaging		Offense Code 2909.06	A/C C	F/M & Degree M2	Hate/Bias N
2.		3.	4.	5.	1. 2. 3.
3.		4.	5.	1. 2. 3.	1. 2. 3.
4.		5.	1. 2. 3.	1. 2. 3.	1. 2. 3.
5.		1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
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		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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input checked="" 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/Convince <input type="checkbox"/> Department Store <input type="checkbox"/> Other Retail Store	
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		Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings		Factory/Mill/Plant <input type="checkbox"/> Other Building	
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 <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	
Suspected or Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable		Type Weapon/Force Used 1. 2. 3.			
Method of Operation - (Enter Up To 5 Codes)					
Name (Last, First, Middle) Show Time Address (Street, Apt/Lot#, City, State, Zip) Same Employer Name and Address (Street, Apt/Lot#, City, State, Zip) Phone/Cell Phone Phone/Cell Phone					
Age DOB Sex Race Height Weight Hair Eyes					
Occupation SSN Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Transient <input type="checkbox"/> Military <input type="checkbox"/> Student <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown					
Victim Injured <input type="checkbox"/> Y <input 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 Victim/Suspect Relationship Victim/Offense Link					
Reporting Officer Assisting Officer(s) Approving Officer Badge No. Date 10/03/2011					
Follow Up <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Community Services Bureau <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> CP Major Crimes/Det. B <input type="checkbox"/> Juvenile SIU <input type="checkbox"/> Traffic Crime Lab <input type="checkbox"/> Evidence Sheet Additional Assignments					

ORIGINAL

SUSPECT/ARREST

☒ SUPPLEMENT
☐ REPORT

Incident Number 11-4344		Reference Case Number		Map Ref 12	Sec/Zone 2
No. 1		<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other	
Name (Last, First Middle) Friebel, Michael, J.		SSN		<input type="checkbox"/> NCIC Entered Phone/Cell Phone	
Address (Street, Apt/Lot#, City, State, Zip) 44 Florida St., Shelby, OH 44875		Alias		Employer / School	
Age 29		DOB 08/13/1982		Sex M	Race W
Height 508		Weight 160		Hair BRN Eyes BRN	
Arrestee was armed with: (Check up to 3 boxes only)					
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle		<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol		<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object	
<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon					
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree	
1.		1.		Warrant # / Case #	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
Arrest Date		Time		Arrest Location (Street, Apt/Lot#, City, State, Zip)	
Reporting Officer		Badge No.		Approving Officer	
Badge No.		Approving Officer		Badge No.	
Arrest Type		<input type="checkbox"/> Complaint <input type="checkbox"/> In-Progress		<input type="checkbox"/> Warrant <input type="checkbox"/> Summons <input type="checkbox"/> Order of Protection <input type="checkbox"/> Other	
No. 1		<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other	
Name (Last, First Middle)		SSN		<input type="checkbox"/> NCIC Entered Phone/Cell Phone	
Address (Street, Apt/Lot#, City, State, Zip)		Alias		Employer / School	
Age		DOB		Sex	Race
Height		Weight		Hair Eyes	
Arrestee was armed with: (Check up to 3 boxes only)					
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle		<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol		<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object	
<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon					
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree	
1.		1.		Warrant # / Case #	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
Arrest Date		Time		Arrest Location (Street, Apt/Lot#, City, State, Zip)	
Reporting Officer		Badge No.		Approving Officer	
Badge No.		Approving Officer		Badge No.	
Arrest Type		<input type="checkbox"/> Complaint <input type="checkbox"/> In-Progress		<input type="checkbox"/> Warrant <input type="checkbox"/> Summons <input type="checkbox"/> Order of Protection <input type="checkbox"/> Other	

ORIGINAL

INCIDENT SUPPLEMENT

Incident Number: 11-4344 Reference Case Number

Reporter	No.	Name (Last, First, Middle)			Age	DOB	SSN
	1	Dininger, Tisha					
	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
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
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"/> Recovered <input type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unauthorized Use						
	No.	<input type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft From Vehicle	License	State	VIN	Value	
	Year	Make	Model	Style	Color	Vehicle Locked <input type="checkbox"/> Y <input type="checkbox"/> N	Keys in Vehicle <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	Impounded <input type="checkbox"/> Owner's Request <input type="checkbox"/> Officer's Request
Property	No. Stolen		<input type="checkbox"/> NCIC Entered	Insured By		Insurance Agent	
	No. Recovered		<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen Local/Recovered Other <input type="checkbox"/> Stolen Other/Recovered Local		Value	
	Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N		Recovered By		Recovery Date / Time		Recovery Location
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown						
Property	Vict. No.	Veh. No.	Quantity	Description			Value
	1		1	Bathroom divider wall			\$150.00
	Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				Insured By
Property	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown						
	Vict. No.	Veh. No.	Quantity	Description			Value
	Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				Insured By
Property	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown						
	Vict. No.	Veh. No.	Quantity	Description			Value
	Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				Insured By
Property	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown						
	Vict. No.	Veh. No.	Quantity	Description			Value
	Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				Insured By
Additional Supplements <input type="checkbox"/> Victim / Witness <input type="checkbox"/> Property <input type="checkbox"/> Statements <input type="checkbox"/> Other <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Narrative <input type="checkbox"/> Vehicle <input type="checkbox"/> Supplement							

Incident Number 11-4344	Reference Case Number
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ORIGINAL

NARRATIVE SUPPLEMENT

The reportee, employee of the business, was contacted at the business. She advised that the divider wall between stalls in the men's bathroom was kicked down. She said that the suspect had been the only person in the bathroom prior to it being reported. She advised that he had done this before. She added that his girlfriend works at the establishment and he gets jealous and angry. The damage was photographed. There was a shoe print on the wall where it was kicked. The reportee was advised the procedure for filing charges. The photographs were submitted to crime lab.

Incident Number: 11-5756, Reference Case Number: 12, Sector / Zone: 2, Agency Name: Mansfield Police Department, Richland County Sheriff's Office, OHIO UNIFORM INCIDENT REPORT, Incident Location: 2921 Cedar Rd. Mansfield, Ohio, Offense: Assault, FTA, Methods of Operation: 89, Victim: Persinger, Samantha, Reporting Officer: Deputy Brad Henderson.

Incident Number 11-5758	Reference Case Number
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VICTIM SUPPLEMENT

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 checked="" type="checkbox"/> Society <input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Name (Last, First, Middle) State of Ohio							
Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone	
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone	
Age	DOB	Sex	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> H	Height	Weight	Hair	Eyes
Occupation		SSN		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Other <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Unknown			
Victim Injured <input type="checkbox"/> Y <input type="checkbox"/> N	Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N	If Injured, Describe Injuries					
Agg. Assault/ Homicide Circ.		L.E.O. Killed/Assaulted Information 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)						Phone/Cell Phone	
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone	
Age	DOB	Sex	Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> H	Height	Weight	Hair	Eyes
Occupation		SSN		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Other <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Unknown			
Victim Injured <input type="checkbox"/> Y <input type="checkbox"/> N	Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N	If Injured, Describe Injuries					
Agg. Assault/ Homicide Circ.		L.E.O. Killed/Assaulted Information 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
Address (Street, Apt/Lot#, City, State, Zip)				Phone/Cell Phone
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)				Phone/Cell Phone

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

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

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

Incident Number		Reference Case Number		Map Ref	Sec/Zone	SUSPECT/ARREST		SUPPLEMENT REPORT	
No.	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway		<input checked="" type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		<input type="checkbox"/> NCIC Entered		
Name (Last, First, Middle) Rhodes, Michele						SSN			
Address (Street, Apt/Lot#, City, State, Zip) Lkn 425 Charvill Ave Mansfield, Ohio						Phone/Cell Phone			
Alias		Employer / School		Miscellaneous Information					
Age	DOB	Sex	Race	Height	Weight	Hair	Eyes		
28	3-28-83	F	W	5'08"	170	Blk	Brn		
Arrestee was armed with: (Check Up to 3 boxes only)									
<input checked="" type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills <input type="checkbox"/> Other Weapon									
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Agency Type	
1. Assault F		1. 2903.13(4)		1. M-1		1. Summons 062040		1.	
2. FTA for bench trial		2. 2937.43		2. M-1		2. 11 TRB 05086		2.	
3. FTA for bench trial		3. 2937.43		3. M-1		3. 11 CRB 03020		3. Warrant	
4. FTA for bench trial		4. 2937.43		4. M-1		4. 11 CRB 02478		4.	
5.		5.		5.		5.		5.	
Arrest Date		Time		Arrest Location (Street, Apt, City, State, Zip)					
12-30-10		0036		2921 Cedar Rd. Mansfield, Ohio					
Reporting Officer		Badge No.		Approving Officer		Badge No.		Arrest Type	
[Signature]		713		[Signature]				<input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input checked="" type="checkbox"/> Summons <input type="checkbox"/> Other	
No.	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		<input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Other		Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		<input type="checkbox"/> NCIC Entered	
Name (Last, First, Middle)						SSN			
Address (Street, Apt/Lot#, City, State, Zip)						Phone/Cell Phone			
Alias		Employer / School		Miscellaneous Information					
Age	DOB	Sex	Race	Height	Weight	Hair	Eyes		
Arrestee was armed with: (Check Up to 3 boxes only)									
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcotics/Sleeping Pills <input type="checkbox"/> Other Weapon									
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Agency 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.		Approving Officer		Badge No.		Arrest Type	
								<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	

Incident Number 11-5782	Reference Case Number
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INCIDENT SUPPLEMENT

Reporter	No.	Name (Last, First, Middle) Duniger, Tisha	Age 32	DOB 1-18-79	SSN
	Address (Street, Apt/Lot#, City, State, Zip) 1561 1/2 Paradise View Mansfield, Ohio				Phone/Cell Phone
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip) Shawnting				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

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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request	<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process		
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 Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Local/Recovered Other			Recovered Value			
Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By		Recovered Date / Time		Where Recovered				

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

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

Deputies were dispatched to the listed location in reference to an assault. Upon arrival contact was made with the reporter and she advised that she was told that #1 and the victim were arguing and #1 struck the victim at least two times. The victim advised that #1 struck her on the forehead and the mouth. Victim also advised that she fought back to get away from #1 and they were separated. #1 was found to have warrants. #1 was arrested for the listed warrants. The victim had a bloody lip. #1 was transported to the Richland County Jail where she was served the listed warrants and the summons for assault and turned over to corrections. #1 was asked about the incident and she stated it was "Bullshit". #1 made a phone call and stated that she "whooped the bitcher ass" cause she stepped to her and threw some sticky stuff in her hair. #1 was very disrespectful to corrections officers and carried a negative attitude causing a distraction in the book-in area.

Additional Supplements	<input type="checkbox"/> Victim / Witness	<input type="checkbox"/> Property	<input type="checkbox"/> Statements	<input type="checkbox"/> Other
	<input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Narrative	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Supplement

Incident Number 12-6139		Reference Case Number 12-6139		Agency Name <input type="checkbox"/> Mansfield Police Department <input checked="" type="checkbox"/> Richland County Sheriff's Office	
Additional Case Number		Map Reference 12	Sector / Zone 2	Clearances - (Check One Box Only) <input type="checkbox"/> Death of Suspect <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Juvenile/No Custody <input checked="" type="checkbox"/> Arrest - Adult <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
Photos Taken <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	By 756	<input type="checkbox"/> Supplement		Clearance Date 12/29/2012	
Film Pack Num	Frames			Cleared By 725	
Day Of Week Saturday		OHIO UNIFORM INCIDENT REPORT			
Report Date / Time 12/29/2012 00:12		Incident Occurred From Date / Time 12/29/2012 00:11		Incident Occurred To Date / Time 12/29/2012 00:12	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd. Mansfield, Ohio				DBA	
Offense		Offense Code	A/C	F/M & Degree	Type Criminal Activity (Enter up to 3)
1. Underage Consumption Alcohol		4301.69	C	M-1	N
2. Open Container in Motor Vehicle		4301.62(B)	C	MM	N
3.					
4.					
5.					
Location of Offense - (Check Up To 2 Boxes Only) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 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 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 </div> <div style="width: 30%;"> <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings 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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc. </div> <div style="width: 30%;"> 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/Convince <input type="checkbox"/> Department Store <input type="checkbox"/> Other Retail Store </div> <div style="width: 30%;"> <input type="checkbox"/> Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other </div> </div>					
Method of Entry (Check One Box From Each Column) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Force <input type="checkbox"/> No Force <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 </div> <div style="width: 30%;"> <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 </div> <div style="width: 30%;"> <input type="checkbox"/> Basement <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor <input type="checkbox"/> Other <input type="checkbox"/> Unknown </div> <div style="width: 30%;"> <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other <input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West </div> </div>					
Method of Operation - (Enter Up To 5 Codes)					
Victim Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial Institution <input type="checkbox"/> Police Officer (In The Line of Duty) <input type="checkbox"/> Society <input type="checkbox"/> Other <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Unknown					
Name (Last, First, Middle) STATE OF OHIO					
Address (Street, Apt/Lot#, City, State, Zip)					Phone/Cell Phone
Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					Phone/Cell Phone
Age	DOB	Sex	Race	Height	Weight
			<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		
Occupation	SSN	Resident Status	<input type="checkbox"/> Resident <input type="checkbox"/> Tourist	<input type="checkbox"/> Military <input type="checkbox"/> Student	<input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown
Victim Injured <input type="checkbox"/> Y <input type="checkbox"/> N	Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N	If Injured, Describe Injuries			
Agg. Assault / Homicide Circle		L.E.O. Killed/Assaulted Information		Victim/Suspect Relationship	
		Type of Act Assignment Type OR: Other		1. 2. 3. 4. 5. 6.	
Reporting Officer Sgt Michael T. Viers			Badge No. 725		Date 12/29/2012
Assisting Officer(s) Deputy Boyd, Deputy Kotterman			Approving Officer		Badge No. Date
Follow Up <input type="checkbox"/> Y <input checked="" 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					

Incident Number 12-6139	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	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	
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	
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"/> Recovered <input checked="" 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		Value	
	1	<input type="checkbox"/> Theft From Vehicle						
	Year	Make	Model	Style	Color	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	Impounded <input type="checkbox"/> Owner's Request <input type="checkbox"/> Officer's Request	
							Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process	
	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 Recovery Only	No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen Local/Recovered Other	<input type="checkbox"/> Stolen/Recovered Local <input type="checkbox"/> Stolen Other/Recovered Local		Value	
	Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By		Recovery Date / Time		Recovery Location		
Property	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC Entered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N							
	Vict. No.	Veh. No.	Quantity	Description			Value	
	Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs	
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				Insured By	
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC Entered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N							
	Vict. No.	Veh. No.	Quantity	Description			Value	
	Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs	
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				Insured By	
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC Entered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N							
	Vict. No.	Veh. No.	Quantity	Description			Value	
Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs		
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				Insured By		
Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> NCIC Entered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N								
Vict. No.	Veh. No.	Quantity	Description			Value		
Make/Brand		Model	Serial Number		Color	Weight or Quantity of Drugs		
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				Insured By		
Additional Supplements <input type="checkbox"/> Victim / Witness <input type="checkbox"/> Property <input type="checkbox"/> Statements <input type="checkbox"/> Other <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Narrative <input type="checkbox"/> Vehicle <input type="checkbox"/> Supplement								

Incident Number 12-6139		Reference Case Number		Map Ref 12	Sec/Zone 2	<input checked="" type="checkbox"/> SUSPECT/ARREST <input type="checkbox"/> SUPPLEMENT REPORT	
No. 1	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing		Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Transient <input type="checkbox"/> Student <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Name (Last, First Middle) Kingan, Jacob, R.						<input type="checkbox"/> NCIC Entered	
Address (Street, Apt/Lot#, City, State, Zip) 1954 St. Rt. 179, Jeromesville, Ohio 44840						Phone/Cell Phone	
Alias		Employer / School		Miscellaneous Information Goodfellow AFB, 351 Kerney Blvd, San Angelo Tx			
Age 18	DOB 06/03/1994	Sex M	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 5'11"	Weight 145	Hair BRO	Eyes BLU
Arrestee was armed with (Check up to 3 boxes only)							
<input checked="" 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/Narcotics/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					
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #	
1. Open Container in Motor Vehicle		1. 4301.62(B)		MM		6079	
2.		2.				2. <input type="checkbox"/> 23A - Pocket Picking <input type="checkbox"/> 23B - Purse Snatching <input type="checkbox"/> 23C - Shoplifting <input type="checkbox"/> 23D - Theft from Building <input type="checkbox"/> 23E - Theft from Coin-Op Mac <input type="checkbox"/> 23F - Theft from Motor Vehicle <input type="checkbox"/> 23G - Motor Veh. Parts/Access <input type="checkbox"/> 24O - Theft of Motor Vehicle <input type="checkbox"/> 23H - Other	
3.		3.				3.	
4.		4.				4.	
5.		5.				5.	
Arrest Date 12/29/2012		Time 00:12		Arrest Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd. Mansfield, Ohio			
Reporting Officer Sgt Viars		Badge No. 725		Approving Officer		Badge No.	
Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> In Progress <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection							
No. 2	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing		Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Transient <input type="checkbox"/> Student <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Name (Last, First Middle) Heifner, Tyler, M.						SSN	
Address (Street, Apt/Lot#, City, State, Zip) 1670 St. Rt. Jeromesville, Oh 44840						<input type="checkbox"/> NCIC Entered	
Alias		Employer / School Heifner Excavating		Miscellaneous Information			
Age 18	DOB 08/29/1994	Sex M	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 5'10"	Weight 130	Hair BRO	Eyes HAZ
Arrestee was armed with (Check up to 3 boxes only)							
<input checked="" 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/Narcotics/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					
Arrest / Offense Description		Arrest / Offense Code		F/M & Degree		Warrant # / Case #	
1. Underage Consumption Alcohol		1. 4301.69		M1		6077	
2.		2.				2. <input type="checkbox"/> 23A - Pocket Picking <input type="checkbox"/> 23B - Purse Snatching <input type="checkbox"/> 23C - Shoplifting <input type="checkbox"/> 23D - Theft from Building <input type="checkbox"/> 23E - Theft from Coin-Op Mach <input type="checkbox"/> 23F - Theft from Motor Vehicle <input type="checkbox"/> 23G - Motor Veh. Parts/Access <input type="checkbox"/> 24O - Theft of Motor Vehicle <input type="checkbox"/> 23H - Other	
3.		3.				3.	
4.		4.				4.	
5.		5.				5.	
Arrest Date		Time		Arrest Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd. Mansfield, Ohio			
Reporting Officer		Badge No.		Approving Officer		Badge No.	
Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> In Progress <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection							

Incident Number		Reference Case Number		Map/Ref	Sec/Zone	SUSPECT/ARREST		<input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT	
No.	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other			Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown		<input type="checkbox"/> Other		
Name (Last, First Middle)					SSN		<input type="checkbox"/> NCIC Entered		
Address (Street, Apt/Lot#, City, State, Zip)					Phone/Cell Phone				
10890 Angling Rd., Wooster, Ohio 44691									
Alias					Employer / School		Miscellaneous Information		
Age					DOB	Sex	Race	Height	Weight
8					12/22/1994	M	W	600	180
Arrestee was armed with (Check up to 3 boxes only)					Hair Eyes				
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle					<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol				
<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object					<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon				
Arrest / Offense Description					Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Larceny Type	
1. Underage Consumption Alcohol					1. 4301.69	M1	6078	1.	
2.					2.			2. <input type="checkbox"/> 23A - Pocket Picking <input type="checkbox"/> 23B - Purse Snatching <input type="checkbox"/> 23C - Shoplifting <input type="checkbox"/> 23D - Theft from Building <input type="checkbox"/> 23E - Theft from Coin-Op Mach <input type="checkbox"/> 23F - Theft from Motor Vehicle <input type="checkbox"/> 23G - Motor Veh. Parts/Access <input type="checkbox"/> 24O - Theft of Motor Vehicle <input type="checkbox"/> 23H - Other	
3.					3.			3.	
4.					4.			4.	
5.					5.			5.	
Arrest Date					Time	Arrest Location (Street, Apt/Lot#, City, State, Zip)			
12/29/2012					00:12	2921 Crider Rd. Mansfield, Ohio			
Reporting Officer					Badge No.	Approving Officer	Badge No.	Arrest Type	
Sgt Viars					725			<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	
No.	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other			Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Military <input type="checkbox"/> Unknown		<input type="checkbox"/> Other		
Name (Last, First Middle)					SSN		<input type="checkbox"/> NCIC Entered		
Address (Street, Apt/Lot#, City, State, Zip)					Phone/Cell Phone				
1735 TWP RD 65, Jeromesville, Ohio 44840									
Alias					Employer / School		Miscellaneous Information		
Age					DOB	Sex	Race	Height	Weight
19					02/10/1993	M	W	602	180
Arrestee was armed with (Check up to 3 boxes only)					Hair Eyes				
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle					<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol				
<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object					<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon				
Arrest / Offense Description					Arrest / Offense Code	F/M & Degree	Warrant # / Case #	Arrest Larceny Type	
1. Underage Consumption Alcohol					1. 4301.69	M1	9347	1.	
2.					2.			2. <input type="checkbox"/> 23A - Pocket Picking <input type="checkbox"/> 23B - Purse Snatching <input type="checkbox"/> 23C - Shoplifting <input type="checkbox"/> 23D - Theft from Building <input type="checkbox"/> 23E - Theft from Coin-Op Mach <input type="checkbox"/> 23F - Theft from Motor Vehicle <input type="checkbox"/> 23G - Motor Veh. Parts/Access <input type="checkbox"/> 24O - Theft of Motor Vehicle <input type="checkbox"/> 23H - Other	
3.					3.			3.	
4.					4.			4.	
5.					5.			5.	
Arrest Date					Time	Arrest Location (Street, Apt/Lot#, City, State, Zip)			
12/29/2012					00:12	2921 Crider Rd. Mansfield, Ohio			
Reporting Officer					Badge No.	Approving Officer	Badge No.	Arrest Type	
Dep Boyd					756	Sgt Viars	725	<input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	

Incident Number 12-6139		Reference Case Number		Map Ref 12		Sec/Zone 2		SUSPECT/ARREST				<input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT			
No. 5		<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other				Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		SSN		<input type="checkbox"/> NCIC Entered			
Name (Last, First Middle) Motherman, Dustin, D.												Phone/Cell Phone			
Address (Street, Apt/Lot#, City, State, Zip) 832 TWP Rd. 1504, Ashland, Ohio 44805															
Alias		Employer / School				Miscellaneous Information									
Age 18		DOB 07/13/1994		Sex M		Race W		Height 601		Weight 195		Hair BRN		Eyes BRN	
Arrestee was armed with (Check up to 3 boxes only)															
<input checked="" type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon															
Arrest / Offense Description				Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Larceny Type					
1. Undrugs Consumption				1. 4301.69E1		M1		9346		1.					
2.				2.						2. <input type="checkbox"/> 23A - Pocket Picking <input type="checkbox"/> 23B - Purse Snatching <input type="checkbox"/> 23C - Shoplifting <input type="checkbox"/> 23D - Theft from Building <input type="checkbox"/> 23E - Theft from Coin-Op Mach <input type="checkbox"/> 23F - Theft from Motor Vehicle <input type="checkbox"/> 23G - Motor Veh. Parts/Access <input type="checkbox"/> 24O - Theft of Motor Vehicle <input type="checkbox"/> 23H - Other					
3.				3.						3.					
4.				4.						4.					
5.				5.						5.					
Arrest Date 12/29/2012		Time 00:12		Arrest Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd, Mansfield, Ohio											
Reporting Officer Deputy Boyd		Badge No. 756		Approving Officer		Badge No.		Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In Progress <input checked="" type="checkbox"/> Summons <input type="checkbox"/> Other							
No.		<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown		Check Appropriate Category <input type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other				Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other		SSN		<input type="checkbox"/> NCIC Entered			
Name (Last, First Middle)												Phone/Cell Phone			
Address (Street, Apt/Lot#, City, State, Zip)															
Alias		Employer / School				Miscellaneous Information									
Age		DOB		Sex		Race		Height		Weight		Hair		Eyes	
Arrestee was armed with (Check up to 3 boxes only)															
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle <input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon															
Arrest / Offense Description				Arrest / Offense Code		F/M & Degree		Warrant # / Case #		Arrest Larceny Type					
1.				1.						1.					
2.				2.						2. <input type="checkbox"/> 23A - Pocket Picking <input type="checkbox"/> 23B - Purse Snatching <input type="checkbox"/> 23C - Shoplifting <input type="checkbox"/> 23D - Theft from Building <input type="checkbox"/> 23E - Theft from Coin-Op Mach <input type="checkbox"/> 23F - Theft from Motor Vehicle <input type="checkbox"/> 23G - Motor Veh. Parts/Access <input type="checkbox"/> 24O - Theft of Motor Vehicle <input type="checkbox"/> 23H - Other					
3.				3.						3.					
4.				4.						4.					
5.				5.						5.					
Arrest Date		Time		Arrest Location (Street, Apt/Lot#, City, State, Zip)											
Reporting Officer		Badge No.		Approving Officer		Badge No.		Arrest Type <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In Progress <input checked="" type="checkbox"/> Summons <input type="checkbox"/> Other							

Incident Number 12-6139	Reference Case Number
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CRIDER

NARRATIVE SUPPLEMENT

Saturday, December 29th, 2012

At about 0011 Hours and on patrol in the area of Showtime at 2921 Crider Rd. I observed a truck in the N/W corner of the parking lot with the driver side door open and a subject standing outside. I initially thought a customer was exiting the vehicle; however, I as preceded through the lot the subject stayed by the vehicle and I then observed other subjects getting out of the truck. I turned around and started to head back in the direction of the truck, when I observed someone open the hood of the truck and then observed a subject wearing a bright yellow jacket run toward the rear of the vehicle near the fence and throw a partial case of beer over the fence toward the I-71 Ramp. As I stopped to make contact a subject, later identified as Sus-1, and he said that they needed a jump. I asked the subject in the yellow jacket, identified as Tyler Heifner (Sus-2) what he threw over the fence and he initially denied throwing anything. I directed him to go get the items, which was identified as an opened case of beer with some opened and unopened cans of Budweiser in the carton. There were also opened containers in the truck and on the ground around the truck. All subjects admitted to possessing and consuming Alcoholic Beverages. Sus-1 admitted to having the open containers of beer in his truck. He indicated that he was home on leave from the military and had to return to Goodfellow AFB on the 2nd of January. Sus-3 claimed that he consumed about four beers. Sus-5 & 6 also admitted to drinking.

The vehicle was secured at the scene and all parties were released on summons.

Incident Number 13-48		Reference Case Number		Agency Name <input type="checkbox"/> Mansfield Police Department <input checked="" type="checkbox"/> Richland County Sheriff's Office																																											
Additional Case Number		Map Reference 12	Sector / Zone 2	Clearances - (Check One Box Only) <input type="checkbox"/> Death of Suspect <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Arrest - Adult <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown																																											
Photos Taken <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	By	<input type="checkbox"/> Supplement		Clearance Date 01/05/2013																																											
Film Pack Num	Frames			Cleared By 715																																											
Day Of Week Saturday		OHIO UNIFORM INCIDENT REPORT																																													
Report Date / Time 01/05/2013 1054		Incident Occurred From Date / Time 01/05/2013 0700		Incident Occurred To Date / Time 01/05/2013 0700																																											
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd. Mansfield, Oh 44903				DBA Showtime																																											
<table border="1"><thead><tr><th>Offense</th><th>Offense Code</th><th>A/C</th><th>F/M & Degree</th><th>Rate/Bias</th><th>Larceny</th><th>Type Criminal Activity (Enter up to 3)</th></tr></thead><tbody><tr><td>1. Property Damage</td><td>1.</td><td>C</td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>2.</td><td>2.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>3.</td><td>3.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>4.</td><td>4.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr><tr><td>5.</td><td>5.</td><td></td><td></td><td></td><td></td><td>1. 2. 3.</td></tr></tbody></table>						Offense	Offense Code	A/C	F/M & Degree	Rate/Bias	Larceny	Type Criminal Activity (Enter up to 3)	1. Property Damage	1.	C				1. 2. 3.	2.	2.					1. 2. 3.	3.	3.					1. 2. 3.	4.	4.					1. 2. 3.	5.	5.					1. 2. 3.
Offense	Offense Code	A/C	F/M & Degree	Rate/Bias	Larceny	Type Criminal Activity (Enter up to 3)																																									
1. Property Damage	1.	C				1. 2. 3.																																									
2.	2.					1. 2. 3.																																									
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4.	4.					1. 2. 3.																																									
5.	5.					1. 2. 3.																																									
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		<input type="checkbox"/> Jail/Prison <input type="checkbox"/> Parking Garage <input type="checkbox"/> Other Public Access Buildings		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/Convince <input type="checkbox"/> Department Store <input type="checkbox"/> Other Retail Store																																											
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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input checked="" type="checkbox"/> Other Commercial Service Loc.		Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location																																											
				Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input checked="" type="checkbox"/> Not Applicable																																											
				Type Weapon / Force Used 1. 16 2. 3.																																											
Method of Entry - (Check One Box From Each Column)																																															
<input type="checkbox"/> Force <input type="checkbox"/> No Force		<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		<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"/> No Premises Entered				<input type="checkbox"/> Basement <input type="checkbox"/> 1st Floor <input type="checkbox"/> 2nd Floor <input type="checkbox"/> Other <input type="checkbox"/> Unknown																																											
				<input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other																																											
				<input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other																																											
				<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West																																											
Method of Operation - (Enter Up To 5 Codes)																																															
No. Total Victims 1 1																																															
Victim Type <input checked="" type="checkbox"/> Individual <input checked="" 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) Showtime																																															
Address (Street, Apt/Lot#, City, State, Zip) 2921 Crider Rd. Mansfield, Oh 44903																																															
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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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Victim Treated <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		If Injured, Describe Injuries																																											
Agg. Assault / Homicide Circ.		LEO Killed/Assaulted Information		Victim/Suspect Relationship		Victim/Offense Link																																									
Type of Act		Assign Type		OR - Other																																											
Reporting Officer G. D. K.		Assisting Officer(s)		Approving Officer SGT. GORDON		Additional Assignments																																									
Follow Up <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Community Services Bureau <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> CP		Major Crimes/Det. B <input type="checkbox"/> Juvenile		SIU <input type="checkbox"/> Traffic <input type="checkbox"/> Crime Lab <input type="checkbox"/> Evidence Sheet																																									
						Badge No. 715 Date 01/05/2013																																									
						Badge No. 26 Date 1/5/12																																									

INCIDENT SUPPLEMENT

Incident Number: 13-48
Reference Case Number:

Reportee	No. 1	Name (Last, First, Middle) Suspect #1		Age	DOB	SSN
	Address (Street, Apt/Lot#, City, State, Zip)					
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
	Phone/Cell Phone					
	Phone/Cell Phone					
Witness	No.	Name (Last, First, Middle)		Age	DOB	SSN
	Address (Street, Apt/Lot#, City, State, Zip)					
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
	Phone/Cell Phone					
	Phone/Cell Phone					
Witness	No.	Name (Last, First, Middle)		Age	DOB	SSN
	Address (Street, Apt/Lot#, City, State, Zip)					
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
	Phone/Cell Phone					
	Phone/Cell Phone					
Witness	No.	Name (Last, First, Middle)		Age	DOB	SSN
	Address (Street, Apt/Lot#, City, State, Zip)					
	Employer Name and Address (Street, Apt/Lot#, City, State, Zip)					
	Phone/Cell Phone					
	Phone/Cell Phone					
Vehicle	Check Categories <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Impounded <input type="checkbox"/> Recovered <input checked="" type="checkbox"/> Suspect's Vehicle <input type="checkbox"/> Victim's Vehicle <input type="checkbox"/> Unauthorized Use					
	No. 1	<input type="checkbox"/> Damage to Vehicle <input type="checkbox"/> Theft From Vehicle	License D195HY	State TN	VIN 1FUJA6CK59DAC5619	Value \$100,000.00
	Year 2009	Make Freightliner	Model	Style Semi	Color	
	Vehicle Assoc. w/Suspect No. 1		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 Travelers Property Cas. of Ameri
	Motor Vehicle Recovery Only		No. Recovered	<input type="checkbox"/> NCIC Removed	Recovery Code <input type="checkbox"/> Stolen Local/Recovered Other <input type="checkbox"/> Stolen Other/Recovered Local	Value
	Owner Notified <input type="checkbox"/> Y <input type="checkbox"/> N	Recovered By		Recovery Date / Time		Recovery Location
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input checked="" type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown					
	Vict. No. 1	Veh. No.	Quantity 1	Description Lawn		Value \$200.00
	Make/Brand		Model	Serial Number		Color
	Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)			
	Insured By					
	Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input checked="" type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown					
	Vict. No.	Veh. No.	Quantity	Description		Value
	Make/Brand		Model	Serial Number		Color
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				
Insured By						
Property Type <input type="checkbox"/> Found <input type="checkbox"/> None <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Lost/Missing <input type="checkbox"/> Burned <input checked="" type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Seized <input type="checkbox"/> Unknown						
Vict. No.	Veh. No.	Quantity	Description		Value	
Make/Brand		Model	Serial Number		Color	
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				
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Vict. No.	Veh. No.	Quantity	Description		Value	
Make/Brand		Model	Serial Number		Color	
Recovery Date / Time		Recovery Location (Street, Apt/Lot#, City, State, Zip)				
Insured By						
Additional Supplements <input type="checkbox"/> Victim / Witness <input type="checkbox"/> Property <input type="checkbox"/> Statements <input type="checkbox"/> Other <input type="checkbox"/> Suspect / Arrestee <input type="checkbox"/> Narrative <input type="checkbox"/> Vehicle <input type="checkbox"/> Supplement						

Incident Number 13-48		Reference Case Number		Map Ref 12		Sec/Zone 2		SUSPECT/ARREST <input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT																																																																																																																																														
No. 1	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other		<input type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Missing		Resident Status <input type="checkbox"/> Resident <input checked="" type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other																																																																																																																																																
Name (Last, First Middle) Stewart, Wade A.								SSN																																																																																																																																														
Address (Street, Apt/Lot#, City, State, Zip) 712 Euclid Ave. Hoopston, IL 60942								<input type="checkbox"/> NCIC Entered																																																																																																																																														
Alias		Employer / School		Miscellaneous Information																																																																																																																																																		
Age 53		DOB 08/07/1959		Sex M	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 600	Weight 250	Hair BRO	Eyes BRO																																																																																																																																													
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Incident Number 13-48	Reference Case Number
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NARRATIVE SUPPLEMENT

Suspect #1 advised that he was attempting to turn around in the driveway of Showtime when he drove off the driveway and onto the front lawn of the business and got his semi-truck and trailer stuck in the mud causing damage to the lawn. S#1 advised that the lawn was covered by snow and he saw other tracks in the snow so he thought that the parking lot continued off the driveway. S#1 was advised to contact the business and make arrangements to fix the damage done to the lawn.

Administrative	Incident Number 13-1803	Reference Case Number		Agency Name <input checked="" type="checkbox"/> Mansfield Police Department <input checked="" type="checkbox"/> Richland County Sheriff's Office	
	Additional Case Number	Map Reference 11	Sector / Zone 2E	Clearances - (Check One Box Only) <input type="checkbox"/> Death of Suspect <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Victim Refused to Coop. <input type="checkbox"/> Juvenile/No Custody <input type="checkbox"/> Arrest - Adult <input type="checkbox"/> Arrest - Juvenile <input type="checkbox"/> Warrant Issued <input type="checkbox"/> Invest. Pending <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown	
	Photos Taken <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	By 718	Supplement <input type="checkbox"/>		Clearance Date 04/20/2013
	Film Pack Num	Frames	Day Of Week Saturday		Cleared By 718
OHIO UNIFORM INCIDENT REPORT					
Report Date / Time 04/20/2013 02:47		Incident Occurred From Date / Time 04/19/2013 23:38		Incident Occurred To Date / Time 04/20/2013 02:47	
Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 CRIDER RD. MANSFIELD, OH 44903				DBA SHOWTIME	
Offense					
1. INTOXICATION		Offense Code 2917.11 B2	A/C C	FM & Degree MM	Type Criminal Activity (Enter up to 3) 1. 2. 3.
2.		2.			1. 2. 3.
3.		3.			1. 2. 3.
4.		4.			1. 2. 3.
5.		5.			1. 2. 3.
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		RETAIL <input checked="" 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/Convince <input type="checkbox"/> Department Store <input type="checkbox"/> Other Retail Store	
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 type="checkbox"/> Amusement Center <input type="checkbox"/> Rental Storage Facility <input type="checkbox"/> Other Commercial Service Loc.		Factory/Mill/Plant <input type="checkbox"/> Other Building OUTSIDE <input type="checkbox"/> Yard <input type="checkbox"/> Construction Site <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Field/Woods <input type="checkbox"/> Street <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Park/Playground <input type="checkbox"/> Cemetery <input type="checkbox"/> Public Transit Vehicle <input type="checkbox"/> Other Outside Location <input type="checkbox"/> Other	
Suspected of Using <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equipment <input type="checkbox"/> Not Applicable					
Type Weapon / Force Used 1. 17 2. 3.					
Method of Entry					
<input type="checkbox"/> Force <input type="checkbox"/> No Force		<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		<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	
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		<input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Garage <input type="checkbox"/> Skylight <input type="checkbox"/> Other		<input type="checkbox"/> Front <input type="checkbox"/> Side <input type="checkbox"/> Rear <input type="checkbox"/> Roof <input type="checkbox"/> Other	
Direction <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West					
Method of Operation - (Enter Up To 5 Codes) 89					
Victim					
No. Total Victims 1					
Victim Type <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Financial Institution <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Police Officer (In The Line of Duty) <input type="checkbox"/> Religious Organization <input checked="" type="checkbox"/> Society <input type="checkbox"/> Unknown <input type="checkbox"/> Other					
Name (Last, First, Middle) STAE OF OHIO					
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"/> T <input type="checkbox"/> U <input type="checkbox"/> H					
Height					
Weight					
Hair					
Eyes					
Occupation					
SSN					
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 type="checkbox"/> N					
Victim Treated <input type="checkbox"/> Y <input type="checkbox"/> N					
If Injured, Describe Injuries					
App. Assault / Homicide Circ.					
L.E.O. Killed/Assaulted Information					
Victim/Suspect Relationship					
Victim/Offense Link					
Reporting Officer WHITE JR., CHARLES A.					
Assisting Officer(s) 726					
Approving Officer Sgt. McBride					
Badge No. 718					
Date 04/20/2013					
Follow Up <input checked="" 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					
Major Crimes/Dept. <input type="checkbox"/> Juvenile					
SIU <input type="checkbox"/> Traffic					
Crime Lab <input type="checkbox"/> Evidence Sheet					
Additional Assignments					

INCIDENT SUPPLEMENT13-1803 INTOXICATION

Incident Number 13-1803		Reference Case Number		Map Ref	Sec/Zone 2E	<input checked="" type="checkbox"/> SUSPECT/ARREST <input checked="" type="checkbox"/> SUPPLEMENT <input type="checkbox"/> REPORT	
No. 1	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category		<input checked="" type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other	<input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status: <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Military <input type="checkbox"/> Unknown	
Name (Last, First Middle) WALLS, EARICK C.						SSN	
Address (Street, Apt/Lot#, City, State, Zip) 4515 PARK AVE. WEST MANSFIELD, OH 44903						Phone/Cell Phone	
Alias		Employer / School		Miscellaneous Information			
Age 26	DOB 12/29/1986	Sex M	Race <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O	Height 5'11"	Weight 200	Hair BLK	Eyes BRN
Arrestee was armed with: (Check up to 3 boxes only)							
<input checked="" type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle		<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol		<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object		<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon	
Arrest / Offense Description		Arrest / Offense Code	F/M & Degree	Warrant # / Case #		Arrest Larceny Type	
1. INTOXICATION		1. 2917.11 B2	MM	SUMM:009393		1.	
2.		2.				2. <input type="checkbox"/> 23A - Pocket Picking	
3.		3.				3. <input type="checkbox"/> 23B - Purse Snatching	
4.		4.				4. <input type="checkbox"/> 23C - Shoplifting	
5.		5.				5. <input type="checkbox"/> 23D - Theft form Building	
						<input type="checkbox"/> 23E - Theft from Coin-Op Mac	
						<input type="checkbox"/> 23F - Theft from Motor Vehicle	
						<input type="checkbox"/> 23G - Motor Veh. Parts/Access	
						<input type="checkbox"/> 24O - Theft of Motor Vehicle	
						<input type="checkbox"/> 23H - Other	
Arrest Date 04/20/2013		Time 02:47	Arrest Location (Street, Apt/Lot#, City, State, Zip) 2921 CRIDER RD. MANSFIELD, OH 44903				
Reporting Officer <i>[Signature]</i>		Badge No. 718	Approving Officer <i>[Signature]</i>		Badge No. 738	Arrest Type: <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input checked="" type="checkbox"/> Summons <input type="checkbox"/> Other	
No. 1	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown	Check Appropriate Category		<input type="checkbox"/> Suspect/Arrestee <input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Runaway <input type="checkbox"/> Other	<input type="checkbox"/> Missing <input type="checkbox"/> Other	Resident Status: <input type="checkbox"/> Resident <input type="checkbox"/> Tourist <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Military <input type="checkbox"/> Unknown	
Name (Last, First Middle)						SSN	
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Alias		Employer / School		Miscellaneous Information			
Age	DOB	Sex	Race	Height	Weight	Hair	Eyes
			<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O				
			<input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> H				
Arrestee was armed with: (Check up to 3 boxes only)							
<input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Handgun <input type="checkbox"/> Automatic Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Fully Automatic Rifle		<input type="checkbox"/> Other Fully Automatic Firearm <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Semi-Automatic Sporting Rifle <input type="checkbox"/> Semi-Automatic Assault Firearm <input type="checkbox"/> Machine Pistol		<input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Simulated Firearm <input type="checkbox"/> BB/Pellet Gun <input type="checkbox"/> Knife Cutting Instrument <input type="checkbox"/> Blunt Object		<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary Device <input type="checkbox"/> Drugs/Narcs/Sleeping Pills <input type="checkbox"/> Other Weapon	
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2.		2.				2. <input type="checkbox"/> 23A - Pocket Picking	
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						<input type="checkbox"/> 23E - Theft from Coin-Op Mach	
						<input type="checkbox"/> 23F - Theft from Motor Vehicle	
						<input type="checkbox"/> 23G - Motor Veh. Parts/Access	
						<input type="checkbox"/> 24O - Theft of Motor Vehicle	
						<input type="checkbox"/> 23H - Other	
Arrest Date		Time	Arrest Location (Street, Apt/Lot#, City, State, Zip)				
Reporting Officer		Badge No.	Approving Officer		Badge No.	Arrest Type: <input type="checkbox"/> Complaint <input type="checkbox"/> Warrant <input type="checkbox"/> Order of Protection <input type="checkbox"/> In-Progress <input type="checkbox"/> Summons <input type="checkbox"/> Other	

Incident Number 13-1803	Reference Case Number
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NARRATIVE SUPPLEMENT

ON THE LISTED DATE AND TIME I WAS DISPATCHED TO LISTED LOCATION REFERENCE A SUSPICIOUS PERSON KNOCKING ON THE DOOR WANTING TO BE LET IN. UPON ARRIVAL REPORTEE #1 IDENTIFIED SUSPECT #1 AS BEING THE SUSPICIOUS PERSON (SEE WRITTEN STATEMENT). WHEN CONTACT WAS MADE WITH SUSPECT #1 I OBSERVED A STRONG ODOR OF ALCOHOL ABOUT HIS BREATH AND PERSON, HE HAD RED/GLOSSY EYES, SLURRED SPEECH AND WAS UNSTEADY ON HIS FEET. I ALSO OBSERVED SUSPECT #1 TO HAVE MULTIPLE BLEEDING WOUNDS ON HIS FACE AND RIGHT ARM, AT THIS TIME I REQUESTED DISPATCH TO SEND A SQUAD. SUSPECT #1 APPEARED TO BE EXTREMELY DISORIENTED AND CONFUSED, WHEN ASKED HE WAS UNAWARE OF WHERE HE WAS AT AND HOW HE GOT THERE. SUSPECT #1 ADMITTED TO DRINKING "SOME SHOTS" OF WHISKEY WITH A FRIEND NAMED KEITH ON YALE AVENUE, MANSFIELD, OH. VEHICLE #1 WAS LOCATED IN THE PARKING LOT OF LISTED LOCATION WITH DAMAGE TO THE RIGHT SIDE (SEE PHOTOS), SUSPECT #1 SAID HE DID NOT DRIVE HIS VEHICLE THERE AND DID NOT REMEMBER WHO DROVE HIS TRUCK. SUSPECT #1 ALSO STATED HE WAS INVOLVED IN A FIGHT AT BELCHERS BAR, I CONTACTED MANSFIELD POLICE DEPARTMENT AND THEY SAID THEY HAD NO REPORTS OF THIS TAKING PLACE. MIFFLIN TWP. SQUAD ARRIVED ON SCENE AND TRANSPORTED SUSPECT #1 TO MCM FOR MEDICAL EVALUATION. I THEN MADE CONTACT WITH SUSPECT #1 AT MCM TO ISSUE HIS SUMMONS AND ADVISE HIM OF HIS COURT DATE AND TIME.

Incident Number 14-5346 Reference Case Number Agency Name Mansfield Police Department Richland County Sheriff's Office

Additional Reference Number Map Reference 12 Sector / Zone 2

Photo Taken Y BY Film Pack Num Frames Supplement

Day of Week SATURDAY

OHIO UNIFORM INCIDENT REPORT

Clearance Date 11-22-14 Cleared By 716

Report Date / Time 11/22/14 Incident Occurred From Date / Time 11/22/14 Incident Occurred To Date / Time 11/22/14

Incident Location (Street, Apt/Lot#, City, State, Zip) 2921 RIDGE RD, MANSFIELD, OH 44903

Offense 1. ASSAULT 2. 3. 4. 5.

Offense Code 2903-13 A/C C F/M & Degree M-1 Hate/Bias W/A Larceny

Type Criminal Activity - (Enter Up to 3 for each) 1. 2. 3.

Location of Offense - (Check Up to 2 boxes only)

RESIDENTIAL STRUCTURE Single Family Home Multiple Dwelling Residential Facility Other Residential Garage/Shed

PUBLIC ACCESS BLDGS. Transit Facility Government Office School College Church Hospital

COMMERCIAL LOCATIONS Jail/Prison Parking Garage Other Public Access Buildings 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. 2. 3.

Method of Entry Force No Force No. Premises Entered

Method of Entry - Motor Vehicle Theft Motor Running / Keys in Car Unlocked Duplicate Key Used Window Broken Towed Locked

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

Structure Occupied Unoccupied Vacant

Methods of Operation - (Enter Up to 5 Codes) 89

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

Name (Last, First, Middle) PRITCHARD, KATHI E

Address (Street, Apt/Lot#, City, State, Zip) 612 GREENWOOD BLVD, MANSFIELD, OH 44901

Employer Name and Address (Street, Apt/Lot#, City, State, Zip)

Age DOB Sex Race B A O H Height Weight Hair Eyes

Occupation SSN Resident Status Resident Tourist Military Student Other Unknown

Victim Injured Victim Treated If Injured, Describe Injuries

Agg. Assault / Homicide Circ. LEO Killed/Assaulted Information Type of Act Assign. Type ORI-Other Victim/Suspect Relationship Victim/Offense Link

Reporting Officer Deputy of Sheriff

Assisting Officer(s)

Approving Officer Sgt. James H. Schickel

Badge No. 716 Date 11/22/14

Badge No. 747 Date 11-22-14

Follow Up Y N Community Services Bureau Major Crimes/Det. B 1st 2nd 3rd CP Juvenile

Crime Lab Traffic Evidence Sheet

Additional Assignments

Incident Number 14-5346

Incident Number 19-5346 Reference Case Number Map Ref 12 Sac/Zone 2 SUSPECT/ARREST SUPPLEMENT REPORT

Name / Descriptive: No. 1, Adult, Check Appropriate Category, Resident Status, Name (Last, First, Middle) LEWIS, CLAY S, Address (Street, Apt/Lot#, City, State, Zip) 906 DUKES AVE. WASHINGTON, OH 44904, SSN, NCIC Entered, Alias, Employer / School, Miscellaneous Information, Age 35, DOB 12/15/78, Sex M, Race W, Height 6-00, Weight 150, Hair Brown, Eyes Blue

Arrest Information: Arrestee was armed with, Arrest / Offense Description, Arrest / Offense Code, F/M & Degree, Warrant # / Case #, Arrest Larceny Type, Arrest Date, Time, Arrest Location (Street, Apt, City, State, Zip), Reporting Officer, Badge No., Approving Officer, Badge No., Arrest Type

Name / Descriptive: No. 1, Adult, Check Appropriate Category, Resident Status, Name (Last, First, Middle), Address (Street, Apt/Lot#, City, State, Zip), SSN, NCIC Entered, Alias, Employer / School, Miscellaneous Information, Age, DOB, Sex, Race, Height, Weight, Hair, Eyes, Arrestee was armed with

Arrest Information: Arrest / Offense Description, Arrest / Offense Code, F/M & Degree, Warrant # / Case #, Arrest Larceny Type, Arrest Date, Time, Arrest Location (Street, Apt, City, State, Zip), Reporting Officer, Badge No., Approving Officer, Badge No., Arrest Type

Arrest Information: Arrest Date, Time, Arrest Location (Street, Apt, City, State, Zip), Reporting Officer, Badge No., Approving Officer, Badge No., Arrest Type

Incident Number 14-5346	Reference Case Number
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INCIDENT SUPPLEMENT

Reportee	No.	Name (Last, First, Middle) Victim #1	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) SHIELDS, KYLE	Age 26	DOB 07/05/92	SSN
	Address (Street, Apt/Lot#, City, State, Zip) 9820 LAUREL RD. MANASSAS PARK 20108				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 <input type="checkbox"/> Theft from Vehicle	License	State	VIN	Value				
	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	Impounded <input type="checkbox"/> Owners Request <input type="checkbox"/> Officer Request		<input type="checkbox"/> Abandoned <input type="checkbox"/> Hold for Court <input type="checkbox"/> Lab Process	
	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 Recovery 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"/> Burned <input type="checkbox"/> Counterfeited/Forged <input type="checkbox"/> Destroyed/Damaged/Vandalized <input type="checkbox"/> Stolen <input type="checkbox"/> Seized <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown							NCIC Entered <input type="checkbox"/> Y <input type="checkbox"/> N
	Vict. No.	Veh. No.	Quantity	Description				Value
	Make/Brand		Model	Serial Number			Color	Weight or Quantity of Drugs
	Recovered Date / Time		Recovery Location Address (Apt/Lot#, City, State, Zip)					Insured By

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

Narrative	On 1/21/2018, I was dispatched to the above address to respond to an assault. Victim #1 (witness) suspect #1. Suspect #1 was the cause of the assault.							

Additional	<input type="checkbox"/> Victim / Witness	<input type="checkbox"/> Property	<input type="checkbox"/> Statements	<input type="checkbox"/> Other
Supplements	<input type="checkbox"/> Suspect / Arrestee	<input type="checkbox"/> Narrative	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Supplement

Incident Number 14-5346	Reference Report Number
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INVESTIGATIVE NARRATIVE

Report Date 11/22/2014	Report Time 0005	Incident Location 2921 Crider Rd. Mansfield, Ohio 44903		
Reporting Officer Deputy J. Dawson		Unit # 716	Supervisor's Approval <i>Sgt. James Nicholson</i>	Unit # 747

On 11/22/2014, I was dispatched to the above address in reference to an assault. Dispatch advised that the victim was standing by outside in a white van.

Upon arrival, I located the described van and identified the male as Kevin Pengal (Victim #1). He said that he was inside Showtime and paid a dancer for one room dance. He said that he told the dancer that he only had enough money for one dance. He said that the dancer gave him two dances and demanded more money. He said that the manager, Gary Lewis (Suspect #1) told him he needed to pay for the second dance. Pengal explained to Lewis that he did not have any more money. Lewis then told him that he could use a credit card which Pengal did. Pengal said that after he paid for the dance, he was asked to leave by Lewis. Pengal said that he started putting his jacket on. He said that Lewis said that he told him to leave and came around the bar and grabbed him by the arm and shoved him down and then got on top of him when he was on the ground. Pengal told me that his arm and calf were hurt, but did not have visible injuries.

Lewis said that Pengal attempted to not pay for his dances. He said that Pengal argued the amount that he owed. He said that Pengal finally paid his debt and then was asked to leave at least 3-4 times. Lewis said that he came from behind the bar and escorted Pengal to the door where they both fell to the ground. Lewis said that he fell on top of Pengal and immediately got up and told him to have a nice day and closed the door to the business.

At the time of the incident, there was only one other person in the business. Kyle Shields said that he was sitting at the bar when the incident occurred. He said that Pengal was asked to pay for his dances and leave. He said that Pengal called Lewis an asshole. He said that Lewis asked Pengal to leave again and he did not move. He said that Lewis walked from behind the bar towards Pengal and they went outside. Shields said that he did not see anything else after they went outside.

Pengal stated that he wanted to press assault charges against Lewis. I obtained written statements from Pengal, Lewis and Shields. Pengal was advised that a report would be completed and he would need to contact the Mansfield City Law Director to file charges.

INCIDENT DATA

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OTHERS INVOLVED

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Incident Report Additional Offense List

Richland County Sheriff's Office

OCA: 2015-004749

Offense List (Continued)

Page 2

Counter	Offense Description	Fel/Misd	Statute	Completed/Attempted
# 4	MUFFLERS		4513.22	Com

INCIDENT/INVESTIGATION REPORT

Richland County Sheriff's Office

Case # 2015-004749

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Stolen 6 = Seized 7 = Recovered 8 = Unknown

D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type
	D29	6	3.000	DU	OXYCODONE

Assisting Officers

DAUGHERTY, P.E. (728), SHOEMAKER, J. (728)

Suspect Hate / Bias Motivated:

NARRATIVE

On the listed date and time I observed the listed vehicle at the listed location with a loud exhaust. The listed vehicle was stopped and the offender was arrested for the listed charges. A report for Possession of drugs was completed. The status of this case is closed by arrest.

REPORTING OFFICER NARRATIVE

Richland County Sheriff's Office

Victim <i>Society</i>		Offense <i>POSSESSION OF DRUGS _ SCHEDULE I OR II</i>	OCA <i>2015-004749</i>
			Date / Time Reported <i>Fri 10/09/2015 19:32</i>
THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY			

On the date and time stated, I observed the listed vehicle at the intersection of Crider Rd and Koogle Rd with a loud exhaust. The above listed vehicle was stopped for the loud exhaust violation, which the vehicle pulled into the parking lot of showtime gentlemen's club (2921 crider Rd). As the above listed vehicle came to a stop in the parking lot, the male driver started to get out of the vehicle. The male was advised to stay seated in the vehicle and to shut his door, which he complied. I approached the vehicle with Deputy Shoemaker, who also arrived on scene.

Contact was made with the driver of the vehicle, which he was asked if he had his drivers license on him. The male advised he did not have his license on him, but provided me his social security number. The male was identified as Calvin Lusk Jr. by his social security number. Mr. Lusk was asked if he had insurance for the vehicle and registration, which he advised it was not his vehicle. Mr. Lusk advised he was fixing the muffler for a friend. Mr. Lusk then advised he had warrants out for his arrest, but they were not in the pick up radius. Mr. Lusk also advised he did not have a drivers license, that was one of the reasons for his warrants. Deputy Shoemaker ran Mr. Lusk through dispatch while I asked Mr. Lusk if he would step out of the vehicle. Mr. Lusk stepped out of the vehicle and was asked if he had anything illegal in the vehicle or on him such as drugs, guns, etc. Mr. Lusk advised no and he was asked if i could search his person. Mr. Lusk gave me permission to search his person, which i did. I began to search Mr. Lusk and find two straws in his left pocket that was cut to approximately 2 inches in length. At the end of the straws their was a white powder substance. Through my training and experience, the straws appeared to be used for snorting drugs. I continued to search Mr. Lusk and found four more straws in Mr. Lusk's right pocket. Mr. Lusk was asked if he used the straws to snort pills, which he did not advise. I then asked Mr. Lusk if he had anything on him again, which he advised he had his percocet in his pocket. Mr. Lusk advised he had a prescription for the pills, but the bottle was at home. Mr. Lusk advised I could call his wife, who would verify that. I continued searching Mr. Lusk pockets and found three white pills. The pills were looked up and found to be oxycodone. Deputy Shoemaker asked Mr. Lusk when he last snorted his pills he had on him, which he advised earlier today. I finished searching Mr. Lusk finding no more illegal items on him. Mr. Lusk was advised he was being placed under arrest at this time for drug abuse instruments and being in possession of a schedule two drug. Mr. Lusk was read his Miranda warnings, which he advised he understood. While dealing with Mr. Lusk, dispatch advised his warrants were out of the pickup radius, but he was also a suspended driver. Mr. Lusk was advised he was also going to be cited for his driving under suspension and his loud exhaust.

After securing Mr. Lusk, I contacted Mrs. Lusk to see if Mr. Lusk did have a prescription. Contact was made with Mrs. Lusk who advised he did have a prescription. Mrs. Lusk was advised even if what she said was true, he could not just carry that type of medication loose in his pockets without the prescription. Mr. Lusk then asked if Mrs. Lusk could come get his personal belongings, which she advised she would. Mr. Lusk was then advised the vehicle he was driving was going to be towed. Mr. Lusk was advised the owner could retrieve the vehicle from Shelly Smiths impound lot. While i was talking to Mrs. Lusk on the phone, Deputy Shoemaker did an inventory of the vehicle for the tow.

While Deputy Shoemaker and I were waiting for the tow truck, Mrs. Lusk came on scene and took possession of Mr. Lusk personal property. Mrs. Lusk was advised Mr. Lusk would be taken to the Richland County Jail for his charges. Mrs. Lusk took Mr. Lusk's property and left the scene.

Shelly Smiths towing arrived on scene and towed the vehicle to their impound lot. Mr. Lusk was then transported to the Richland County Jail for his charge of drug abuse instruments. While enroute to the jail, I asked Mr. Lusk if he snorted his prescription medication, which he advised he did. Mr. Lusk advised he snorts his medication cause he has been on the medication for so long and it doesn't work as good by swallowing them. Mr. Lusk advised it also gets him a little high. I arrived at the jail with Mr. Lusk who was advised of his traffic citation for DUS and loud exhaust. Mr. Lusk signed the citation advising he understood. Mr. Lusk was advised of his court date/time, which would be the same for his summons. Mr. Lusk was also advised of his summons for drug abuse instruments, which he advised he understood. Mr. Lusk was also advised I would be sending charges over to the prosecutors office for

REPORTING OFFICER NARRATIVE

Richland County Sheriff's Office

OCA

2015-004749

Victim

Society

Offense

POSSESSION OF DRUGS _ SCHEDULE I OR II

Date / Time Reported

Fri 10/09/2015 19:32

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

possession of schedule two drugs and he could possibly be getting indicted for it. Mr. Lusk was released to the Richland County Jail.

The listed drugs and drug abuse instruments were placed into the property room at the Sheriff's Office.

Incident Report Suspect List

Richland County Sheriff's Office

OCA: 2015-004749

1	Name (Last, First, Middle) <i>LUSK, CALVIN DONALD</i>						Also Known As				Home Address <i>798 CRAWFORD CT CLEVELAND, OH 44113</i>																																					
	Business Address																																															
	DOB <i>06/29/1979</i>	Age <i>36</i>	Race <i>W</i>	Sex <i>M</i>	Eth <i>N</i>	Hgt <i>508</i>	Wgt <i>135</i>	Hair <i>BLN</i>	Eye <i>BLU</i>	Skin	Driver's License / State. <i>RS858178 OH</i>																																					
	Scars, Marks, Tattoos, or other distinguishing features																																															
<table border="1"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td colspan="2">Height</td> <td colspan="2">Weight</td> <td>SSN</td> </tr> <tr> <td colspan="2">Weapon, Type</td> <td colspan="2">Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel</td> </tr> <tr> <td colspan="2">VehYr/Make/Model</td> <td>Drs</td> <td colspan="2">Style</td> <td colspan="2">Color</td> <td colspan="2">Lic/St</td> <td colspan="3">VIN</td> </tr> </table>													<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN	Weapon, Type		Feature		Make		Model		Color	Caliber	Dir of Travel		VehYr/Make/Model		Drs	Style		Color		Lic/St		VIN		
<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height		Weight		SSN																																					
Weapon, Type		Feature		Make		Model		Color	Caliber	Dir of Travel																																						
VehYr/Make/Model		Drs	Style		Color		Lic/St		VIN																																							
Notes						Physical Char																																										

Incident Report Related Vehicle List

Richland County Sheriff's Office

OCA: 2015-004749

1	VehYr/Make/Model 1998 CHEV, 4s				Style SEDN		Color MARO		Lic/Lis GNC8768 OH 2016		VIN 1G1ND52TXW6131353	
	IBR Status Information Only				Date 10/09/2015		Location CRIDER RD/ KOOGLE RD, MIFFLIN TOWNSHIP OH					
	Condition		Value \$0.00		Offense Code		Jurisdiction Locally		State #		NIC #	
	Name (Last, First, Middle) Williams, Andrew B						Also Known As		Home Address 1522 REISER DR MANSFIELD, OH 44905			
	Business Address											
	DOB 02/03/1988		Age 27	Race W	Sex M	Hgt 507	Wgt 155	Scars, Marks, Tattoos, or other distinguishing features				

Notes

CASE SUPPLEMENTAL REPORT

Printed: 02/07/2022 13:36

Richland County Sheriff's Office

OCA: 2015004749

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *COMPLETED - AWAITING*

Case Mng Status: *NA*

Occurred: *10/09/2015*

Offense: *POSSESSION OF DRUGS _ SCHEDULE I OR II SUBSTANCE*

Investigator: *PETERS, J. (714)*

Date / Time: *03/02/2016 21:29:50, Wednesday*

Supervisor: *EICHINGER, R. (709)*

Supervisor Review Date / Time: *03/03/2016 19:14:23, Thursday*

Contact:

Reference: *Follow Up Case Status Change*

On the listed date and time stated I received a rejection notice from the prosecutors office to not further with charges reference the drug possession. The offender had a prescription for the listed pills he possessed the night I had contact with him. The status of this case can now be closed.

Investigator Signature

Supervisor Signature

INCIDENT DATA

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OTHERS
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Incident Report Additional Name List

Richland County Sheriff's Office

OCA: 2017-002125

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	PAULL, BARBARA L		06/09/1970	46	W	F
	Address 317 S WASHINGTON ST, GALION, OH 44833-		H:			
	Empl/Addr		B: - -			
			Mobile #: - -			

INCIDENT/INVESTIGATION REPORT

Richland County Sheriff's Office

Case # 2017-002125

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Stolen 6 = Seized 7 = Recovered 8 = Unknown						
D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type	

Assisting Officers

Suspect Hate / Bias Motivated:

NARRATIVE

On the listed date and time our Office received a report of an attempted arson at the listed location. An unknown individual at this time placed a box of food preparation gloves on a pizza oven and left the oven on burning the box of gloves. A report for attempted arson was completed.

REPORTING OFFICER NARRATIVE

Richland County Sheriff's Office

Victim SHOWTIME	Offense ARSON	OCA 2017-002125
		Date / Time Reported Mon 05/08/2017 17:12

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On the listed date and time our Office received a report of an attempted arson at the listed location. Contact was made with the reportee, who advised the morning bartender, the listed witness, found two boxes of food preparation gloves on top of the little pizza oven with the oven on. The witness turned off the oven and removed the boxes of gloves, which the box having contact with the oven was charred. The reportee advised the witness had discovered the oven on around 1130am on 05-05-2017. The reportee advised they have no proof of who actually did it, but have an assumption who may have. I observed the cameras in the reportees office, which he advised all the cameras are not all set up and they do not have any footage of the alleged offender in the business after hours. The reportee advised he believes the alleged offender had come to the business after they closed, entered through the back door where there are no cameras, punched in the alarm code and shut off the cameras in the office. The reportee believes the listed offender put the gloves on top of the oven and turned it on. The reportee then advised he believes the listed offender then turned back on the cameras and armed the security system. I asked the reportee how he would get the codes, which he advised the morning bartender, who he believes is working with the listed offender, may have provided him with the codes. The reportee advised they have no proof of this, but it is speculation. The reportee advised when they first purchased the business, the listed offender had given them money as a gift to help start it up. The reportee then advised the listed offender wanted to be a partner now with the reportee in the business, but the reportee is not wanting that to happen. The reportee advised the listed offender is possibly upset over that and trying to hurt their business. The reportee was asked if the listed offender had been in the establishment recently, which he advised he was in the establishment as a patron Wednesday night early Thursday morning. The reportee then showed me the box of gloves that had been charred on the oven, which they were collected as evidence. The reportee advised he was trying to get in contact with his security system provider, to see if someone had punched in a code to the security system after hours. The reportee advised he would contact us if he found out any information through them. The reportee was then asked if he had any information on the listed offender. The reportee advised he did not have an address for him, but had a phone number. The reportee advised the phone number and advised he believes the offender lives in the southern part of the state. I contacted the phone number, which went to a voicemail a message was left for the offender to contact us. The reportee advised he did not want the offender back on his property as well as his property in Wyandot County. The reportee was advised if we make contact with him I will let him know that.

I then spoke to the listed witness about her discovering the oven on and her involvement with the listed offender. The witness was asked how she discovered the box of gloves on the heated oven. The witness advised she came into work around 1130am on 05-05-2017 and began her morning duties to get the place open. The witness then advised as she entered the building, she could smell something "different." The witness advised at the time she was unsure what the smell was and continued doing her morning duties. The witness then advised as she got close to the oven in the bar area, she really could smell something burning. The witness advised she then seen a box of gloves stacked on top of another box of gloves on the oven. The witness put her hand over the oven and advised it was "blazing hot on top." The witness advised she shut the oven off and removed the boxes of gloves. The witness advised the box that was directly on the oven had been charred. I asked the witness if she remembers putting the box of gloves on top of the oven from the night before or noticed them there, which she advised not that she knew off. I then asked the witness how well she knew the listed offender, which she advised not very well. The witness advised she only knew him from working at another club establishment and from the time she borrowed money from him. The witness advised she has paid him back all the money. The witness was then asked if she had his phone number, which she advised she did. The witness advised she only had his phone number from borrowing money from him. I then asked the witness if she had been in contact with the offender, which she said she had not. The listed witness did not have anymore to add and went back to work.

I advised the reportee I would attempt to make contact with the listed offender and advise him to no longer be at the establishment or he would be arrested for trespassing. The listed reportee was advised at this time I had little

REPORTING OFFICER NARRATIVE

Richland County Sheriff's Office

Victim <i>SHOWTIME</i>	Offense <i>ARSON</i>	OCA <i>2017-002125</i>
		Date / Time Reported <i>Mon 05/08/2017 17:12</i>

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

evidence to charge anyone and little evidence to conclusively say that someone had tried to start a fire on top of the oven. The reportee was advised it could have been an accident of someone leaving the gloves on the oven and someone accidentally not turning it off at the end of the night or someone could have purposely left the gloves their trying to catch it on fire causing damage to the establishment. At this time there is no evidence showing the listed offender put the gloves on the oven and turned it on. The reportee advised he understood that and just wanted to make a report, which he was advised a report would be made. A report for attempted arson was completed.

Incident Report Suspect List

Richland County Sheriff's Office

OCA: 2017-002125

1	Name (Last, First, Middle) <i>PHLIPOT, ROBERT</i>						Also Known As				Home Address																																					
	Business Address																																															
	DOB <i>/ /</i>	Age <i>55</i>	Race <i>W</i>	Sex <i>M</i>	Eth	Hgt	Wgt	Hair <i>U</i>	Eye <i>U</i>	Skin	Driver's License / State.																																					
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CASE SUPPLEMENTAL REPORT

Printed: 02/07/2022 13:37

Richland County Sheriff's Office

OCA: 2017002125

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *INVESTIGATION - INACTIVE*

Case Mng Status: *NA*

Occurred: 05/05/2017

Offense: *ARSON*

Investigator: *PETERS, J. (714)*

Date / Time: 05/08/2017 21:51:38, Monday

Supervisor: *ALFREY, J. S. (739)*

Supervisor Review Date / Time: 05/09/2017 21:16:18, Tuesday

Contact:

Reference: *Investigative Follow Up*

On the listed date and time the listed offender was added to the report. The only information I have on the offender at this time is his name and a phone number.

Investigator Signature

Supervisor Signature

INCIDENT DATA

MO

V
I
C
T
I
M

OTHERS INVOLVED

PROPERTY

Status

INCIDENT/INVESTIGATION REPORT

Richland County Sheriff's Office

Case # 2017-002929

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Stolen 6 = Seized 7 = Recovered 8 = Unknown						
D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type	

Assisting Officers
SKEEN, B.J. (730)

Suspect Hate / Bias Motivated:

NARRATIVE

I was called to an assault at the listed location. A met with the female caller. She had injuries to her face and head. I took photos. She advised she was attacked by two co-workers. One co-worker had fled the scene. The other was issued a summons for assault. I will contact the other offender at a later time.

REPORTING OFFICER NARRATIVE

Richland County Sheriff's Office

		OCA 2017-002929
Victim WILLIAMS, BRITTANY RACHELLE	Offense ASSAULT	Date / Time Reported Sat 06/24/2017 22:28

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

I was called to the Showtime gentlemen club. I was advised one of the dancers had been assaulted. Upon my arrival the victim was across the street. She was identified as Brittany Williams. She had a black right eye and abrasions to her forehead. She advised she was assaulted by two African American females at work. She advised their stage names were Dallas and Champagne.

I made contact with management. I was advised Champagne had left after the altercation. Dallas was still working. I spoke with her and asked what had happened. She advised she saw Dallas and Brittany fighting and she tried to break it up. I checked her for injuries and saw none. Dallas was identified as De`erika T. Crawford.

I went back to speak with the victim. I asked her in detail what each girl had done to her? She advised when she was in the dressing room when Champagne grabbed her by the hair and took her to the ground. They fought on the ground when Champagne came in. Brittany advised she kicked her in the face several times.

I contacted De`Erica , and asked her for a statement. She declined. I issued her summons #004500 for assault.

I later was able to contact Champagne at he advised her name was Shkela M. Williams. I advised her I would contact her on my next working day to get a statement.

Incident Report Suspect List

Richland County Sheriff's Office

OCA: 2017-002929

1	Name (Last, First, Middle) CRAWFORD, DE'ERICKA TYKEEIA						Also Known As				Home Address 917 BROOKFIELD DR - 1 MANSFIELD, OH 44907																																																						
	Business Address SHOWTIME, DANCER																																																																
	DOB 07/24/1998	Age 18	Race W	Sex F	Eth N	Hgt 501	Wgt 150	Hair BRO	Eye BRO	Skin	Driver's License / State. UJ237171 OH																																																						
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2	Name (Last, First, Middle) WILLIAMS, SHAKELA MARIE						Also Known As				Home Address 7 DUNBILT CT MANSFIELD, OH 44907																																																						
	Business Address SHOWTIME, DANCER																																																																
	DOB 03/21/1994	Age 23	Race B	Sex F	Eth N	Hgt 506	Wgt 190	Hair BRO	Eye BLK	Skin	Driver's License / State. TU797332 OH																																																						
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CASE SUPPLEMENTAL REPORT

Printed: 02/07/2022 13:38

*Richland County Sheriff's Office*OCA: **2017002929**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *COMPLETED - AWAITING*Case Mng Status: *NA*Occurred: *06/24/2017*Offense: *ASSAULT*Investigator: *SKEEN, B. J. (730)*Date / Time: *07/04/2017 03:41:43, Tuesday*Supervisor: *NICHOLSON, J. A. (748)*Supervisor Review Date / Time: *07/04/2017 04:37:24, Tuesday*Contact: *Williams, Shakela Marie*
*7 Dunbilt Ct, Mansfield*Reference: *Follow Up Offense Added*

I made contact with Shakela Williams at Showtime. I asked her what had happened the night of this report. She claimed the victim attacked her. She showed me photos on her phone of her injuries. I provided her my card and asked her to email them to me. I asked why she left the night of the incident before I arrived? She advised she knew with her anger that she better leave. I asked if she wanted to complete a statement for me. She advised she did. She completed the statement and I issued her summons #004728 for assault.

Investigator Signature

Supervisor Signature

Incident Report Suspect List

Richland County Sheriff's Office

OCA: 2017-004483

1	Name (Last, First, Middle) <i>GOAD, THOMAS W</i>						Also Known As			Home Address <i>384 W 4TH ST MANSFIELD, OH 44903</i>																																																		
	Business Address <i>SHOWTIME</i>																																																											
	DOB <i>11/02/1977</i>	Age <i>39</i>	Race <i>W</i>	Sex <i>M</i>	Eth <i>N</i>	Hgt <i>507</i>	Wgt <i>167</i>	Hair <i>BRO</i>	Eye <i>BLU</i>	Skin <i>FAR</i>	Driver's License / State. <i>RS693771 OH</i>																																																	
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INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name <i>Richland County Sheriff's Office</i>		INCIDENT/INVESTIGATION REPORT			Case# <i>2018-006107</i>				
	ORI <i>OH 0700000</i>					Date / Time Reported <i>12/14/2018 19:55 Fri</i>				
	Location of Incident <i>2921 CRIDER RD, Mansfield OH 44903</i>					Gang Relat <i>NO</i>		Premise Type <i>Bar</i>	Zone/Tract <i>2E</i>	Last Known Secure <i>12/14/2018 19:55 Fri</i>
						At Found <i>12/14/2018 19:55 Fri</i>				
M O	#1	Crime Incident(s) <i>Menacing 2903.22</i>	(Com)	Weapon / Tools <i>None</i>			Activity <i>N</i>			
				Entry		Exit	Security			
	#2	Crime Incident	()	Weapon / Tools			Activity			
				Entry		Exit	Security			
	#3	Crime Incident	()	Weapon / Tools			Activity			
				Entry		Exit	Security			
V I C T I M	# of Victims <i>1</i>		Type: INDIVIDUAL/ NOT LAW		Injury:					
	V1	Victim/Business Name (Last, First, Middle) <i>HOLBROOK, DONNA J</i>		Victim of Crime # <i>1,</i>	DOB <i>05/11/1967</i>	Race <i>W</i>	Sex <i>F</i>	Relationship To Offender <i>1EE</i>	Resident Status <i>Resident</i>	Military Branch/Status
	Home Address <i>8881 STATE ROUTE 314, Lexington, OH 44904-</i>								Home Phone	
	Employer Name/Address						Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN			
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)									
O T H E R I N V O L V E D	Type:		Injury:							
	Code	Name (Last, First, Middle)		Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	Home Address								Home Phone	
	Employer Name/Address						Business Phone		Mobile Phone	
	Type:		Injury:							
	Code	Name (Last, First, Middle)		Victim of Crime #	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
P R O P E R T Y	Home Address								Home Phone	
	Employer Name/Address						Business Phone		Mobile Phone	
	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Stolen 6 = Seized 7 = Recovered 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)									
	VI #	Code	Status Frm/To	Value	OJ	QTY	Property Description		Make/Model	Serial Number
Officer/ID# <i>ERNSBERGER, B. (731)</i>										
Invest ID# <i>(0)</i>					Supervisor <i>GANZHORN, R. (721)</i>					
Status	Complainant Signature			Case Status <i>Investigation - Inactive</i>		<i>12/15/2018</i>		Case Disposition: <i>Closed</i>		<i>12/15/2018</i>

INCIDENT/INVESTIGATION REPORT

Richland County Sheriff's Office

Case # 2018-006107

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Stolen 6 = Seized 7 = Recovered 8 = Unknown

D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type	

Assisting Officers

Suspect Hate / Bias Motivated:

NARRATIVE

On the listed date and time I completed a report for the listed offense.

Incident Report Suspect List

Richland County Sheriff's Office

OCA: 2018-006107

1	Name (Last, First, Middle) <i>CARR, ERICKA T</i>						Also Known As			Home Address <i>1113 S JAMES RD APT 2 COLUMBUS, OH 43227</i>																																																														
	Business Address																																																																							
	DOB <i>03/09/1994</i>	Age <i>24</i>	Race <i>B</i>	Sex <i>F</i>	Eth <i>N</i>	Hgt <i>508</i>	Wgt <i>154</i>	Hair <i>BRO</i>	Eye <i>BRO</i>	Skin <i>BLK</i>	Driver's License / State. <i>TV371299 OH</i>																																																													
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