

ADMINISTRATIVE	AGENCY NAME LIMA POLICE DEPARTMENT				*INCIDENT NUMBER 23-021046			
	CALL NUMBER 23-021046		*GEOCODE		*CLEARANCES			
	TOD 10:09	<input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		<input type="checkbox"/> Death of Suspect <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> In Custody of Other Jurisd. <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 type="checkbox"/> Closed <input type="checkbox"/> Unfounded <input type="checkbox"/> Unknown		
	TOA 00:00			*CLEARANCE DATE:		CLEARED BY:		
TOC 10:14			OHIO UNIFORM INCIDENT REPORT					
*REPORT DATE/TIME		*INCIDENT OCCURRED FROM		*INCIDENT OCCURRED TO				
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	
07	10	2023	10:09	07	10	2023	10:09	
INCIDENT LOCATION (Street, Apt., City, State, Zip) 1503 HARDING LIMA, OH 45801								
*OFFENSE		*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY	
1. Menacing		1. 2903.22	C		N		(Enter up to three for each offense) 1. N 2. 3. B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROPOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY J- JUVENILE GANG ACTIVITY N- NO GANG ACTIVITY	
2.		2.					1. 2. 3.	
3.		3.					1. 2. 3.	
4.		4.					1. 2. 3.	
5.		5.					1. 2. 3.	
*LOCATION OF OFFENSE (Enter up to two)								
1. 42 2.		12 Jail/Prison	59 Daycare Facility	40 Other Retail Store	OTHER			
RESIDENTIAL STRUCTURE		13 Parking Garage	41 Factory/Mill/Plant	42 Other Building	53 Abandoned/			
01 Single Family Home		14 Other Public Access Buildings	RETAIL		Condemned Structure			
02 Multiple Dwelling			26 Bar	OUTSIDE	55 Arena/Stadium/			
03 Residential Facility		COMMERCIAL LOCATIONS	27 Buy/Sell/Trade Shop	43 Yard	Fairgrounds/Coliseum			
04 Other Residential		15 Auto Shop	28 Restaurant	44 Construction Site	58 Cargo Container			
05 Garage/Shed		16 Financial Institution	29 Gas Station	45 Lake/Waterway	60 Dock/Wharf/Freight/			
PUBLIC ACCESS BLDGS.		17 Barber/Beauty Shop	30 Auto Sales Lot	46 Field/Woods	Modal Terminal			
06 Transit Facility		18 Hotel/Motel	31 Jewelry Store	47 Street	61 Farm Facility			
07 Government Office		19 Dry Cleaners/Laundry	32 Clothing Store	48 Parking Lot	62 Gambling Facility/			
08 School		20 Professional Office	33 Drugstore	49 Park/Playground	Casino/Race Track			
09 College		21 Doctor's Office	34 Liquor Store	50 Cemetery	63 Military Installation			
67 Library		22 Other Business Office	35 Shopping Mall	51 Public Transit Vehicle	65 Shelter-Mission/			
10 Church		23 Recreation/Entertainment Center	36 Sporting Goods	52 Other Outside Location	Homeless			
11 Hospital		54 Amusement Park	37 Grocery/Supermarket	57 Camp/Campground	66 Tribal Lands			
		24 Rental Storage Facility	38 Variety/Convenience	64 Rest Area	77 Other			
		25 Other Commercial Service Loc.	39 Department Store					
		56 ATM Machine Separate from Bank						
*SUSPECTED OF USING								
A <input type="checkbox"/> ALCOHOL								
D <input type="checkbox"/> DRUGS								
C <input type="checkbox"/> COMPUTER EQUIPMENT								
N <input checked="" type="checkbox"/> NOT APPLICABLE								
*TYPE WEAPON/FORCE USED								
1. 99 2. 3.								
*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT		*METHOD OF ENTRY - BURGLARY/B&E				
1 <input type="checkbox"/> FORCE	2 <input type="checkbox"/> NO FORCE	01 <input type="checkbox"/> Motor Running/Keys in Car	06 <input type="checkbox"/> Hot Wire	ENTRY	EXIT	ENTRY	EXIT	
*NO. PREMISES ENTERED		02 <input type="checkbox"/> Unlocked	07 <input type="checkbox"/> Slim Jim/Coat Hanger	1 <input type="checkbox"/> BASEMENT <input type="checkbox"/>	2 <input type="checkbox"/> WINDOW <input type="checkbox"/>	1 <input type="checkbox"/> DOOR <input type="checkbox"/>	2 <input type="checkbox"/> FRONT <input type="checkbox"/>	
		03 <input type="checkbox"/> Duplicate Key Used	08 <input type="checkbox"/> Tumblers Removed	2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/>	3 <input type="checkbox"/> GARAGE <input type="checkbox"/>	3 <input type="checkbox"/> SIDE <input type="checkbox"/>	4 <input type="checkbox"/> REAR <input type="checkbox"/>	
		04 <input type="checkbox"/> Window Broken	09 <input type="checkbox"/> Column Peeled	3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/>	4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>	4 <input type="checkbox"/> ROOF <input type="checkbox"/>	5 <input type="checkbox"/> OTHER <input type="checkbox"/>	
		05 <input type="checkbox"/> Towed	10 <input type="checkbox"/> Ignition Peeled	4 <input type="checkbox"/> OTHER <input type="checkbox"/>	5 <input type="checkbox"/> OTHER <input type="checkbox"/>	5 <input type="checkbox"/> OTHER <input type="checkbox"/>	5 <input type="checkbox"/> OTHER <input type="checkbox"/>	
METHODS OF OPERATION								
*CARGO THEFT Y <input type="checkbox"/> N <input type="checkbox"/>								
*NO.	*TOTAL VICTIMS	*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	
1	1							
NAME (Last, First, Middle) BACKROAD WELLNESS								
ADDRESS (Street, Apt., City, State, Zip) 1503 HARDING HIGHWAY LIMA, OH 45804						PHONE redacted per ORC		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE		
*AGE/ D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> W	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	
OCCUPATION		SSN	*RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER		STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN			
*VICTIM INJURED? <input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:							
*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP			*VICTIM/OFFENSE LINK		
	TYPE OF ACT.	ASSIGN. TYPE	ORI - OTHER	0. 1. 2. 3. 4. 5.	2903.22			
My signature verifies that the information on this report is accurate and true								
DATE _____								
REPORTING OFFICER Stephen Torres				BADGE NO. 6514		DATE 07/10/2023		
APPROVING OFFICER Shane Huber				BADGE NO. 4185		DATE 07/10/2023		
FOLLOW-UP? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes, follow-up Assignment:						
ADDITIONAL SUPPLEMENTS		<input type="checkbox"/> VICTIM/WITNESS	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> STATEMENTS	FORM RECEIVED BY:	<input type="checkbox"/> INTELLIGENCE	SPECIAL COPIES	
		<input type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> NARRATIVE	<input type="checkbox"/> OTHER	<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> RECORDS		

INCIDENT NUMBER 23-021046

INCIDENT REPORT – PART 2

INCIDENT NUMBER 23-021046

VICTIM: BACKROAD WELLNESS OFFENSE: Menacing INCIDENT DATE AND TIME: 07/10/2023 10:09

REPORTER NO. 1 NAME (Last, First, Middle) MCCULLOUGH, SARAH AGE/D.O.B. 42 02/19/1981 SSN [REDACTED]
 ADDRESS (Street, Apt., City, State, Zip) 1503 HARDING HIGHWAY LIMA, OH 45804 PHONE [REDACTED per ORC]
 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE [REDACTED]

STATEMENTS OBTAINED Y N TYPE: WRITTEN ORAL TAPED OTHER

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED
 NO. [REDACTED] DAMAGE TO VEHICLE THEFT FROM VEHICLE LIC [REDACTED] LIS [REDACTED] LIY [REDACTED] LIT [REDACTED] VIN/OAN [REDACTED] *VALUE \$0.00

VYR [REDACTED] VMA [REDACTED] VMO [REDACTED] VST [REDACTED] VCO TOP [REDACTED] BOTTOM [REDACTED] VEHICLE LOCKED Y N KEYS IN VEHICLE Y N HOLD VEHICLE Y N RELEASE Y N CONTENTS Y N
 VEHICLE ASSOC. W/ SUSPECT NO. [REDACTED] VEHICLE ASSOC. W/ VICTIM NO. [REDACTED] VEHICLE TOWED? Y N TOWED BY [REDACTED] OWNERSHIP VERIFIED BY: TAG RECEIPT BILL OF SALE TITLE OTHER

STOLEN MOTOR VEHICLE ONLY [REDACTED] NO. STOLEN [REDACTED] AREA STOLEN BUSINESS RESID. RURAL ADDITIONAL DESCRIPTION [REDACTED]

AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) PHONE [REDACTED]

MOTOR VEHICLE RECOVERY ONLY [REDACTED] NO. RECOVERED [REDACTED] DATE REC. [REDACTED] STOLEN IN YOUR JURISDICTION Y N WHERE RECOVERED? [REDACTED]

*TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE \$0.00

*LOSS CODE [REDACTED] QUANTITY [REDACTED] DESCRIPTION [REDACTED] *PROP CODE [REDACTED] *VALUE \$0.00

VICT. NO. [REDACTED] VEH NO. [REDACTED] MAKE/BRAND [REDACTED] MODEL [REDACTED] DATE RECOVERED [REDACTED]

SERIAL NUMBER [REDACTED] NCIC NUMBER [REDACTED] OTHER NUMBER [REDACTED]

*LOSS CODE [REDACTED] QUANTITY [REDACTED] DESCRIPTION [REDACTED] *PROP CODE [REDACTED] *VALUE \$0.00

VICT. NO. [REDACTED] VEH NO. [REDACTED] MAKE/BRAND [REDACTED] MODEL [REDACTED] DATE RECOVERED [REDACTED]

SERIAL NUMBER [REDACTED] NCIC NUMBER [REDACTED] OTHER NUMBER [REDACTED]

*LOSS CODE [REDACTED] QUANTITY [REDACTED] DESCRIPTION [REDACTED] *PROP CODE [REDACTED] *VALUE \$0.00

VICT. NO. [REDACTED] VEH NO. [REDACTED] MAKE/BRAND [REDACTED] MODEL [REDACTED] DATE RECOVERED [REDACTED]

SERIAL NUMBER [REDACTED] NCIC NUMBER [REDACTED] OTHER NUMBER [REDACTED]

*LOSS CODE [REDACTED] QUANTITY [REDACTED] DESCRIPTION [REDACTED] *PROP CODE [REDACTED] *VALUE \$0.00

VICT. NO. [REDACTED] VEH NO. [REDACTED] MAKE/BRAND [REDACTED] MODEL [REDACTED] DATE RECOVERED [REDACTED]

SERIAL NUMBER [REDACTED] NCIC NUMBER [REDACTED] OTHER NUMBER [REDACTED]

- PROPERTY CODES:**
- EXCHANGE MEDIUMS: 01 Money, 02 Credit/Debit Card, 03 Negotiable Instruments, 04 Other Exchange Mediums
 - DOCUMENTS: 05 Non-Negotiable Instruments, 06 Personal (Identity) Papers, 07 Other Documents, 08 Jewelry/Precious Metals, 09 Art Objects, Antiques
 - VALUABLES: 10 Other Valuables, 11 Clothing/Furs, 12 Purses/Handbags/Wallets, 13 Other Personal Effects, 14 Household Items, 15 Drug/Narcotic Equip., 16 Gambling Equipment, 17 Computer Hardware/Soft. EQUIPMENT, 18 Office Equipment, 19 Stereo TV Equip., 20 Recordings-Audio Visual, 21 Sports Equipment
 - PERSONAL EFFECTS: 22 Photographic Equipment, 23 Farm Equipment, 24 Heavy Construction/Industrial, 25 Building Supplies-Const., 26 Tools, 27 Vehicle Parts/Accessories, 28 School Supplies, 29 Other Equipment, 30 Alcohol, 31 Drugs/Narcotics, 32 Consumable Goods, 33 Livestock, 34 Household Pets
 - VEHICLES: 35 Aircraft, 36 Automobiles, 37 Bicycles, 38 Buses, 39 Trucks, 40 Trailers, 41 Watercraft, 42 Recreational Vehicle, 43 Other Motor Vehicle, 44 Firearms, 45 Other Weapons, 46 Firearm Accessories
 - STRUCTURES: 46 Single Occupancy, 47 Other Dwellings, 48 Commercial/Business, 49 Industrial/Manufacturing, 50 Public/Community, 51 Storage, 52 Other Structure, 53 Merchandise, 54 Other Property, 55 Pending Inventory, 56 Identity-Intangible, 57 Metals, Non-Precious
 - OTHER: 57 Metals, Non-Precious

NARRATIVE Sarah came to the LPD front desk to report harassment by a customer. According to Sarah, [REDACTED] called the business wanting them to watch his children. They advised [REDACTED] they were not going to watch his children so he showed up to the business. When he showed up he was extremely agitated and threatened to burn the business down. [REDACTED] has become progressively more and more aggressive. Sarah advised she wanted to him trespassed.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY **LIMA POLICE DEPART**

INCIDENT NUMBER **23-021046**

VICTIM **BACKROAD WELLNESS**

OFFENSE **Menacing**

INCIDENT DATE AND TIME **07/10/2023 10:09**

NO. **1** ADULT JUVENILE UNKNOWN CHECK APPROPRIATE CATEGORY
 SUSPECT ARRESTEE SUSPECT/ARRESTEE RUNAWAY MISSING OTHER _____ CHARGES FILED? Y N

NAME (Last, First, Middle) _____ SSN **XXX-XX-XXXX**

ALIAS _____ GANG AFFILIATION _____

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

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

PLACE OF BIRTH _____ DL#/STATE _____ OCCUPATION/SCHOOL _____

MARITAL STATUS _____ SCARS, MARKS, TATOOS _____

ADDITIONAL DESCRIPTIVES _____

SUSPECTED OF USING ALCOHOL DRUGS POTENTIAL INJURIES? _____

*RESIDENT STATUS 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER (explain) _____ U UNKNOWN

*ARRESTEE WAS ARMED WITH _____

ARRESTEE ARMED WITH 1. 99 2. _____ 3. _____

99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM	50 POISON
11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES
12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN	65 FIRE/INCENDIARY DEVICE
12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT	70 DRUGS/NARC/SLEEPING PILLS
13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON
13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL		

NAME/DESCRIPTIVES

ASSOC. PERSONS

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

1. _____ 1. _____ 1. _____

2. _____ 2. _____ 2. _____

ARREST INFORMATION

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	1	1	1	23A POCKET PICKING
2.	2	2	2	23B PURSE SNATCHING
3.	3	3	3	23C SHOPLIFTING
4.	4	4	4	23D THEFT FROM BUILDING
5.	5	5	5	23E THEFT FROM COIN-OP MACH.
				23F THEFT FROM MOTOR VEHICLE
				23G MOTOR VEH. PARTS/ACCESS.
				240 THEFT OF MOTOR VEHICLE
				23H OTHER: _____

*ARREST DATE _____ TIME _____ ARREST LOCATION (Street, Apt., City, State, Zip) _____

*INCIDENT TRACKING NUMBER _____ ARREST DISPOSITION _____ BAIL \$0.00

MIRANDA WITNESSED BY: _____ TIME READ _____

FINGERPRINTED Y N FINGERPRINT CARD NO. _____ PHOTOS TAKEN Y N NO. TAKEN _____ PHOTO ID NO. _____ FBI/BCI# _____

*MULTIPLE ARRESTEE SEGMENTS INDICATOR COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR N/A *ARREST TYPE 1 COMPLAINT 2 IN-PROGRESS 3 WARRANT 4 SUMMONS 5 ORDER OF PROTECTION 6 OTHER

JUVENILE

JUV. PARENT/GDN. NOTIFIED Y N DATE/TIME NOTIFIED _____ NOTIFIED BY _____ *JUVENILE DISPOSITION HANDLED WITHIN THE DEPARTMENT REFERRED TO OTHER AUTHORITIES

PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) _____ RELATIONSHIP _____ PHONE _____

PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) _____ RELATIONSHIP _____ PHONE _____

RUNAWAYS /MISSING

PREVIOUS RUN/MISS. Y N DATE OF LAST CONTACT _____ DATE OF EMANCIPATION _____ NCIC # _____ DATE/TIME ENTERED _____

LAST SEEN WEARING _____

REPORTING OFFICER **Stephen Torres** BADGE NO. **6514** DATE **07/10/2023**

APPROVING OFFICER **Shane Huber** BADGE NO. **4185** DATE **07/10/2023**

COURT _____ DATE _____