

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY			*INCIDENT NUMBER 1-21-004001		
	CALL NUMBER 1-21-023197		*GEOCODE S	*CLEARANCES		
	TOD 09:09:19	<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect	G <input type="checkbox"/> Arrest - Juvenile	H <input type="checkbox"/> Warrant Issued
	TOA 09:19:48	TOC 10:00:16	C <input type="checkbox"/> Extradition Denied	D <input type="checkbox"/> Victim Refused to Coop.	E <input type="checkbox"/> Juvenile/No Custody	F <input type="checkbox"/> Arrest - Adult

OHIO UNIFORM INVESTIGATION REPORT

*CLEARANCE DATE: 12/09/2021	CLEARED BY: WELLS, RYAN
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*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
12	9	2021	0905	12	9	2021	0905	12	9	2021	0905

INCIDENT LOCATION (Street, Apt., City, State, Zip)
0 SHROYER RD/DELLWOOD AV, OAKWOOD, OH 45419

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1. Criminal Mischief_move, deface, tamper, etc. property of another	1. 2909.07A1	C	M3			1. N 2. 3. (Enter up to three for each offense)
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. <u>47</u>	12 Jail/ Prison	RETAIL	41 Factory/ Mill/ Plant	*SUSPECTED OF USING	
2. _____	13 Park ing Garage	26 Bar	42 Other Building	A <input type="checkbox"/> ALCOHOL	
RESIDENTIAL STRUCTURE		27 Buy/Sell/ Trade Shop	OUTSIDE	D <input type="checkbox"/> DRUGS	
01 Single Family Home	COMMERCIAL LOCATIONS	28 Restaurant	43 Yard	C <input type="checkbox"/> COMPUTER EQUIPMENT	
02 Multiple Dwelling	15 Auto Shop	29 Gas Station	44 Construction Site	N <input checked="" type="checkbox"/> NOT APPLICABLE	
03 Residential Facility	16 Financial Institution	30 Auto Sales Lot	45 Lake/Waterway	*TYPE WEAPON/FORCE USED	
04 Other Residential	17 Barber/Beauty Shop	31 Jewelry Store	46 Field/ Woods	1. <u>99</u>	2. _____ 3. _____
05 Garage/Shed	18 Hotel/Motel	32 Clothing Store	47 Street		
PUBLIC ACCESS BLDGS.		33 Drugstore	48 Parking Lot		
06 Transit Facility	19 Dry Cleaners/Laundry	34 Liquor Store	49 Park/Playground		
07 Government Office	20 Professional Office	35 Shopping Mall	50 Cemetery		
08 School	21 Doctor's Office	36 Sporting Goods	51 Public Transit Vehicle		
09 College	22 Other Business Office	37 Grocery/Supermarket	52 Other Outside Location		
10 Church	23 Amusement Center	38 Variety/Convenience			
11 Hospital	24 Rental Storage Facility	39 Department Store			
	25 Other Commercial Service Loc.	40 Other Retail Store	77 Other		

*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 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed	06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled
*NO. PREMISES ENTERED		ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>
		ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>
		ENTRY EXIT 1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>

METHODS OF OPERATION

*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 OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER
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NAME (Last, First, Middle)
OAKWOOD, CITY OF

ADDRESS (Street, Apt., City, State, Zip)
30 PARK AVE, DAYTON, OH, 45419

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

*AGE/D.O.B.	*SEX NA	*RACE <input type="checkbox"/> B <input type="checkbox"/> A <input checked="" type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR	EYES
OCCUPATION		SSN	*RESIDENT 1 <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:	*LEOKA INFORMATION	*VICTIM/SUSPECT RELATIONSHIP	*VICTIM/OFFENSE LINK
			0. _____ 1. UU 2. _____ 3. _____ 4. _____ 5. _____	2909.07A1

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

REPORTING OFFICER WELLS, RYAN	TITLE Public Safety Officer	BADGE NO. 30	DATE 12/09/2021
APPROVING OFFICER	TITLE	BADGE NO.	DATE

FOLLOW-UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If yes, follow-up Assignment:	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"/> OTHER	FORM RECEIVED BY:	<input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS	SPECIAL COPIES	P
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INCIDENT NUMBER
1-21-004001

INCIDENT REPORT - PART 2

INCIDENT NUMBER **1-21-004001**

VICTIM **OAKWOOD, CITY OF** OFFENSE **Criminal Mischief_move, defac** INCIDENT DATE AND TIME **12/09/2021 0905**

REPORTER NO. NAME (Last, First, Middle) ADDRESS (Street, Apt., City, State, Zip) PHONE
 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE
 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. DAMAGE TO VEHICLE LIC LIS LIY LIT VIN/OAN *VALUE
 VYR VMA VMO VST VCO TOP BOTTOM VEHICLE LOCKED KEYS IN VEHICLE HOLD VEHICLE RELEASE CONTENTS
 VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE
 STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN RESID. ADDITIONAL DESCRIPTION
 AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) PHONE
 MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE REC. STOLEN IN YOUR JURISDICTION WHERE RECOVERED?

*TYPE PROPERTY LOSS/ETC. (enter codes below)	1 NONE	2 BURNED	3 COUNTERFEITED/FORGED	4 DESTROYED/DAMAGED/VANDALIZED	5 STOLEN/ETC. SEIZED	6	7 RECOVERED UNKNOWN	P PHOTO EVIDENCE	TOTAL VALUE
*LOSS CODE 4	7								1.00
QUANTITY	DESCRIPTION		LIGHT POLE AND SIGNS		LIGHT POLES AND SIGNS		*PROP CODE 97	*VALUE	1.00
VICT. NO. 1	VEH. NO.	MAKE/BRAND	MODEL					DATE RECOVERED	
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER						
*LOSS CODE	QUANTITY	DESCRIPTION				*PROP CODE	*VALUE		
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL					DATE RECOVERED	
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER						
*LOSS CODE	QUANTITY	DESCRIPTION				*PROP CODE	*VALUE		
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL					DATE RECOVERED	
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER						
*LOSS CODE	QUANTITY	DESCRIPTION				*PROP CODE	*VALUE		
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL					DATE RECOVERED	
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER						

PROPERTY CODES :

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

Dispatched to the incident location on the report of criminal mischief. Report taken.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-21-004001
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VICTIM OAKWOOD, CITY OF	OFFENSE Criminal Mischief_move, deface	INCIDENT DATE ND TIME 12/09/2021	0905
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NO. 1	ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/>	CHECK APPROPRIATE CATEGORY <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER _____	CHARGES FILED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
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NAME (Last, First, Middle) UNKNOWN,	SSN Redacted
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ALIAS	GANG AFFILIATION
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ADDRESS (Street, Apt., City, State, Zip)	PHONE
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EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE
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PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
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*AGE/ D.O.B.	*SEX NA	*RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> X <input type="checkbox"/> U	ETHNICITY 99	*HEIGHT To	*WEIGHT 0 To 0	*HAIR	*EYES
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MARITAL STATUS N/A	SCARS, MARKS, TATOOS
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ADDITIONAL DESCRIPTIVES

SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	POTENTIAL INJURIES?
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*RESIDENT STATUS 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER (explain) _____ U <input type="checkbox"/> UNKNOWN
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*ARRESTEE WAS ARMED WITH

ARRESTEE ARMED WITH 1. _____ 2. _____ 3. _____																								
<table border="0"> <tr> <td>99 NONE</td> <td>13B OTHER FULLY AUTOMATIC FIREARM</td> <td>16 IMITATION FIREARM</td> <td>50 POISON</td> </tr> <tr> <td>11 FIREARM</td> <td>14 SHOTGUN</td> <td>17 SIMULATED FIREARM</td> <td>60 EXPLOSIVES</td> </tr> <tr> <td>12 HANDGUN</td> <td>15 OTHER FIREARM</td> <td>18 BB/PELLET GUN</td> <td>65 FIRE/INCENDIARY DEVICE</td> </tr> <tr> <td>12A AUTOMATIC HANDGUN</td> <td>15A SEMI-AUTOMATIC SPORTING RIFLE</td> <td>20 KNIFE/CUTTING INSTRUMENT</td> <td>70 DRUGS/NARC/SLEEPING PILLS</td> </tr> <tr> <td>13 RIFLE</td> <td>15B SEMI-AUTOMATIC ASSAULT FIREARM</td> <td>30 BLUNT OBJECT</td> <td>80 OTHER WEAPON</td> </tr> <tr> <td>13A FULLY AUTOMATIC RIFLE</td> <td>15C MACHINE PISTOL</td> <td></td> <td></td> </tr> </table>	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		
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13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL																							

NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
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1.	1.	1.
2.	2.	2.

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	FM & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1. Criminal Mischief_move, deface, tar	1. 2909.07A1	1. M3	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 0000 0	ARREST LOCATION (Street, Apt., City, State, Zip)
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*INCIDENT TRACKING NUMBER	ARREST DISPOSITION	BAIL 0.00
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MIRANDA WITNESSED BY:	TIME READ 0000
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FINGERPRINTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NO. TAKEN 0	PHOTO ID NO.	FBV/BC#
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*MULTIPLE ARRESTEE SEGMENTS INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR <input type="checkbox"/> N/A	*ARREST TYPE 1 <input type="checkbox"/> COMPLAINT 2 <input type="checkbox"/> IN-PROGRESS 3 <input type="checkbox"/> WARRANT 4 <input type="checkbox"/> SUMMONS 5 <input type="checkbox"/> ORDER OF PROTECTION 9 <input type="checkbox"/> OTHER
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JUV. PARENT/ GDN. NOTIFIED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION <input type="checkbox"/> HANDLED WITHIN THE DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES
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PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)	RELATIONSHIP	PHONE
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PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)	RELATIONSHIP	PHONE
---	--------------	-------

PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC #	DATE/TIME ENTERED
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LAST SEEN WEARING

REPORTING OFFICER WELLS, RYAN	BADGE NO. 30	DATE 12/09/2021
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APPROVING OFFICER	BADGE NO.	DATE
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COURT	DATE
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NARRATIVE SUPPLEMENT - Dispatch Narrative		INCIDENT NUMBER 1-21-004001
VICTIM OAKWOOD, CITY OF		INCIDENT DATE / TIME 12/09/2021 0905
OFFENSE Criminal Mischief_move, deface, tamper, etc. property of another		NARRATIVE DATE / TIME 12/09/2021 0906
NARRATIVE TOPIC	OFFICER ANDERSON, JENNIFER J	BADGE NO.

ON SHROYER BETWEEN DELLWOOD AND WILTSHIRE//6 WHITE LIVES MATTER STICKERS
 POSTED ON TELEPHONE AND OR LIGHT POLES//REQUEST INVESTIGATION PER U1
 3 - Enroute-SHROYER RD/DELLWOOD AV OAKWOOD
 30 - Enroute-SHROYER RD/DELLWOOD AV OAKWOOD
 U1 RECEIVED AN EMAIL REGARDING APPROX 6 "WHITE LIVES MATTER" STICKERS
 POSTED ON POLES
 30 - Cancel Checkup-SHROYER RD/DELLWOOD AV OAKWOOD

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY										*INCIDENT NUMBER 1-22-000108						
	CALL NUMBER 1-22-000507				*GEOCODE S						*CLEARANCES						
	TOD 13:29:21		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)								<input type="checkbox"/> A Death of Suspect		<input type="checkbox"/> G Arrest - Juvenile				
	TOA 13:29:21		<input checked="" type="checkbox"/> OFFENSE								<input type="checkbox"/> B Prosecution Declined		<input type="checkbox"/> H Warrant Issued				
TOC 13:47:59		<input type="checkbox"/> SUPPLEMENT								<input type="checkbox"/> C Extradition Denied		<input checked="" type="checkbox"/> I Invest. Pending					
OHIO UNIFORM OFFENSE REPORT																	
*REPORT DATE/TIME YEAR TIME				*INCIDENT OCCURRED FROM				*CLEARANCE DATE				CLEARED BY: MAY, GREG					
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME		
1	9	2022	1322	1	8	2022	1322	1	9	2022	1300						
INCIDENT LOCATION (Street, Apt., City, State, Zip) 0 SHROYER RD/WILTSHIRE BL, OAKWOOD, OH 45419																	
*OFFENSE																	
1. Criminal Mischief		*OFFENSE CODE 1. 2909.07		*A/C C		F/M & DEGREE M3		*HATE/BIAS N		*LARCENY		*TYPE CRIMINAL ACTIVITY (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. 01 2. 12 Jail/ Prison RETAIL 41 Factory/Mill/Plant																	
RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed																	
COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service Loc.																	
PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital																	
26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store 42 Other Building 43 Yard 44 Construction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other																	
*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 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed				06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled				ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>		ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>		ENTRY EXIT 1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>	
*NO. PREMISES ENTERED																	
METHODS OF OPERATION																	
*NO. 1 *TOTAL VICTIMS 1 *VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input checked="" 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																	
NAME (Last, First, Middle) CITY OF OAKWOOD																	
ADDRESS (Street, Apt., City, State, Zip) 30 PARK AVE, OAKWOOD, OH, 45419												PHONE					
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)												PHONE					
*AGE/D.O.B.		*SEX NA		*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> O		<input type="checkbox"/> B <input type="checkbox"/> A ETHNICITY		HGT		WGT		HAIR		EYES			
OCCUPATION				SSN Redacted				*RESIDENT STATUS 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST		3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT		5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN					
*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:															
*AGG. ASSAULT/HOMICIDE CIRC.		*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI - OTHER		*VICTIM/SUSPECT RELATIONSHIP 0. 1. ST 2. 3. 4. 5.				*VICTIM/OFFENSE LINK 2909.07									
My signature verifies that the information on this report is accurate and true																	
DATE _____																	
REPORTING OFFICER MAY, GREG				TITLE Public Safety Officer				BADGE NO. 14		DATE 01/09/2022							
APPROVING OFFICER BALAJ, CHUCK				TITLE Lieutenant				BADGE NO. 4		DATE 01/09/2022							
FOLLOW-UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		If yes, follow-up Assignment:								P							
ADDITIONAL SUPPLEMENTS		<input type="checkbox"/> VICTIM/WITNESS		<input type="checkbox"/> PROPERTY		<input type="checkbox"/> STATEMENTS		FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION		<input type="checkbox"/> INTELLIGENCE RECORDS		SPECIAL COPIES					
		<input type="checkbox"/> SUSPECT/ARRESTEE		<input type="checkbox"/> NARRATIVE		<input type="checkbox"/> OTHER											

 INCIDENT NUMBER
1-22-000108

INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-22-000108

VICTIM CITY OF OAKWOOD OFFENSE Criminal Mischief INCIDENT DATE AND TIME 01/09/2022 1322

NO. 1 NAME (Last, First, Middle) GRANDJEAN, ANIKO AGE/D.O.B. 45 YRS 06/04/1976 SSN Redacted

ADDRESS (Street, Apt., City, State, Zip) 1900 SHROYER RD OAKWOOD, OH 45419 PHONE

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

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. DAMAGE TO VEHICLE LIC LIS LIY LIT VIN/OAN *VALUE

VYR VMA VMO VST VCO TOP BOTTOM VEHICLE LOCKED Y N KEYS IN VEHICLE Y N HOLD VEHICLE Y N RELEASE CONTENTS Y N

VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? Y N TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE BILL OF SALE OTHER

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

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

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

*TYPE PROPERTY LOSS/ETC (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEIT/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN 9 PHOTO EVIDENCE TOTAL VALUE 50.00

*LOSS CODE 4 QUANTITY 1 DESCRIPTION STOP SIGN *PROP CODE 10 *VALUE 50.00

VICT. NO. 1 VEH. NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER 1-22-000108 NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

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

Lt. Balaj and I were dispatched on a report of stickers placed on the stop sign located on the northeast corner of Wiltshire and Shroyer Rd.

Under investigation.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY

INCIDENT NUMBER

1-22-000108

VICTIM

OFFENSE

INCIDENT DATE
ND TIME

01/08/2022

1322

CITY OF OAKWOOD

Criminal Mischief

NO. 1

ADULT JUVENILE UNKNOWN

CHECK APPROPRIATE CATEGORY

SUSPECT ARRESTEE SUSPECT/ARRESTEE RUNAWAY MISSING OTHER

CHARGES FILED?
 Y N

NAME (Last, First, Middle)

UNKNOWN,

SSN

Redacted

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

Redacted

OCCUPATION/SCHOOL

*AGE/
D.O.B.

*SEX
NA

*RACE
 W I X U

ETHNICITY
99

*HEIGHT
To

*WEIGHT
0 To 0

*HAIR

*EYES

MARITAL
STATUS

N/A

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. 2. 3.

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

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

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)

// 0000 0

*INCIDENT TRACKING NUMBER

ARREST DISPOSITION

BAIL

0.00

MIRANDA WITNESSED BY:

TIME READ

0000

FINGERPRINTED

FINGERPRINT CARD NO.

PHOTOS TAKEN

NO. TAKEN

PHOTO ID NO.

FBI/BC#

Y N

Y N

0

*MULTIPLE ARRESTEE SEGMENTS INDICATOR

COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR N/A

*ARREST TYPE

1 COMPLAINT 3 WARRANT 5 ORDER OF PROTECTION
2 IN-PROGRESS 4 SUMMONS 9 OTHER

JUVENILE

JUV. PARENT/
GDN. NOTIFIED

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.

DATE OF
LAST CONTACT

DATE OF
EMANCIPATION

NCIC #

DATE/TIME ENTERED

Y N

REPORTING OFFICER

MAY, GREG

APPROVING OFFICER

BALAJ, CHUCK

COURT

BADGE NO.

14

DATE

01/09/2022

BADGE NO.

4

DATE

01/09/2022

DATE

NARRATIVE SUPPLEMENT - Dispatch Narrative		INCIDENT NUMBER 1-22-000108
VICTIM CITY OF OAKWOOD,		INCIDENT DATE / TIME 1/08/2022 1322
OFFENSE Criminal Mischief		NARRATIVE DATE / TIME 01/09/2022 1326
NARRATIVE TOPIC	OFFICER KNIGHT, PAT	BADGE NO.

4 - Dispatched-SHROYER RD/WILTSHIRE BL OAKWOOD
 14 - Cancel Checkup-SHROYER RD/WILTSHIRE BL OAKWOOD
 4 - Cancel Checkup-SHROYER RD/WILTSHIRE BL OAKWOOD
 COMPLAINT OF DEROGATORY WHITE LIVES MATTERS STICKERS ON 'STOP SIGN' &
 WELCOME TO KETTERING' SIGN
 OFCS RSPD
 14 - Cancel Checkup-SHROYER RD/WILTSHIRE BL OAKWOOD
 4 - Cancel Checkup-SHROYER RD/WILTSHIRE BL OAKWOOD