

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY			*INCIDENT NUMBER 1-22-000199		
	CALL NUMBER 1-22-001008		*GEOCODE S	*CLEARANCES		
	TOD 18:06:05	<input type="checkbox"/> INCIDENT (NON-CRIMINAL)	<input checked="" type="checkbox"/> OFFENSE	<input type="checkbox"/> SUPPLEMENT	A <input type="checkbox"/> Death of Suspect	G <input type="checkbox"/> Arrest - Juvenile
	TOA 18:10:02	<input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> SUPPLEMENT	B <input type="checkbox"/> Prosecution Declined	H <input type="checkbox"/> Warrant Issued	I <input type="checkbox"/> Invest. Pending

OHIO UNIFORM OFFENSE REPORT

*CLEARANCE DATE: 1/18/2022	CLEARED BY: RUMP, RYAN
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MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
1	18	2022	1802	1	18	2022	1802	1	18	2022	1802

INCIDENT LOCATION (Street, Apt., City, State, Zip)
427 FORRER BL, OAKWOOD, OH 45419

*OFFENSE	*OFFENSE CODE	*AC	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1. Rape	1. 2907.02	C	F1	N		1. <u>N</u> 2. 3. (Enter up to three for each offense)
2. Gross Sexual Imposition	2. 2907.05	C	F3	N		1. <u>N</u> 2. 3.
3. Unlawful Restraint	3. 2905.03	C	M3	N		1. <u>N</u> 2. 3.
4.	4.					1. 2. 3.
5.	5.					1. 2. 3.

*LOCATION OF OFFENSE (Enter up to two)

1. <u>04</u> 2. _____	12 Jail/ Prison 13 Park ing Garage 14 Oth er Pub lic Access Build ings	RETAIL 26 Bar 27 Buy/Sell/ Trade Shop 28 Res taurant 29 Gas Stati on 30 Aut o Sales Lot 31 Jewelr y Store 32 Clot hing Store 33 Dru gstore 34 Liqu or Store 35 Sh opping Mall 36 Spo rting Goods 37 Gro cery/ Supermarket 38 Vari ety/Con venience 39 De partme nt Store 40 Oth er Ret all Store	41 Fac tory/ Mill/ Plan t 42 Oth er Bui lding OUTSIDE 43 Yard 44 Con structi on Site 45 Lak e/Waterway 46 Field/ Woods 47 Str eet 48 Park ing Lot 49 Park /Playground 50 Ce melery 51 Pub lic Transit V ehicle 52 Oth er Outs ide Locati on	*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
RESID EN TIAL S TRUC TURE 01 Sing le Family Home 02 Multiple Dwelling 03 Res identi al Faci lity 04 Oth er Res identi al 05 Gar age/Shed COMMERCIAL LOCATIONS 15 Auto Shop 16 Fin ancial Inst itution 17 Bar ber/Beauty Shop 18 Hote l/Motel 19 Dry Cleaners/Laundry 20 Pro fessio nal Office 21 Doc tor's Of fice 22 Oth er Bus iness Office 23 Amu seme nt Cen ter 24 Ren tal Storage Faci lity 25 Oth er Com mercial Service Loc.				*TYPE WEAPON/FORCE USED 1. <u>99</u> 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

METHODS OF OPERATION

*NO. <u>1</u>	*TOTAL VICTIMS <u>1</u>	*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)
BOSTON, JAMILA NICOLE MARIE

ADDRESS (Street, Apt., City, State, Zip)
604 GROTON CT APT A, DAYTON, OH, 454314865

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

*AGE/ D.O.B. 41 YRS 05/26/1980	*SEX Female	*RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT 5'07"	WGT 290	HAIR BLK	EYES BRO
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OCCUPATION Redacted	SSN	*RESIDENT STATUS 1 <input 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 checked="" type="checkbox"/> UNKNOWN
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*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES: Unconsciousness	*VICTIM/SUSPECT RELATIONSHIP 0. 1. <u>UU</u> 2. 3. 4. 5.	*VICTIM/OFFENSE LINK 2907.02
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My signature verifies that the information on this report is accurate and true

REPORTING OFFICER RUMP, RYAN	TITLE Public Safety Officer	BADGE NO. 22	DATE 01/18/2022
APPROVING OFFICER SLONE, JUSTIN	TITLE Lieutenant	BADGE NO. 8	DATE 01/19/2022

FOLLOW-UP? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	If yes, follow-up Assignment:	DATE	P
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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"/> INVESTIGATION	<input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS	SPECIAL COPIES
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INCIDENT NUMBER 1-22-000199

INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-22-000199

VICTIM BOSTON, JAMILA NICOLE MARIE OFFENSE Rape INCIDENT DATE AND TIME 01/18/2022 1802

REPORTER

NO. NAME (Last, First, Middle) ADDRESS (Street, Apt., City, State, Zip) PHONE EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

VEHICLE

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 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 BILL OF SALE TITLE OTHER

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN BUSINESS 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?

PROPERTY

*LOSS CODE	QUANTITY	DESCRIPTION	VEH. NO.	MAKE/BRAND	MODEL	*PROP CODE	*VALUE
6	1	BED BLANKET				14	1.00
6	1	FITTED SHEET				14	1.00
6	1	ACCENT PILLOW, BLK/GRY				14	1.00
6	2	PILLOW CASES				14	1.00

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

NARRATIVE

Crews dispatched for an assault.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY _____ INCIDENT NUMBER 1-22-000199

VICTIM BOSTON, JAMILA NICOLE MARIE OFFENSE Rape INCIDENT DATE 01/18/2022 1802

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

NAME (Last, First, Middle) ADESHINA, OLALEKAN ADEKUNLE SSN Redacted ALIAS _____ GANG AFFILIATION _____

ADDRESS (Street, Apt., City, State, Zip) 427 FORRER BLVD, OAKWOOD, OH, 45419 PHONE _____

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

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

*AGE/D.O.B. 47 YRS 06/22/1974 *SEX Male *RACE [X] B [] A [] W [] I [] U ETHNICITY _____ *HEIGHT 503 To 503 *WEIGHT 137 To 137 *HAIR BLK *EYES BRO

MARITAL STATUS _____ SCARS, MARKS, TATOOS _____ ADDITIONAL DESCRIPTIVES _____

SUSPECTED OF USING [] ALCOHOL [] DRUGS POTENTIAL INJURIES? _____

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

*ARRESTEE WAS ARMED WITH ARRESTEE ARMED WITH 1. _____ 2. _____ 3. _____

Table with 3 columns: Code, Description, Code. Includes items like NONE, 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/NARC/SLEEPING PILLS, OTHER WEAPON.

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

1. _____ 2. _____

Table with 6 columns: ARREST/OFFENSE DESCRIPTION, *ARREST/OFFENSE CODE, F/M & DEGREE, WARRANT #, *ARREST LARCENY TYPE. Includes rows for POCKET PICKING, PURSE SNATCHING, SHOPLIFTING, THEFT FROM BUILDING, etc.

*ARREST DATE / / TIME 0000 0 ARREST LOCATION (Street, Apt., City, State, Zip) _____

*INCIDENT TRACKING NUMBER _____ ARREST DISPOSITION _____ BAIL 0.00

MIRANDA WITNESSED BY: _____ TIME READ 0000

FINGERPRINTED [] Y [X] N FINGERPRINT CARD NO. _____ PHOTOS TAKEN [] Y [X] N NO. TAKEN 0 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 9 [] OTHER

JUV. PARENT/GDN. NOTIFIED [] Y [X] 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 _____

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

LAST SEEN WEARING _____

REPORTING OFFICER RUMP, RYAN BADGE NO. 22 DATE 01/18/2022 APPROVING OFFICER SLONE, JUSTIN BADGE NO. 8 DATE 01/19/2022 COURT _____ DATE _____

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-000199
VICTIM BOSTON, JAMILA NICOLE MARIE		INCIDENT DATE / TIME 1/18/2022 1802
OFFENSE Rape		NARRATIVE DATE / TIME 01/18/2022
NARRATIVE TOPIC	OFFICER S. MURPHY (088)	BADGE NO. S. MURPHY

ASSAULTED BY DESMOND SUBJ- NOW OUT FRONT IN HONDA ACCORD-
 18 - Enroute-427 FORRER BL OAKWOOD
 22 - Enroute-427 FORRER BL OAKWOOD
 5 - Enroute-427 FORRER BL OAKWOOD
 18 ASKED FOR 26 TO BE CALLED- SHE IS HEADING IN
 26 - Enroute-427 FORRER BL OAKWOOD
 82.5 WITH ADULT MALE TO HQ
 22 - Out at Headquarters-WITH ADULT MALE 82.5 STARTING--- ENDING 83.5
 5 - Out at Headquarters-.
 18 - AT KMC, 149.5

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-000199
VICTIM BOSTON, JAMILA NICOLE MARIE	INCIDENT DATE / TIME 1/18/2022 1802	
OFFENSE Rape	NARRATIVE DATE / TIME 01/18/2022	
NARRATIVE TOPIC Sexual Assault	OFFICER R. RUMP (064)	BADGE NO. R. RUMP (0

Crews were dispatched to 427 Forrer Blvd on the report of an assault. Dispatch advised that the victim, Jamila Marie, was outside of the apartment building, sitting in her vehicle. Officer Whitaker and myself arrived on scene and I introduced myself to Marie. Marie was visibly shaken and hesitant to speak. I asked her if she felt more comfortable speaking with a female officer and she said "Yes." I advised Officer Whitaker that Marie would prefer to speak to her. I left the two to speak and I then stood in front of 427 Forrer Blvd. While standing near the sidewalk, I observed an unknown subject in the bottom left apartment look through the blinds. After looking through the blinds multiple times, the unknown subject exited his apartment and entered the common area of the building. As I observed him enter the common area, I approached the apartment building and made contact with the subject. I asked him if his name was "Desmond" and if he lived in the apartment. He stated that he did live there. I asked if anyone else was in the apartment and if he would let us check. He stated that nobody else was in the apartment and gave consent to check. Lt. Benson entered the building and stood with him as I checked the apartment.

No other person was located in the apartment. I asked him what his name was and if he had an ID card. He stated that he did and he retrieved it from his bedroom dresser. I relayed the Texas OL to dispatch. We then advised him that he was being detained in reference to an assault. Detective Ballinger was advised and wanted him transported to HQ for questioning. I advised him of that and I transported him to HQ and placed him into the holding cell until Detective Ballinger was ready for questioning.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-000199
VICTIM BOSTON, JAMILA NICOLE MARIE	INCIDENT DATE / TIME 1/18/2022 1802	
OFFENSE Rape	NARRATIVE DATE / TIME 01/18/2022	
NARRATIVE TOPIC Supplement	OFFICER S. WHITAKER (054)	BADGE NO. S. WHITAKI

On January, 18, 2022, I, Officer Whitaker, responded with Officer Rump on a report of an assault. We were told by Dispatch that the female victim, identified as Jamila Boston, had left the apartment and was in her car, parked in the street. The suspect was reportedly still on scene, inside the apartment.

Upon our arrival, Officer Rump approached the female's vehicle. While approaching the vehicle I heard him ask if she would rather talk with a female officer, to which she replied that she did. Officer Rump then left the area of her vehicle and I began speaking with her. Ms. Boston appeared very upset and scared. She was crying and her hands were shaking. She had to wipe her eyes and nose numerous times while speaking with her due to the number of tears and mucous produced from her crying.

I asked her about what happened tonight and she stated that she and "Desmond" (does not know his last name) were hanging out and began making out. She said that he then got too "handsy" and she told him to stop. He then became more aggressive and began pulling her clothes off and grabbing her arms. She tried grabbing on to her clothes to pull them back on while also trying to escape his grasp. She stated it was like a "battle" between them. He continued to forcefully remove her clothes and then she said he put his penis in her multiple times. She yelled at him to "Stop! Stop! Stop!" over and over but he continued to force his penis inside of her. He also penetrated her with his fingers. Ms. Boston stated that she does have vaginal pain from him violently penetrating her. She does not know if she has any vaginal bleeding due to her trying to dress quickly after he let her get up. She does not know if he ejaculated but stated emphatically and with worry, that he did not use a condom because they "were not even supposed to have sex."

When he stopped penetrating her and grabbing her by the arms, she was able to get off of the bed. However, he would not let her get dressed and kept trying to get her to lay back down on the bed. He physically blocked her from her clothes and also blocked the bedroom door so she could not leave. At some point, he took her car keys to prevent her from leaving. He kept trying to tell her that they did not have sex. She stated she realized that in order to leave, she had to sit down with him and have a conversation and make him believe that everything was ok. This did allow her to finally leave the apartment. She went out to her car and from there called 911. She was unable to tell me what time they began making out, nor able to tell how long the alleged attack lasted. Ms. Boston only replied, "It felt like forever."

Ms. Boston described "Desmond" as a short, skinny black male, with short hair. She identified him as living in the lower left apartment. She appeared terrified and through crying and broken speech, asked if he would be able to contact her.

When I informed Ms. Boston of what would occur at the hospital and during the sane exam, she

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-000199
VICTIM BOSTON, JAMILA NICOLE MARIE	INCIDENT DATE / TIME 1/18/2022 1802	
OFFENSE Rape	NARRATIVE DATE / TIME 01/18/2022	
NARRATIVE TOPIC Supplement	OFFICER S. WHITAKER (054)	BADGE NO. S. WHITAKI

was so distraught she began hyperventilating and said she was going to throw up. When the nurses came into the hospital room, I offered to step out so there weren't so many people around. Her eyes got big and she said, "No! You can stay." She did not feel safe and did not want me to leave. She appeared guarded and drained, head and gaze downward, shoulders lowered, and began crying when she had to give an account for the events again. Her story remained consistent over the multiple times telling it. As hospital staff would come in or I would step in to check on her, Ms. Boston had a look in her eyes that she appeared "lost," like she was in shock, and would look to her friend for guidance if an answer was needed.

- END OF REPORT -

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY								*INCIDENT NUMBER 1-22-001869				
	CALL NUMBER 1-22-009288				*GEOCODE N				*CLEARANCES				
	TOD 09:35:11		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)		A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest - Juvenile		B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued		
	TOA 09:42:59		<input checked="" type="checkbox"/> OFFENSE		C <input type="checkbox"/> Extradition Denied		I <input checked="" type="checkbox"/> Invest. Pending		D <input type="checkbox"/> Victim Refused to Coop.		J <input type="checkbox"/> Closed		
	TOC 11:22:28		<input type="checkbox"/> SUPPLEMENT		E <input type="checkbox"/> Juvenile/No Custody		K <input type="checkbox"/> Unfounded		F <input type="checkbox"/> Arrest - Adult		U <input type="checkbox"/> Unknown		
OHIO UNIFORM OFFENSE REPORT													
*REPORT DATE/TIME			*INCIDENT OCCURRED FROM			*INCIDENT OCCURRED TO			*CLEARANCE				
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME		
5	30	2022	0933	5	25	2022	1400	5	30	2022	0933		
INCIDENT LOCATION (Street, Apt., City, State, Zip) 168 OLD RIVER TRAIL, OAKWOOD, OH 45409													
*OFFENSE													
1. Burglary, trespass in occupied structure, separately secured structure, or separately		*OFFENSE CODE 1. 2911.12A1		*A/C C	F/M & DEGREE F2	*HATE/BIAS N	*LARGENY 23D	*TYPE CRIMINAL ACTIVITY 1. N 2. 3. (Enter up to three for each offense)					
2. Theft Vehicle/Auto		2. 2913.02B5		C	F4	N	240	1. N 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		*SUSPECTED OF USING					
RESIDENTIAL STRUCTURE		13 Parking Garage		26 Bar		42 Other Building		A <input type="checkbox"/> ALCOHOL					
01 Single Family Home		14 Other Public Access Buildings		27 Buy/Sell/Trade Shop		OUTSIDE		D <input type="checkbox"/> DRUGS					
02 Multiple Dwelling		COMMERCIAL LOCATIONS		28 Restaurant		43 Yard		C <input type="checkbox"/> COMPUTER EQUIPMENT					
03 Residential Facility		15 Auto Shop		29 Gas Station		44 Construction Site		N <input checked="" type="checkbox"/> NOT APPLICABLE					
04 Other Residential		16 Financial Institution		30 Auto Sales Lot		45 Lake/Waterway		*TYPE WEAPON/FORCE USED					
05 Garage/Shed		17 Barber/Beauty Shop		31 Jewelry Store		46 Field/ Woods		1. 99 2. 3.					
PUBLIC ACCESS BLDGS.		18 Hotel/Motel		32 Clothing Store		47 Street							
06 Transit Facility		19 Dry Cleaners/Laundry		33 Drugstore		48 Parking Lot							
07 Government Office		20 Professional Office		34 Liquor Store		49 Park/Playground							
08 School		21 Doctor's Office		35 Shopping Mall		50 Cemetery							
09 College		22 Other Business Office		36 Sporting Goods		51 Public Transit Vehicle							
10 Church		23 Amusement Center		37 Grocery/Supermarket		52 Other Outside Location							
11 Hospital		24 Rental Storage Facility		38 Variety/Convenience		77 Other							
		25 Other Commercial Service Loc.		39 Department Store									
				40 Other Retail Store									
*METHOD OF ENTRY													
1 <input checked="" 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		1 <input checked="" type="checkbox"/> DOOR		1 <input checked="" type="checkbox"/> FRONT		1 <input checked="" type="checkbox"/>	
1		03 <input type="checkbox"/> Duplicate Key Used		08 <input type="checkbox"/> Tumblers Removed		2 <input checked="" type="checkbox"/> 1 ST FLOOR		2 <input type="checkbox"/> WINDOW		2 <input type="checkbox"/> SIDE		2 <input type="checkbox"/>	
		04 <input type="checkbox"/> Window Broken		09 <input type="checkbox"/> Column Peeled		3 <input type="checkbox"/> 2 ND FLOOR		3 <input type="checkbox"/> GARAGE		3 <input type="checkbox"/> REAR		3 <input type="checkbox"/>	
		05 <input type="checkbox"/> Towed		10 <input type="checkbox"/> Ignition Peeled		4 <input type="checkbox"/> OTHER		4 <input type="checkbox"/> SKYLIGHT		4 <input type="checkbox"/> ROOF		4 <input type="checkbox"/>	
								5 <input type="checkbox"/> OTHER		5 <input type="checkbox"/> OTHER		5 <input type="checkbox"/>	
METHODS OF OPERATION Other													
*NO. VICTIMS	*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"/> SOCIETY	<input type="checkbox"/> OTHER	<input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> UNKNOWN		
NAME (Last, First, Middle) DUVALL, ALAN													
ADDRESS (Street, Apt., City, State, Zip) 168 ASCENT CIR, OAKWOOD, OH, 45409													
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)													
*AGE/D.O.B.	*SEX	*RACE	<input type="checkbox"/> B	<input type="checkbox"/> A	ETHNICITY	HGT	WGT	HAIR	EYES				
68 YRS	05/23/1954	Male	<input checked="" type="checkbox"/> W	<input type="checkbox"/> I	U								
OCCUPATION 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 type="checkbox"/> Y	<input checked="" type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:										
*AGG. ASSAULT/HOMICIDE CIRC.	*LEOKA INFORMATION	*VICTIM/SUSPECT RELATIONSHIP	*VICTIM/OFFENSE LINK										
07		0. 1. ST 2. 3. 4. 5.	2911.12A1, 2913.02B5										
My signature verifies that the information on this report is accurate and true													
DATE _____													
REPORTING OFFICER	TITLE	BADGE NO.	DATE										
MAY, GREG	Public Safety Officer	14	05/30/2022										
APPROVING OFFICER	TITLE	BADGE NO.	DATE										
BENSON, KEITH	Lieutenant	5	05/30/2022										
FOLLOW-UP?	If yes, follow-up Assignment:												
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N													
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
1-22-001869

INCIDENT REPORT - PART 2

INCIDENT NUMBER **1-22-001869**

VICTIM **DUVALI, ALAN** OFFENSE **Burglary_trespass in occupied** INCIDENT DATE AND TIME **05/30/2022 0933**

REPORTER NO. **1** NAME (Last, First, Middle) **PALMER, GREG** AGE/D.O.B. **Redacted** SSN **Redacted**
 ADDRESS (Street, Apt., City, State, Zip) **146 POINTE OAKWOOD WAY OAKWOOD, OH 45409** 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. **1** DAMAGE TO VEHICLE LIC **JEV8004** LIS **Oh** LIY **2023** LIT **PC** VIN/OAN **JTHCM1D23H5018542** *VALUE
 VYR **2017** VMA **LEXS** VMO **IS3** VST **4S** VCO TOP **BLU** VEHICLE LOCKED Y N KEYS IN VEHICLE Y N HOLD VEHICLE Y N RELEASE Y N CONTENTS Y N
 VEHICLE ASSOC. W/ SUSPECT NO. **1** VEHICLE ASSOC. W/ VICTIM NO. **1** VEHICLE TOWED? Y N TOWED BY
 STOLEN MOTOR VEHICLE ONLY NO. STOLEN **1** AREA STOLEN BUSINESS RURAL RESID. ADDITIONAL DESCRIPTION

AUTO INSURER NAME (Company) **ALLSTATE INS.CO** ADDRESS (Street, Apt., City, State, Zip) PHONE
 MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE REC. STOLEN IN YOUR JURISDICTION Y N WHERE RECOVERED? **168 OLD RIVER TRAIL**

*TYPE PROPERTY LOSS/ETC. (enter codes below) **1 NONE** **3 COUNTERFEITED/FORGED** **5 STOLEN/ETC.** **7 RECOVERED** **P PHOTO** TOTAL VALUE **31,101.00**
2 BURNED **4 DESTROYED/DAMAGED/VANDALIZED** **6 SEIZED** **U UNKNOWN** **E EVIDENCE**

*LOSS CODE **5** QUANTITY **2** DESCRIPTION **TWO SETS OF TOOLS** *PROP CODE **54** *VALUE **300.00**

VICT. NO. **1** VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE **5** QUANTITY **1** DESCRIPTION **RYOBI BATTERY TRIMMER** *PROP CODE **54** *VALUE **200.00**

VICT. NO. **1** VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE **6** QUANTITY **1** DESCRIPTION **BAG CONTAINING TOOLS BLUE BLACK HANDLED SCREWDRIVER AND HAMMER** *PROP CODE **60** *VALUE **1.00**

VICT. NO. **1** VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER **22-2869-2**

*LOSS CODE **6** QUANTITY **1** DESCRIPTION **BAG WITH BLACK FLDING KNIFE** *PROP CODE **60** *VALUE

VICT. NO. **1** VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER **22-001869-3**

EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums	DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents	VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items	EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft. 18 Office Equipment 19 Stereo/TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 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 CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 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 WEAPONS 44 Firearms 45 Other Weapons	STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory
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NARRATIVE
 On 05-30-22 I was dispatched to 168 Old River Trail on report of a discovered burglary.
 Under investigation.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-001869
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VICTIM DUVALL, ALAN	OFFENSE Burglary trespass in occupied	INCIDENT DATE NO TIME 05/25/2022	1400
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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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
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NAME (Last, First, Middle) UNKNOWN,	SSN Redacted
ALIAS	GANG AFFILIATION

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

PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
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*AGE/D.O.B.	*SEX N/A	*RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> X <input type="checkbox"/> A <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
--

*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		
99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM	50 POISON																					
11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES																					
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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 0000	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.	FBI/BC#
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*MULTIPLE ARRESTEE SEGMENTS INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR <input type="checkbox"/> NA	*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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JUVENILE

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

REPORTING OFFICER MAY, GREG	BADGE NO. 14	DATE 05/30/2022
APPROVING OFFICER BENSON, KEITH	BADGE NO. 5	DATE 05/30/2022
COURT		DATE

PROPERTY SUPPLEMENT

INCIDENT NUMBER 1-22-001869

VICTIM **DUVALL, ALAN** OFFENSE **Burglary trespass in occupied structure** INCIDENT DATE AND TIME **5/25/2022 2:00 PM**

*TYPE PROPERTY 1 NONE 3 COUNTERFEITED/FORGED 5 STOLEN/ETC. 7 RECOVERED P PHOTO TOTAL VALUE
 LOSS/ETC. (enter codes below) 2 BURNED 4 DESTROYED/DAMAGED/VANDALIZED 6 SEIZED U UNKNOWN E EVIDENCE **31,101.00**

*LOSS CODE 6 QUANTITY 1 DESCRIPTION **BLUE/BLACK HANDLED SCREWDRIVER** *PROP CODE 60 *VALUE

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

SERIAL NUMBER NCIC NUMBER OTHER NUMBER **22-001869-1**

*LOSS CODE 5 QUANTITY 2 DESCRIPTION **2 RYOBI RECHARGEABLE MOWERS GREEN** *PROP CODE 54 *VALUE **700.00**

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

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE 5 QUANTITY 1 DESCRIPTION **ASSORTED JEWELRY GROCERY BAG FULL OF JEWELRY** *PROP CODE 08 *VALUE **30,000.00**

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

*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

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE

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

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

- PROPER TY CODES :**
- EXCHANGE MEDIUMS
 - 01 Money
 - 02 Credit/Debit Card
 - 03 Negotiable Instruments
 - 04 Other Exchange Mediums
 - DOCUMENTS
 - 05 Non-Negotiable Instruments
 - 06 Personal Papers
 - 07 Other Documents
 - VALUABLES
 - 08 Jewelry/Precious Metals
 - 09 Art Objects, Antiques
 - 10 Other Valuables
 - PERSONAL EFFECTS
 - 11 Clothing/Furs
 - 12 Purse/Handbags/Wallets
 - 13 Other Personal Effects
 - HOUSEHOLD ITEMS
 - 14 Household Items
 - EQUIPMENT
 - 15 Drug/Narcotic Equip.
 - 16 Gambling Equipment
 - 17 Computer Hardware/Soft.
 - 18 Office Equipment
 - 19 Stereo TV Equip.
 - 20 Recordings-Audio Visual
 - 21 Sports Equipment
 - 22 Photographic Equipment
 - 23 Farm Equipment
 - 24 Heavy Construction/Industrial
 - 25 Building Supplies-Const.
 - CONSUMABLE ITEMS
 - 30 Alcohol
 - 31 Drugs/Narcotics
 - 32 Consumable Goods
 - ANIMALS
 - 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
 - WEAPONS
 - 44 Firearms
 - 45 Other Weapons
 - STRUCTURES
 - 46 Single Occupancy
 - 47 Other Dwellings
 - 48 Commercial/Business
 - 49 Industrial/Mfg.
 - 50 Public/Community
 - 51 Storage
 - 52 Other Structure
 - OTHER
 - 53 Merchandise
 - 54 Other Property
 - 55 Pending Inventory

REPORTING OFFICER **MAY, GREG** BADGE NO. **14** DATE **05/30/2022**

APPROVING OFFICER **BENSON, KEITH** BADGE NO. **5** DATE **05/30/2022**

VEHICLE SUPPLEMENT

INCIDENT NUMBER 1-22-001869

VICTIM DUVALL, ALAN
 OFFENSE Burglary trespass in occupied
 INCIDENT DATE AND TIME 05/25/2022 1400

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE	
1		JEV8004	Oh	2023	PC	JTHCM1D23H5018542		
VYR	VMA	VMO	VST	VCO TOP B TT M	VEHICLE LOCKED	KEYS IN VEHICLE	HOLD VEHICLE	RELEASE
2017	LEXS	IS3	4S	BLU	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED?	TOWED BY	OWNERSHIP VERIFIED BY:	TAG RECEIPT	TITLE	OTHER	
1	1	<input checked="" type="checkbox"/> N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN	RESID. RURAL	ADDITIONAL DESCRIPTION				
		<input type="checkbox"/> BUSINESS	<input type="checkbox"/>					
AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)							PHONE	
ALLSTATE INS CO								
MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION					
			<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
			WHERE RECOVERED? 168 OLD RIVER TRAIL					

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE	
VYR	VMA	VMO	VST	VCO TOP B TT M	VEHICLE LOCKED	KEYS IN VEHICLE	HOLD VEHICLE	RELEASE
					<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED?	TOWED BY	OWNERSHIP VERIFIED BY:	TAG RECEIPT	TITLE	OTHER	
		<input type="checkbox"/> N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN	RESID. RURAL	ADDITIONAL DESCRIPTION				
		<input type="checkbox"/> BUSINESS	<input type="checkbox"/>					
AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)							PHONE	
MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			WHERE RECOVERED?					

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE	
VYR	VMA	VMO	VST	VCO TOP B TT M	VEHICLE LOCKED	KEYS IN VEHICLE	HOLD VEHICLE	RELEASE
					<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED?	TOWED BY	OWNERSHIP VERIFIED BY:	TAG RECEIPT	TITLE	OTHER	
		<input type="checkbox"/> N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN	RESID. RURAL	ADDITIONAL DESCRIPTION				
		<input type="checkbox"/> BUSINESS	<input type="checkbox"/>					
AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)							PHONE	
MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			WHERE RECOVERED?					

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE	
VYR	VMA	VMO	VST	VCO TOP B TT M	VEHICLE LOCKED	KEYS IN VEHICLE	HOLD VEHICLE	RELEASE
					<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED?	TOWED BY	OWNERSHIP VERIFIED BY:	TAG RECEIPT	TITLE	OTHER	
		<input type="checkbox"/> N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN	RESID. RURAL	ADDITIONAL DESCRIPTION				
		<input type="checkbox"/> BUSINESS	<input type="checkbox"/>					
AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)							PHONE	
MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			WHERE RECOVERED?					

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE	
VYR	VMA	VMO	VST	VCO TOP B TT M	VEHICLE LOCKED	KEYS IN VEHICLE	HOLD VEHICLE	RELEASE
					<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED?	TOWED BY	OWNERSHIP VERIFIED BY:	TAG RECEIPT	TITLE	OTHER	
		<input type="checkbox"/> N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN	RESID. RURAL	ADDITIONAL DESCRIPTION				
		<input type="checkbox"/> BUSINESS	<input type="checkbox"/>					
AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)							PHONE	
MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION					
			<input type="checkbox"/> Y <input type="checkbox"/> N					
			WHERE RECOVERED?					

VEHICLE

REPORTING OFFICER MAY, GREG	BADGE NO. 14	DATE 05/30/2022
APPROVING OFFICER BENSON, KEITH	BADGE NO. 5	DATE 05/30/2022

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-001869
VICTIM DUVALL, ALAN		INCIDENT DATE / TIME 5/25/2022 1400
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately c		NARRATIVE DATE / TIME 05/30/2022
NARRATIVE TOPIC	OFFICER L. ZENGEL (229)	BADGE NO. L. ZENGEL

5 - Enroute-168 OLD RIVER TRAIL OAKWOOD
 14 - Enroute-168 OLD RIVER TRAIL OAKWOOD
 NEIGHBORS FOUND FRONT "KICKED OPEN" & BACK DOOR OPEN; ITEMS SCATTERED
 INSIDE
 11 - Enroute-168 OLD RIVER TRAIL OAKWOOD
 U#5 & #14 CLEARING HOUSE; WAITING FOR U#11 TO ARRIVE TO SECURE REAR
 U#14 ADV THE HOUSE IS CLEARED
 VM'S LEFT W/DUVALLS TO CALL OPD
 CANCEL CKS PER U#11
 U#14 TO HQ FOR EV SUPPLIES
 11 - Cancel Checkup-168 OLD RIVER TRAIL OAKWOOD
 14 - Cancel Checkup-168 OLD RIVER TRAIL OAKWOOD
 5 - Cancel Checkup-168 OLD RIVER TRAIL OAKWOOD
 U#14 BACK ON SCENE

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-001869
VICTIM DUVALL, ALAN	INCIDENT DATE / TIME 5/25/2022 1400	
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately c	NARRATIVE DATE / TIME 05/30/2022	
NARRATIVE TOPIC Initial Report	OFFICER G. MAY (273)	BADGE NO. G. MAY (27)

This case is under investigation.

On 05-30-22 at 0933 hrs. I responded to 168 Old River Trail on report of a suspected burglary. Lt. Benson and Ofc. Wilson also responded to the scene. Upon arrival I spoke to one of the complainants, William Mayfield. He stated that he was walking his dog past this residence at approx. 0930 hrs. and noticed that the front entry door was open. He said that he found it unusual that the door was open and there was no screen door, especially because they have two dogs that are typically inside the house. He said that he walked around the side of the house by the garage and saw the man entry door was open and there was an upper room window open. He said that he saw that there were no vehicles in the garage and saw no signs of the dogs and assumed the owners were on vacation. Upon closer inspection he observed the front door had been forced open because the door jamb was broken. Lt. Benson and I searched the interior and found nobody in the residence. We observed that all the rooms of the two-story residence had been ransacked through. The front door appeared to have been kicked open. There was a non-descript smudge containing dirt, grass and dried water on the door close to the handle and lock. The deadbolt lock was still engaged on the door and the door jamb was busted out. The front entry/living room had been rummaged through and the TV stand was turned over. The television was missing. There was a blue/black handled screwdriver, believed to be the homeowners, on the floor by the TV stand. It appears that it may have been used to remove the screws from the rear of the TV connecting it to the stand. The upper and lower bedrooms were rummaged through including the closets, dresser and night stand drawers, and under the mattresses. There appeared to be televisions missing from the master bedroom and the downstairs family/TV room. There was a blue/black handled screwdriver and hammer located on the floor in the downstairs TV family room, possibly used to disassemble the TV from the wall. The screwdrivers and hammer were collected for evidence purposes. There did not appear to be an alarm or camera security system. The entry door leading from the garage to the house was still secured by the deadbolt. The dining room window was partially open, however there were no window screens on the floor or the outside yard area. There was still mail in the mail box and an Oakwood Register was on the grass by the mail box. Ofc. Wilson canvassed the neighborhood to see if any of the neighbor's saw or heard anything.

I photographed the scene prior to it being processed for evidence. Ofc. Wilson dusted the drawers, doors, and other objects in search of latent prints with negative results. At the time of the report, the homeowners could not be reached because their phone mailbox was full. Lt. Benson was able to send a text message to their number and was able to reach Mr. Alan Duvall who had heard from a neighbor that his house had been burglarized and he was on his way back into town.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-001869
VICTIM DUVALL, ALAN		INCIDENT DATE / TIME 5/25/2022 1400
OFFENSE Burglary, trespass in occupied structure, separately secured structure, or separately c		NARRATIVE DATE / TIME 05/30/2022
NARRATIVE TOPIC Initial Report	OFFICER G. MAY (273)	BADGE NO. G. MAY (27

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-001869
VICTIM DUVALL, ALAN	INCIDENT DATE / TIME 5/25/2022 1400	
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately c	NARRATIVE DATE / TIME 05/30/2022	
NARRATIVE TOPIC Neighbor Contacts	OFFICER R. WILSON (263)	BADGE NO. R. WILSON

On May 30, 2022 Lt. Benson, Ofc. G. May and I were dispatched to 168 Old River for a burglary complaint. Ofc. May and Lt. Benson arrived on scene first and secured the scene. Upon arrival, monitored the outer perimeter of the home while Lt. Benson and Ofc. May cleared the property. While standing at the rear of the home I observed the rear garage entry door open approx. 5". No damage was noted to the door, lock or door jam.

Upon clearing the home, Lt. Benson, Ofc. May and I began assessing the scene for evidence.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-001869
VICTIM DUVALL, ALAN	INCIDENT DATE / TIME 5/25/2022 1400	
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately c	NARRATIVE DATE / TIME 06/18/2022	
NARRATIVE TOPIC Vehicle Release	OFFICER J. SLONE (076)	BADGE NO. J. SLONE (

On June 18, 2022 at 1115 hours, Mr Alan Duvall arrived at 30 Park Avenue to pick up his recovered Lexus IS300, OH REG # JEV8004, VIN- JTHCM1D23H5018542. I spoke on the phone with Detective Ballinger and she confirmed that as long as the tow bill was paid at Sandy's towing and recovery that the vehicle was able to be released. I called Sandy's towing and confirmed that the bill was marked paid, they stated it was cleared to be released to the owner.

Mr. Duvall signed OPSD Form-154 (Property Receipt), and I released the keys and the vehicle to him.

Nothing further at this time.

Lt. Justin K. Slone

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-001869
VICTIM DUVALL, ALAN	INCIDENT DATE / TIME 5/25/2022 1400	
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately c	NARRATIVE DATE / TIME 06/18/2022	
NARRATIVE TOPIC	OFFICER J. ANDERSON (958)	BADGE NO. J. ANDERS(

Mr. Duvall at HQ to p/up his veh//provided a copy of the paid towbill from Sandy's towing showing payment for tow from the recovery scene to 210.

Lt. Slone processed the paperwork/verified Mr. Duvall's ID and relesed the veh.

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY						*INCIDENT NUMBER 1-22-002319																				
	CALL NUMBER 1-22-012101			*GEOCODE S			*CLEARANCES																				
	TOD			<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT			<input type="checkbox"/> A Death of Suspect <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Denied <input type="checkbox"/> D Victim Refused to Coop. <input type="checkbox"/> E Juvenile/No Custody <input type="checkbox"/> F Arrest - Adult			<input type="checkbox"/> G Arrest - Juvenile <input type="checkbox"/> H Warrant Issued <input checked="" type="checkbox"/> I Invest. Pending <input type="checkbox"/> J Closed <input type="checkbox"/> K Unfounded <input type="checkbox"/> U Unknown																	
OHIO UNIFORM INVESTIGATION REPORT																											
MONTH		*REPORT DATE/TIME		YEAR		TIME		MONTH		*INCIDENT OCCURRED FROM		YEAR		TIME		MONTH		*INCIDENT OCCURRED TO		YEAR		TIME					
7		8		2022		0538		7		8		2022		0538		7		8		2022		0538					
INCIDENT LOCATION (Street, Apt., City, State, Zip) 2765 RIDGEWAY RD, OAKWOOD, OH 45419																											
*OFFENSE																											
1. Burglary		*OFFENSE CODE		*A/C		F/M & DEGREE		*HATE/BIAS		*LARCENY		*TYPE CRIMINAL ACTIVITY (Enter up to three for each offense)															
2. Breaking and Entering		2. 2911.12		C		F2				23H		1. 2. 3.															
3. Theft		3. 2913.02		C		F4		N				1. N 2. 3.															
4. Receiving Stolen Property		4. 2913.51		C		F4		N				1. N 2. 3.															
5.		5.										1. 2. 3.															
*LOCATION OF OFFENSE (Enter up to two)																											
1. 01 2. 12 Jail/ Prison 13 Park ing Garage 14 Oth er Pub lic Access Build ings												RETAIL 26 Bar 27 Buy/Sell/ Trade Shop 28 Res taurant 29 Gas Station 30 Aut o Sales Lot 31 Jew elry Store 32 Clot hing S tore 33 Dru gstore 34 Liq uor Sto re 35 Sh opping Mall 36 Spo rting Goods 37 Gro cery/Su perm arket 38 Vari ety/Con veni ence 39 De partme nt Store 40 Oth er Ret ail Store 41 Factory/Mill/Plant 42 Oth er Building OUTSIDE 43 Yard 44 Con stru ction Site 45 Lak e/Water way 46 Field/ Woods 47 Str eet 48 Park ing Lot 49 Park /Playground 50 Ce metery 51 Pub lic Trans it V ehicle 52 Oth er Outs ide Location															
*SUSPECTED OF USING																											
A <input checked="" type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE																											
*TYPE WEAPON/FORCE USED																											
1. 2. 3.																											
OFFENSE	*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT										*METHOD OF ENTRY - BURGLARY/B&E														
	1 <input checked="" 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		ENTRY		EXIT										
	*NO. PREMISES ENTERED: 1		02 <input type="checkbox"/> Unlocked		07 <input type="checkbox"/> Slim Jim/Coat Hanger		1 <input type="checkbox"/> BASEMENT		1 <input checked="" type="checkbox"/> DOOR		2 <input type="checkbox"/> WINDOW		2 <input type="checkbox"/> FRONT		3 <input type="checkbox"/> SIDE		3 <input checked="" type="checkbox"/> REAR		4 <input type="checkbox"/> ROOF		4 <input type="checkbox"/> OTHER						
METHODS OF OPERATION Breaks Glass, Disturbed Very Little																											
*NO. *TOTAL *VICTIM TYPE *INDIVIDUAL *FINANCIAL INSTITUTION *POLICE OFFICER (IN THE LINE OF DUTY) *SOCIETY *OTHER *BUSINESS *GOVERNMENT *RELIGIOUS ORGANIZATION *UNKNOWN																											
NAME (Last, First, Middle) RASHAED, ELIJAH MOHAMMED																											
ADDRESS (Street, Apt., City, State, Zip) 8566 112TH TERRACE N, WEST PALM BEACH, FL, 33412																		PHONE									
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)																		PHONE									
*AGE/ D.O.B.		*SEX		*RACE		*ETHNICITY		HGT		WGT		HAIR		EYES													
52 YRS		08/09/1969		Male		W		5'10"		200		BLK		BRO													
OCCUPATION												SSN		*RESIDENT *RESIDENT *MILITARY *OTHER *STATUS *TOURIST *STUDENT *UNKNOWN													
Redacted																											
*VICTIM INJURED?		IF INJURED, DESCRIBE INJURIES:		*LEOKA INFORMATION						*VICTIM/SUSPECT RELATIONSHIP						*VICTIM/OFFENSE LINK											
Y				07						0						2911.12											
My signature verifies that the information on this report is accurate and true																											
REPORTING OFFICER SMITH, JEREMY												TITLE Public Safety Officer						BADGE NO. 19		DATE 07/08/2022							
APPROVING OFFICER BENSON, KEITH												TITLE Lieutenant						BADGE NO. 5		DATE 07/08/2022							
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"/> 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
1-22-002319

INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-22-002319

VICTIM NAME (Last, First, Middle) **RASHAED, ELIJAH MOHAMMED** OFFENSE **Burglary** INCIDENT DATE AND TIME **07/08/2022 0538**

NO. **1** NAME (Last, First, Middle) **RASHAED, ELIJAH MOHAMMED** AGE/D.O.B. **52 YRS 08/09/1969** SSN **Redacted**

ADDRESS (Street, Apt., City, State, Zip) **2765 RIDGEWAY RD OAKWOOD, OH 45419** PHONE

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

REPORTER

VEHICLE

PROPERTY

NARRATIVE

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 THEFT FROM 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 BILL OF SALE TITLE 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 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
*LOSS CODE <th>QUANTITY</th> <th>DESCRIPTION</th> <th>*PROP CODE</th> <th>*VALUE</th>	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
*LOSS CODE <th>QUANTITY</th> <th>DESCRIPTION</th> <th>*PROP CODE</th> <th>*VALUE</th>	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
*LOSS CODE <th>QUANTITY</th> <th>DESCRIPTION</th> <th>*PROP CODE</th> <th>*VALUE</th>	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	

PROPER TY 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-Const.		44 Firearms	55 Pending Inventory
				45 Other Weapons	

Sir,
On 7/8/22 I was dispatched to 2765 Ridgeway on an entry alarm. This incident is under investigation. Officer J. Smith

SUSPECT/ARREST SUPPLEMENT ARRESTING AGENCY _____ INCIDENT NUMBER **1-22-002319**

VICTIM **RASHAED ELIJAH MOHAMMED** OFFENSE **Burglary** INCIDENT DATE **07/08/2022** ND TIME **0538**
 NO. **1** ADULT JUVENILE UNKNOWN CHECK APPROPRIATE CATEGORY SUSPECT ARRESTEE SUSPECT/ARRESTEE RUNAWAY MISSING OTHER _____ CHARGES FILED? Y N

NAME (Last, First, Middle) _____ SSN **Redacted**
 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 **male** *HAIR _____ *EYES _____

MARITAL STATUS **Single** SCARS, MARKS, TATOOS _____

ADDITIONAL DESCRIPTIVES _____

Build: Slim

SUSPECTED OF USING ALCOHOL DRUGS POTENTIAL INJURIES? _____

*RESIDENT STATUS _____

*ARRESTEE WAS ARMED WITH _____

- ARRESTEE ARMED WITH 1. _____ 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 _____ ADDRESS (Street, Apt., City, State, Zip) _____ PHONE _____

1. _____ 1. _____ 1. _____

2. _____ 2. _____ 2. _____

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	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 **7/8/2022** TIME **0000** ARREST LOCATION (Street, Apt., City, State, Zip) _____

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

MIRANDA WITNESSED BY: _____ TIME READ **0000**

FINGERPRINTED Y N FINGERPRINT CARD NO. _____ PHOTOS TAKEN Y N NO. TAKEN **0** PHOTO ID NO. _____ FBI/BCI# _____

*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

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 _____

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

LAST SEEN WEARING _____

REPORTING OFFICER **SMITH, JEREMY** BADGE NO. **19** DATE **07/08/2022**

APPROVING OFFICER **BENSON, KEITH** BADGE NO. **5** DATE **07/08/2022**

COURT _____ DATE _____

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING

SUSPECT/ARREST SUPPLEMENT ARRESTING AGENCY _____ INCIDENT NUMBER **1-22-002319**

VICTIM **RASHAED ELIJAH MOHAMMED** OFFENSE **Burglary** INCIDENT DATE **07/08/2022** ND TIME **0538**

NO. **2** ADULT JUVENILE UNKNOWN CHECK APPROPRIATE CATEGORY SUSPECT ARRESTEE SUSPECT/ARRESTEE RUNAWAY MISSING OTHER _____ CHARGES FILED? Y N

NAME (Last, First, Middle) _____ SSN **Redacted**

ALIAS _____ GANG AFFILIATION _____

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

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

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

*AGE/DOB _____ *SEX _____ *RACE _____ *CITY _____ *HEIGHT **To** *WEIGHT **0 To 0** *HAIR _____ *EYES _____

MARITAL STATUS _____ ADDITIONAL COMMENTS _____

SUSPECTED OF USING ALCOHOL DRUGS POTENTIAL INJURIES? _____

*RESIDENT STATUS **1**

*ARRESTEE WAS ARMED WITH _____

ARRESTEE ARMED WITH 1. _____ 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 _____ ADDRESS (Street, Apt., City, State, Zip) _____ PHONE _____

1. _____ 1. _____ 1. _____

2. _____ 2. _____ 2. _____

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	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 **0000** ARREST LOCATION (Street, Apt., City, State, Zip) _____

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

MIRANDA WITNESSED BY: _____ TIME READ **0000**

FINGERPRINTED Y N FINGERPRINT CARD NO. _____ PHOTOS TAKEN Y N NO. TAKEN **0** PHOTO ID NO. _____ FBI/BCI# _____

*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

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 _____

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

LAST SEEN WEARING _____

REPORTING OFFICER **SMITH, JEREMY** BADGE NO. **19** DATE **07/08/2022**

APPROVING OFFICER **BENSON, KEITH** BADGE NO. **5** DATE **07/08/2022**

COURT _____ DATE _____

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED		INCIDENT DATE / TIME 7/08/2022 0538
OFFENSE Burglary		NARRATIVE DATE / TIME 07/08/2022
NARRATIVE TOPIC	OFFICER S. MURPHY (088)	BADGE NO. S. MURPHY

BASEMENT MOTION- OWNER NOT ON SCENE REQUESTED DISPATCH

19 - Enroute-2765 RIDGEWAY RD OAKWOOD

23 - Enroute-2765 RIDGEWAY RD OAKWOOD

OPEN DOOR IN REAR

19 ASKED FOR RESIDENT TO RESPOND- LOOKS LIKE ENTRY WAS MADE TO HOME.

NUMBER FOR ELIJAH RASHAED WENT TO VM AND DID NOT RING. CALLED ALARM COMP .

AND GOT 3 ADDITIONAL NUMBERS--- ELIJAH M RASHAED 414-587-9177, ALI RASHAED

414-406-5383 AND 414-759-3257

JMS7903 WAS AT HOUSE

HNE7160 WAS AT HOUSE

NUMBER TO MR RASHAED WAS GIVEN TO 19 TO CALL

MR RASHAED ASKED IF ANY JEWELRY IN THE SOUTH BEDROOM WAS TAKEN. I TOLD HIM

19 WOULD CALL AND ANSWER ANY QUESTIONS

ALARM PANEL WAS RIPPED OFF WALL

5 - Enroute-2765 RIDGEWAY RD OAKWOOD

ETECH AND SUPERVISOR REQUESTED

25 - Enroute-2765 RIDGEWAY RD OAKWOOD

14 - Enroute-2765 RIDGEWAY RD OAKWOOD

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED		INCIDENT DATE / TIME 7/08/2022 0538
OFFENSE Burglary		NARRATIVE DATE / TIME 07/08/2022
NARRATIVE TOPIC Burglary	OFFICER J. SMITH (056)	BADGE NO. J. SMITH (

Sir,
 On 7/8/22 at 05:38 Myself and Officer McElroy were dispatched to 2765 Ridgeway on an ADT entry alarm basement motion. Upon arrival, I noticed the front door was secure and began checking the windows and doors walking south along the front of the house and west along the south side of the home. Once in the back of the house to the west I noticed a double screen door ajar and checked the inner door and it was secure. Next, I noticed a screen door on the west side of the house that faces south was ajar and when I checked the inner door it was unsecured. No forced entry apparent. I called open door over the radio and held my position to wait for Officer McElroy to enter the home with me.

Upon arrival Officer McElroy noticed in the driveway to the north of the home, a grey Toyota Registration Officer McElroy noticed a clear crystal decanter with a brown substance inside on the center console of the vehicle and the drivers side window was down but no one was inside.

Officer McElroy met me at the open door and we made entry with announcements. As we cleared the first floor we saw an alarm panel torn off the wall near the entrance to the basement. We cleared the basement and the first floor and then moved to the second floor. Several bedrooms were on the second floor and appeared lived in, unknown what if anything was out of place as we cleared. A third floor was also cleared with nothing significant noted.

At some point while we cleared the basement someone returned to the Toyota in the driveway and left the scene in it. This was captured on Officer McElroy's dash cam in Car 80. While clearing the basement it was noted that on the north end of the house a west facing door to the outside was unsecured and required a key that was not present to lock from the inside and outside of the door.

Contact was made with the resident, Elijah Mohammed Rashaed, who was not in town. Rashaed stated no one was staying in the home while they were out of town and that the alarm panel was not damaged when they were last at the property. Rashaed directed me via cell phone to check the night stand on the east side of the bed in the master bedroom to check for two rings no other description. He stated they would be in the top or second from top drawer of the night stand. I checked at his request and no rings were found. Rashaed then requested we check the jewelry case in the center of the closet/shoe room to the northwest of the master bedroom. There was a glass case located in the center of the room with only a necklace and a pair of ear rings along with glasses cases of several brands inside the glass casing. A gold pendant was observed in the floor of the room, several necklaces and bracelets hung in the southwest corner of the room. No other jewelry was noted inside the case and Rashaed stated several pieces should have been inside. The case also had drawers some open some closed with random miscellaneous items inside. A vanity on the south wall of the room had one drawer open at the bottom right with random items inside.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED		INCIDENT DATE / TIME 7/08/2022 0538
OFFENSE Burglary		NARRATIVE DATE / TIME 07/08/2022
NARRATIVE TOPIC Burglary	OFFICER J. SMITH (056)	BADGE NO. J. SMITH (

A vertical jewelry box was located behind the door of the room on the east wall with one drawer open and several items of jewelry inside. Rashaed then directed me to the master bathroom to check a watch case that was located on a window sill on the east wall and there were no watches inside of it and he stated there should be.

These were the areas the home owner was most concerned with and directed me to check over the phone. Rashaed was not able to give me a comprehensive list or value of the property over the phone and we were unable to ascertain if anything else had been stolen without a resident on scene.

A camera was located on the west side of the home over the walk out entry of the basement. Rashaed stated the batteries were dead and for that reason the camera was not operating.

Rashaed stated via cell phone a representative for him would come to the property and Daryl Cooper of 2046 Burroughs Dr Dayton Ohio (414 388 3923) arrived on scene. He walked up to the property and stated an UBER had brought him. He talked on the phone with Rashaed as I walked back through the home with him to try and identify if anything else had been stolen or disturbed and nothing of significance was noted during that walk through.

In the servants closet on the first floor a set of clear crystal decanters was displayed on a shelf similar to the one noted by Officer McElroy in the grey Toyota, and it appeared there was a spot where one was missing.

A BOLO for the Toyota and the RO was entered into leads. Dayton officers responded to the address listed to the vehicle and the vehicle was not there and no contact was made at the address.

A supervisor and an evidence tech was requested and LT Benson and Officer Greg May responded to the scene to further process the scene. I walked LT Benson through our findings pointing out areas of significance for photographs. During the walk through with LT Benson, I discovered a broken pain of glass on the southwest side of the home I had not scene during my initial response. Glass was located on the inside of the home under the break.

End Of Report.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED		INCIDENT DATE / TIME 7/08/2022 0538
OFFENSE Burglary		NARRATIVE DATE / TIME 07/08/2022
NARRATIVE TOPIC Evidence Supplement	OFFICER G. MAY (273)	BADGE NO. G. MAY (27)

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED		INCIDENT DATE / TIME 7/08/2022 0538
OFFENSE Burglary		NARRATIVE DATE / TIME 07/08/2022
NARRATIVE TOPIC Burglary	OFFICER J. WATKINS (069)	BADGE NO. J. WATKINS

On 07/08/22 I was advised out of roll call to respond to 2765 Ridgeway Rd. to assist on an Burglary. Upon arriving I met with Lt. Benson who advised me to speak with the home owner via Facetime and do a walk thru of the residence. Lt. Benson made contact with Elijah Rashaed, the home owner, and I began a walk thru of the home. Rashaed noted that on the first floor a crystal decanter with whiskey inside was missing. On the second floor in his wives' closet there were several purses and a large amount of jewelry missing. In the master bedroom there were two rings missing out of a nightstand. In the master bathroom there was a box of quarters missing out of bottom of the closet. Rashaed advised that the value of the quarters were approx. \$2000 - \$3000. Rashaed advised that he would make a more complete list when he returned home.

Lt. Benson had me check the intersection of Oak Knoll/Ridgeway as Officer McElroy advised there were possible tire marks from the suspect leaving the scene. Upon arriving I located tire make that appeared as if someone accelerated quickly leaving tire marks turning west on to Oak Knoll from Ridgeway. I took photos of the marks and sent them to Lt. Benson. I returned to the residence and assisted in processing the scene.

Upon reading the report from Officer Smith, Lt. Benson and I return to the scene to check the north wood line and area around 2745 Ridgeway Rd. due to the suspect vehicle being parked in the driveway. Near the northwest corner I found a shoe print leading to 2745 Ridgeway rd. Lt. Benson took a photo of the shoe print. I checked the area and nothing was located. I made contact with the resident of 2745 Ridgeway rd. She advised that she did not see or hear anything and that she had no cameras.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED		INCIDENT DATE / TIME 7/08/2022 0538
OFFENSE Burglary		NARRATIVE DATE / TIME 07/08/2022
NARRATIVE TOPIC Photographs	OFFICER K. BENSON (248)	BADGE NO. K. BENSON

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED	INCIDENT DATE / TIME 7/08/2022 0538	
OFFENSE Burglary	NARRATIVE DATE / TIME 07/08/2022	
NARRATIVE TOPIC Property List	OFFICER K. BENSON (248)	BADGE NO. K. BENSON

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED	INCIDENT DATE / TIME 7/08/2022 0538	
OFFENSE Burglary	NARRATIVE DATE / TIME 07/09/2022	
NARRATIVE TOPIC	OFFICER J. WELLS (075)	BADGE NO. J. WELLS (

Checked the area of
was unable to locate.

for the suspect vehicle. Checked several streets in the area and

J. Wells #27

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED		INCIDENT DATE / TIME 7/08/2022 0538
OFFENSE Burglary		NARRATIVE DATE / TIME 07/13/2022
NARRATIVE TOPIC Vehicle ID	OFFICER C. MCELROY (066)	BADGE NO. C. MCELRO

Sir,

On 7/8/2022 at approximately 0538 hours, I responded to residential alarm at 2765 Ridgeway Road with Officer Smith. Upon arrival I observed two vehicles in the driveway. I approached the vehicles and observed a grey Toyota sedan with OH registration plate [redacted] the rear window. The Toyota was unoccupied with the driver's window down. I observed a clear crystal decanter with a brown liquid sitting on the front center console. The crystal decanter was later observed to match a missing decanter from a bar set in the residence. I ran the vehicle registration through LEADS and it returned to a [redacted].

Officer Smith advised that he found a rear door of the residence open upon his perimeter check. I assisted Officer Smith in searching the residence for occupants. Upon searching the residence, I observed a residential alarm panel that had been apparently pulled from the wall as it was in pieces on the floor. Officer Smith and I continued our search into the basement and subsequently found an additional unsecured door which exited the basement to a rear exterior stairwell on the north side of the residence. Officer Smith and I continued our search until I observed the Toyota sedan was no longer on the scene from my view through a north window on the first floor. I exited the residence to confirm the vehicle was in fact gone. The Toyota was later observed leaving the scene at approximately 0556 hours through the front dashcam of car 80.

Officer Smith and I finished searching the residence and found no occupants. Lt Benson arrived on scene shortly thereafter and assisted Officer Smith with evidence collection and identifying stolen property. Please see Officer Smith and Lt Benson's narratives for further details of the stolen property.

I left the scene after being alerted by Dispatch that a vehicle was reported to have fled the area at a high rate of speed at approximately 0600 hours. Dispatch advised that a resident reported the fleeing vehicle go off the road and cause property damage at the intersection of Ridgeway Rd and Oak Knoll Dr. I observed tire tracks and vegetation damage on the northwest corner of that intersection. I advised LT Benson of my observations and he assigned an oncoming crew to document the property damage.

Nothing further at this time.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002319
VICTIM RASHAED, ELIJAH MOHAMMED	INCIDENT DATE / TIME 7/08/2022 0538	
OFFENSE Burglary	NARRATIVE DATE / TIME 08/16/2022	
NARRATIVE TOPIC Stolen Property Update	OFFICER S. NORRIS (053)	BADGE NO. S. NORRIS

On 8/16/2022, at approximately 1015, I drove to American Coin and Jewelry, 736 Watervliet (Dayton), and met with Michael, the owner of the store. Michael retrieved the stolen items and placed them on the counter with the corresponding receipts. I took photos of the items and receipts. Michael said that he was keeping custody of the items until such time as the owner of the items reimbursed him for his own out-of-pocket expenses. According to the receipts, Michael paid a total of \$2952, some of which have already been melted down or otherwise disposed of.

I called Queen City Pawn and spoke with Ross, who said that he was in the process of gathering the various receipts, taking photos, and obtaining surveillance footage of the suspect(s). Ross also stated that Queen City Pawn would also require the victim to pay for the items before they were released.

I sent Ross a hold letter, as well a letter to release the items to the owner.

I spoke with the victim and informed him of the process by which to retrieve his stolen items. NFI

Off. S. Norris #17

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY								*INCIDENT NUMBER 1-22-002447																								
	CALL NUMBER 1-22-013029				*GEOCODE S				*CLEARANCES																								
	TOD		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)		<input checked="" type="checkbox"/> OFFENSE		<input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest - Juvenile																						
TOA								B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued																							
TOC								C <input type="checkbox"/> Extradition Denied		I <input checked="" type="checkbox"/> Invest. Pending																							
OHIO UNIFORM OFFENSE REPORT								*CLEARANCE DATE: 7/22/2022		CLEARED BY: STALEY, MATTHEW																							
MONTH		*REPORT DATE/TIME		TIME		MONTH		*INCIDENT OCCURRED FROM		TIME																							
7		22		2022		0348		7		22																							
2022		0348		7		22		2022		0340																							
INCIDENT LOCATION (Street, Apt., City, State, Zip) 406 EAST DR., OAKWOOD, OH 45419																																	
*OFFENSE			*OFFENSE CODE		*A/C	F/M & DEGREE		*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY																							
1. Receiving Stolen Property			1. 2913.51		C	F4		N		1. J 2. 3. (Enter up to three for each offense)																							
2. Receiving Stolen Property			2. 2913.51		C	F5		N		1. J 2. 3.																							
3. Theft			3. 2913.02		C	M1		N		1. J 2. 3.																							
4. Theft			4. 2913.02		C	f5				1. 2. 3.																							
5. Receiving Stolen Property			5. 2913.51		C	MM				1. 2. 3.																							
*LOCATION OF OFFENSE (Enter up to two)																																	
1. 47	2.	12 Jail/ Prison	RETAIL	41 Factory/Mill/Plant	*SUSPECTED OF USING																												
RESIDENTIAL STRUCTURE	13 Parking Garage	14 Other Public Access Buildings	26 Bar	28 Restaurant	27 Buy/Sell/Trade Shop	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	A <input type="checkbox"/> ALCOHOL	D <input type="checkbox"/> DRUGS	C <input type="checkbox"/> COMPUTER EQUIPMENT	N <input checked="" type="checkbox"/> NOT APPLICABLE
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.	*TYPE WEAPON/FORCE USED	1. U	2.	3.													
06 Transit Facility	07 Government Office	08 School	09 College	10 Church	11 Hospital	06 Hot Wire	07 Slim Jim/Coat Hanger	08 Tumblers Removed	09 Column Peeled	10 Ignition Peeled	*METHOD OF ENTRY - BURGLARY/B&E	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT														
*METHOD OF ENTRY	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	1 <input type="checkbox"/> BASEMENT	2 <input type="checkbox"/> 1 ST FLOOR	3 <input type="checkbox"/> 2 ND FLOOR	4 <input type="checkbox"/> OTHER	1 <input type="checkbox"/> DOOR	2 <input type="checkbox"/> WINDOW	3 <input type="checkbox"/> GARAGE	4 <input type="checkbox"/> SKYLIGHT	5 <input type="checkbox"/> OTHER	1 <input type="checkbox"/> FRONT	2 <input type="checkbox"/> SIDE	3 <input type="checkbox"/> REAR	4 <input type="checkbox"/> ROOF	5 <input type="checkbox"/> OTHER												
*NO. PREMISES ENTERED	METHODS OF OPERATION	*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"/> SOCIETY	<input type="checkbox"/> OTHER	*RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT	2 <input type="checkbox"/> TOURIST	3 <input type="checkbox"/> MILITARY	4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER	6 <input checked="" type="checkbox"/> UNKNOWN																
NAME (Last, First, Middle)	ADDRESS (Street, Apt., City, State, Zip)	PHONE	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE	*AGE/D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> A	ETHNICITY	HGT	WGT	HAIR	EYES	*VICTIM INJURED?	IF INJURED, DESCRIBE INJURIES:	*AGG. ASSAULT/HOMICIDE CIRC.	*LEOKA INFORMATION	*VICTIM/SUSPECT RELATIONSHIP	*VICTIM/OFFENSE LINK														
CRASE, MICHAEL E	28 KRATOCHWILL ST, DAYTON, OH, 45410				39 YRS	Male	W	<input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	N	6'02"	160	BRO	BRO	<input checked="" type="checkbox"/> Y	Apparent Minor Injury	07		0	3 U U														
OCCUPATION	SSN	*RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT	2 <input type="checkbox"/> TOURIST	3 <input type="checkbox"/> MILITARY	4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER	6 <input checked="" type="checkbox"/> UNKNOWN	My signature verifies that the information on this report is accurate and true	DATE	REPORTING OFFICER	TITLE	BADGE NO.	DATE	APPROVING OFFICER	TITLE	BADGE NO.	DATE															
Redacted	Redacted	<input type="checkbox"/> RESIDENT	<input type="checkbox"/> TOURIST	<input type="checkbox"/> MILITARY	<input type="checkbox"/> STUDENT	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> UNKNOWN			07/22/2022	STALEY, MATTHEW	Public Safety Officer	34	07/22/2022	TANNER, MICHAEL	Captain	3	07/25/2022															
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"/> PROPERTY	<input type="checkbox"/> STATEMENTS	FORM RECEIVED BY:	<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> INTELLIGENCE RECORDS	SPECIAL COPIES	P	INCIDENT NUMBER	1-22-002447																					
<input type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> NARRATIVE	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER																						

INCIDENT NUMBER 1-22-002447

INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-22-002447

VICTIM CRASE MICHAEL E OFFENSE Receiving Stolen Property INCIDENT DATE AND TIME 07/22/2022 0348

NO. 1 NAME (Last, First, Middle) CRASE, MICHAEL E AGE/ D.O.B. 39 YRS 11/18/1982 SSN Redacted

ADDRESS (Street, Apt., City, State, Zip) 751 TROY ST DAYTON, OH 45404 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. 1 DAMAGE TO VEHICLE THEFT FROM VEHICLE LIC HAJ5761 LIS Oh LIY 8226 LIT PC VIN/OAN 5NPDH4AE7GH737687 VALUE

VYR 2016 VMA HYUN VMO VST 4H VCO TOP BOTTOM MAR VEHICLE LOCKED N KEYS IN VEHICLE N HOLD VEHICLE N RELEASE N

VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? N TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE BILL OF SALE OTHER

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN BUSINESS 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 P PHOTO E EVIDENCE TOTAL VALUE 15,000.00

*LOSS CODE 7 QUANTITY 1 DESCRIPTION SAVAGE 410/22 OVER UNDER *PROP CODE 44 *VALUE 400.00

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED 08/12/2022

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE 7 QUANTITY 1 DESCRIPTION KATHERINE TRIGG *PROP CODE 02 *VALUE

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED 08/12/2022

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE 5 QUANTITY 1 DESCRIPTION MACBOOK PRO PAIGE HAKE *PROP CODE 17 *VALUE 1,000.00

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

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE 7 QUANTITY 1 DESCRIPTION AIR RIFLE *PROP CODE 44 *VALUE 125.00

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED 08/12/2022

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

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

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-002447
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VICTIM CRASE, MICHAEL E	OFFENSE Receiving Stolen Property	INCIDENT DATE 07/22/2022	0335
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NO. 1	ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY <input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
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NAME (Last, First, Middle)	SSN Redacted
	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
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*AGE/D.O.B.	*SEX	ETHNICITY	*HEIGHT To	*WEIGHT 0 To 0	*HAIR	*EYES
-------------	------	-----------	---------------	-------------------	-------	-------

MARITAL STATUS Single	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

*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>16B 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	16B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON	13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL		
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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	16B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON																					
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	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)
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*INCIDENT TRACKING NUMBER	ARREST DISPOSITION	BAIL
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MIRANDA WITNESSED BY:	TIME READ
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FINGERPRINTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NO. TAKEN 0	PHOTO ID NO.	FBI/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
--	--	--	--

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
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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 STALEY, MATTHEW	BADGE NO. 34	DATE 07/22/2022
APPROVING OFFICER TANNER, MICHAEL	BADGE NO. 3	DATE 07/25/2022
COURT		DATE

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-002447
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VICTIM CRASE, MICHAEL E	OFFENSE Receiving Stolen Property	INCIDENT DATE 07/22/2022	0335
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NO. 1	ADULT <input type="checkbox"/>	JUVENILE <input checked="" type="checkbox"/>	UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY	<input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
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NAME/DESCRIPTIVES

NAME (Last, First, Middle) Juvenile Information Redacted		SSN
ALIAS Juvenile Information Redacted		GANG AFFILIATION
ADDRESS (Street, Apt., City, State, Zip) Juvenile Information Redacted		PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE
PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
*AGE/ D.O.B	*SEX	NICITY
		*HEIGHT To
		*WEIGHT 0 To 0
		*HAIR
		*EYES
MARITAL STATUS	SCARS, MARKS, TATOOS	
ADDITIONAL DESCRIPTIVES		
SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	POTENTIAL INJURIES?	
*RESIDENT STATUS 1		
*ARRESTEE WAS ARMED WITH		
ARRESTEE ARMED WITH 1. ____ 2. ____ 3. ____		
99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM
11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM
12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN
12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT
13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT
13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL	50 POISON
		60 EXPLOSIVES
		65 FIRE/INCENDIARY DEVICE
		70 DRUGS/NARC/SLEEPING PILLS
		80 OTHER WEAPON

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)
//	0000 0	

*INCIDENT TRACKING NUMBER	ARREST DISPOSITION	BAIL
		0.00

MIRANDA WITNESSED BY:	TIME READ
	0000

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.	FBI/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
--	--	--	--

JUVENILE

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
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. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION 12/22/2025	NCIC #	DATE/TIME ENTERED
LAST SEEN WEARING				

REPORTING OFFICER STALEY, MATTHEW	BADGE NO. 34	DATE 07/22/2022
APPROVING OFFICER TANNER, MICHAEL	BADGE NO. 3	DATE 07/25/2022
COURT		DATE

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-002447
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VICTIM CRASE, MICHAEL E	OFFENSE Receiving Stolen Property	INCIDENT DATE 07/22/2022	0335
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NO. 2	ADULT <input type="checkbox"/> JUVENILE <input checked="" type="checkbox"/> UNKNOWN <input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
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NAME (Last, First, Middle) Juvenile Information Redacted	SSN
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ALIAS Juvenile Information Redacted	GANG AFFILIATION
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ADDRESS (Street, Apt., City, State, Zip) Juvenile Information Redacted	PHONE
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EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE
--	-------

PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
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*AGE D.O.	*SEX	ETHNICITY	*HEIGHT To	*WEIGHT 0 To 0	*HAIR	*EYES
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MARITAL STATUS	SCARS, MARKS, TATOOS
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ADDITIONAL DESCRIPTIVES

SUSPECTED OF USING ALCOHOL DRUGS

POTENTIAL INJURIES?

*RESIDENT STATUS **1**

*ARRESTEE WAS ARMED WITH

ARRESTEE ARMED WITH 1. ____ 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	ADDRESS (Street, Apt., City, State, Zip)	PHONE
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1.	1.	1.
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2.	2.	2.
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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)
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*INCIDENT TRACKING NUMBER	ARREST DISPOSITION	BAIL
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MIRANDA WITNESSED BY:	TIME READ
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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.	FBI/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
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PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION 5/10/2025	NCIC #	DATE/TIME ENTERED
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LAST SEEN WEARING

REPORTING OFFICER
STALEY, MATTHEW

APPROVING OFFICER
TANNER, MICHAEL

BADGE NO. 34	DATE 07/22/2022
BADGE NO. 3	DATE 07/25/2022

COURT

NAME/DESCRIPTIVES
ASSOC. PERSONS
ARREST INFORMATION
JUVENILE
RUNAWAYS /MISSING

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-002447
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VICTIM CRASE, MICHAEL E	OFFENSE Receiving Stolen Property	INCIDENT DATE 07/22/2022	0335
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NO. 3	ADULT <input type="checkbox"/> JUVENILE <input checked="" type="checkbox"/> UNKNOWN <input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
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NAME (Last, First, Middle) Juvenile Information Redacted	SSN
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ALIAS Juvenile Information Redacted	GANG AFFILIATION
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ADDRESS (Street, Apt., City, State, Zip) Juvenile Information Redacted	PHONE
--	-------

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) Juvenile Information Redacted	PHONE
--	-------

PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
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*AGE/ D.O.B	*SEX	ETHNICITY	*HEIGHT To	*WEIGHT 0 To 0	*HAIR	*EYES
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MARITAL STATUS	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

*ARRESTEE WAS ARMED WITH

ARRESTEE ARMED WITH 1. 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	ADDRESS (Street, Apt., City, State, Zip)	PHONE
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1.	1.	1.
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2.	2.	2.
----	----	----

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
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1.	1.	1.	1.	23A POCKET PICKING
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2.	2.	2.	2.	23B PURSE SNATCHING
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3.	3.	3.	3.	23C SHOPLIFTING
----	----	----	----	-----------------

4.	4.	4.	4.	23D THEFT FROM BUILDING
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5.	5.	5.	5.	23E THEFT FROM COIN-OP MACH.
----	----	----	----	------------------------------

5.	5.	5.	5.	23F THEFT FROM MOTOR VEHICLE
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5.	5.	5.	5.	23G MOTOR VEH. PARTS/ACCESS.
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5.	5.	5.	5.	240 THEFT OF MOTOR VEHICLE
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5.	5.	5.	5.	23H OTHER:
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*ARREST DATE	TIME	ARREST LOCATION (Street, Apt., City, State, Zip)
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11/000010	ARREST DISPOSITION	BAIL 0.00
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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.	FBI/BCI#
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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
--	---	---	---

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 3/04/2027	NCIC #	DATE/TIME ENTERED
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REPORTING OFFICER STALEY, MATTHEW	BADGE NO. 34	DATE 07/22/2022
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APPROVING OFFICER TANNER, MICHAEL	BADGE NO. 3	DATE 07/25/2022
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COURT	DATE
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SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY

INCIDENT NUMBER

1-22-002447

VICTIM

CRASE, MICHAEL E

OFFENSE

Receiving Stolen Property

INCIDENT DATE
ND TIME

07/22/2022

0335

CHECK APPROPRIATE CATEGORY

ADULT JUVENILE UNKNOWN SUSPECT ARRESTEE SUSPECT/ARRESTEE RUNAWAY MISSING OTHER

CHARGES FILED?
 Y N

NAME (Last, First, Middle)

Juvenile Information Redacted

SSN

ALIAS

Juvenile Information Redacted

GANG AFFILIATION

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

Juvenile Information Redacted

PHONE

EMPLOYER NAME AND

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

PHONE

PLACE OF BIRTH

DL#/STATE

Redacted

OCCUPATION/SCHOOL

*AGE/D.O.B. *SEX *HAIR *EYES

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

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	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

MIRANDA WITNESSED BY: TIME READ

FINGERPRINTED Y N FINGERPRINT CARD NO. PHOTOS TAKEN Y N NO. TAKEN 0 PHOTO ID NO. FBI/BCI#

*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

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

PREVIOUS RUN/MISS. Y N DATE OF LAST CONTACT DATE OF EMANCIPATION 1/30/2026 NCIC # DATE/TIME ENTERED

LAST SEEN WEARING

REPORTING OFFICER STALEY, MATTHEW BADGE NO. 34 DATE 07/22/2022

APPROVING OFFICER TANNER, MICHAEL BADGE NO. 3 DATE 07/25/2022

COURT DATE

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING

PROPERTY SUPPLEMENT

INCIDENT NUMBER 1-22-002447

VICTIM CRASE, MICHAEL E OFFENSE Receiving Stolen Property INCIDENT DATE AND TIME 7/22/2022 3:35 AM

*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 EVIDENCE TOTAL VALUE 15,000.00

*LOSS CODE 7	QUANTITY 5	DESCRIPTION FAHED SALEH	MISC	*PROP CODE 02	*VALUE
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VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
				08/12/2022

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

*LOSS CODE 7	QUANTITY 1	DESCRIPTION CHASE	4347690018697800	*PROP CODE 02	*VALUE
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VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
				08/12/2022

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

*LOSS CODE 7	QUANTITY 1	DESCRIPTION PLAYSTATION	*PROP CODE 17	*VALUE 400.00
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VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
				08/12/2022

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

*LOSS CODE 7	QUANTITY 1	DESCRIPTION WALLET	BROWN - MICHAEL CRASE	*PROP CODE 12	*VALUE 20.00
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VICT. NO.	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
				08/12/2022

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

*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 :

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

REPORTING OFFICER	BADGE NO.	DATE
STALEY, MATTHEW	34	07/22/2022

APPROVING OFFICER	BADGE NO.	DATE
TANNER, MICHAEL	3	07/25/2022

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002447
VICTIM CRASE, MICHAEL E		INCIDENT DATE / TIME 7/22/2022 0335
OFFENSE Receiving Stolen Property		NARRATIVE DATE / TIME 07/22/2022
NARRATIVE TOPIC	OFFICER S. MURPHY (088)	BADGE NO. S. MURPHY

MUTAL AIDE WITH KETTERING- ROBBERY
LAST SEEN NB ON SHROYER 4BM ON FOOT- ONE HAS A GUN BM IN BLK SHIRT
33 - Enroute-(SPEEDWAY) 2920 SHROYER RD KETTERING
1BM DREADS AND WHT SHIRT
34 - Cancel Checkup-(SPEEDWAY) 2920 SHROYER RD KETTERING
406 EAST IS WHERE IT HAPPENED. THIS WILL BE OURS
KETTERING HAS VICTIM ON EAST- 34 ON SCENE THERE
33 - Cancel Checkup-(SPEEDWAY) 2920 SHROYER RD KETTERING
33 - Cancel Checkup-(SPEEDWAY) 2920 SHROYER RD KETTERING
4 - Enroute-(SPEEDWAY) 2920 SHROYER RD KETTERING
COUNTY CHECKING FLOCK CAMERA FOR A WHT SEDAN WITH DAMAGE
33 IN 400-B EAST
KETTERING MADE CONTACT WITH 411 EAST- THEY HAVE A RING BUT DID NOT GET ANY FOOTAGE
12 - Enroute-(SPEEDWAY) 2920 SHROYER RD KETTERING
33 TO SPEEDWAY TO CHECK CAMERAS
34 - Cancel Checkup-(SPEEDWAY) 2920 SHROYER RD KETTERING
ADMIN MESSAGE SENT TO ADJ COUNTIES
12 - Cancel Checkup-(SPEEDWAY) 2920 SHROYER RD KETTERING
4 - Cancel Checkup-(SPEEDWAY) 2920 SHROYER RD KETTERING
34 74972.6 TO KETTERING
SANDY'S COMING FOR CAR- LOCATED AT CARMODY/VERITY IN MIDDLETOWN
34 - Cancel Checkup-(SPEEDWAY) 2920 SHROYER RD KETTERING
CAR WAS IN PURSUIT WITH FRANKLIN- CRASHED INTO APARTMENT IN MIDDLETOWN
JUV FEMALE IMIYAH WOODFORK WAS PASSANGER IN CAR- SAID DRIVER WAS MALIK JONES
A LICOLIN NAV JSP4750 WAS LEADING THE PURSUIT AND TURNED ONTO BREIEL BEFORE THE MYNU CRASHED AT
VERITY/CAROMDY
33 AT SPEEDWAY
0345:28 IS WHEN KETTERING DISPATCHED THE CALL TO THEIR UNITS
33 AT 532 FORRER
26 AND 35 GOING TO FRANKLIN PD FOR FOLLOW UP
26 - Cancel Checkup-(SPEEDWAY) 2920 SHROYER RD KETTERING

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002447
VICTIM CRASE, MICHAEL E		INCIDENT DATE / TIME 7/22/2022 0335
OFFENSE Receiving Stolen Property		NARRATIVE DATE / TIME 07/22/2022
NARRATIVE TOPIC Aggravated Robbery	OFFICER M. STALEY (090)	BADGE NO. M. STALEY

On July 22, 2022 at approximately 0342 hours I was assisting Ofc. Green (#33) on a traffic stop at the intersection of East Dr. and Far Hills Ave. in the City of Oakwood, County of Montgomery, State of Ohio. While standing outside of the vehicle speaking to the driver involved in the traffic stop, I heard what I recognized to be two gunshots occur east of my location. I looked within line of sight and did not immediately observe any disturbances or hear additional yelling after the gun shots occurred. Approximately four to five minutes following the gunfire, dispatch requested any available Oakwood Police unit respond to assist Kettering Police Department for a robbery at the Speedway gas station, 2920 Shroyer Road Kettering, Ohio.

I immediately returned to my patrol vehicle and proceeded eastbound on East Dr. to the area of Shroyer Rd. Information provided from dispatch indicated that the suspect was a black male wearing a white shirt who had fled northbound on Shroyer Rd. on foot. I began to patrol the area and made contact with several Kettering Police units who advised they were attempting to gather more information on the incident. After a short period of time, it was determined that the incident had occurred in the 400 block of East Dr. in the City of Oakwood. A Kettering Police Sergeant transported the victim, Michael E. Crase (11/18/1982), to the area East Dr. and Delaine Ave. where I first made contact with him.

Crase began walking with me on East Dr. beginning to explain the events that occurred. Crase advised that he was inside of the Speedway located at 2920 Shroyer Rd in the City of Kettering depositing \$420 onto his "cash-app". Crase advised that he observed four African-American males in a sedan pumping gas that observed him depositing the money. Upon exiting the store, Crase stated that one of the males yelled to him, "hey you don't have to walk", however Crase ignored this statement and began to leave the area on foot traveling northbound on Shroyer Rd. As he made it a short distance down Shroyer Rd. Crase stated that the sedan drove up behind him and slowed causing him to become nervous, at which point he began walking westbound on East Dr. As Crase approached Delaine Ave. on East Dr., the same sedan he observed before again approached him from behind and at this time two African-American males exited the vehicle and began walking towards him.

Crase stated that the first African-American male approached him and began asking if he was familiar with a particular street in the area. Crase described this male as dark skinned wearing a white t-shirt with a silver design on the front. Crase stated the male had medium length hair and was of a normal build. Immediately after a second African-American male approached Crase and had in plain view a black semi-automatic style pistol in his right hand. Crase state the second male was described as wearing a black shirt and black pants with a shorter "fade" style haircut with a medium build. Crase stated neither individual had any visible tattoo's or other identifying markings. Crase stated that the male wearing the white t-shirt then struck him twice in the left side of his face with a closed fist and began to demand the money that they observed him with at the Speedway

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002447
VICTIM CRASE, MICHAEL E	INCIDENT DATE / TIME 7/22/2022 0335	
OFFENSE Receiving Stolen Property	NARRATIVE DATE / TIME 07/22/2022	
NARRATIVE TOPIC Aggravated Robbery	OFFICER M. STALEY (090)	BADGE NO. M. STALEY

station. When Crase did not comply, the second male wearing black and bearing the pistol stated that they were not messing around and removed the magazine from the pistol to clearly display to Crase that there was ammunition in the magazine that was loaded into the firearm. After securing the magazine back into the pistol, the male then used the firearm as a blunt striking tool, hitting Crase in the left side of his face. This caused Crase to fall to the ground on the sidewalk in front of 406 East Dr.

At this time a third male had exited the vehicle which Crase was not able to provide a description of and they all began to go through Crase's pockets and assault him with closed hand strikes. During this assault and robbery, the second male wearing all black and bearing the firearm discharged one round from the pistol into the air. Immediately following the gunshot Crase stated he got to his feet and ran eastbound on East Dr. towards Shroyer Rd. Crase stated that an additional round was discharged from the firearm, this time being aimed towards his right foot. Crase stated that he believed to hear the bullet strike the ground near his foot but was not injured. Crase continued to run eastbound on East Dr. and jumped a fence. Crase attempted to make contact at several homes without answer ultimately returning to the Speedway on Shroyer Rd. to call 911. Crase stated that the vehicle involved in the incident left the scene traveling westbound on East Dr.

Crase stated that during the robbery, the suspects were able to take his wallet which contained his photo ID, social security card, multiple credit cards, and access pass to his employer. Crase stated that the wallet did not contain any cash and described it as a brown bi-fold style wallet. Crase indicated that he did get a clear look at the two subjects who first approached him from the vehicle, however did not attempt to fight back during the assault and robbery.

During my questioning with Crase, Kettering Police units had located Crase's clothing items, phone, and one spent casing on the sidewalk and street in front of 406 East Dr. Kettering Police units immediately closed off East Dr. and maintained a perimeter around the evidence that was located. I contacted Lt. Balaj advising him of the incident and requested a supervisor and an evidence technician respond to the scene.

I asked Crase if he had been evaluated by EMS to which he replied that Kettering Fire Department had assessed him and he refused care, but was advised that an officer could take him to the hospital at a later time. Crase had a visible injury to his left cheek and left forehead but agreed to remain on scene to assist in the investigation prior to seeking medical treatment. I requested Crase begin a written statement which he began at my patrol vehicle. During this time Ofc. Green responded to the scene and I requested that he respond to Speedway to speak with the cashier that observed the males and vehicle involved in the robbery. After speaking with the cashier Ofc. Green advised that she stated the vehicle was a red sedan but could not provide further on make/model or registration. I asked Ofc. Green to obtain a written statement from the cashier at Speedway and

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002447
VICTIM CRASE, MICHAEL E	INCIDENT DATE / TIME 7/22/2022 0335	
OFFENSE Receiving Stolen Property	NARRATIVE DATE / TIME 07/22/2022	
NARRATIVE TOPIC Aggravated Robbery	OFFICER M. STALEY (090)	BADGE NO. M. STALEY

to attempt to obtain security camera footage from facility. I contacted dispatch and requested Montgomery County be contacted to check all Flock cameras around the time of the incident for a sedan matching that description.

Dispatch advised that Flock had multiple hits on a burgundy Hyundai sedan bearing OH - HAJ5761 which was an entered stolen through the City of Dayton Police Department. Dispatch advised there were multiple hits throughout the morning from West Carrollton to Kettering. Lt Balaj advised to but out a BOLO on the vehicle reference the incident. Following the BOLO, dispatch advised that Franklin Police had located the vehicle and it had crashed in Middletown following a pursuit. Franklin Police advised that they had one person in custody from the vehicle. After obtaining security footage from Speedway, it was determined that the suspect vehicle was the entered stolen Hyundai bearing OH - HAJ5761.

Ofc. Ortel and Lt. Balaj arrived on scene and I advised them of the circumstances and located evidence. Ofc. Ortel began processing the evidence and Lt. Balaj contacted Det. Ballinger to advised her of the incident. I made Lt. Balaj aware of Crase's injuries and his desire to be evaluated at a medical facility. Ofc. Ortel obtained photographs of Crase's injuries and I then assisted Crase into the rear of my patrol vehicle. I transported Crase to Kettering Medical Center where he was taken to ED room 17 for medical treatment for his injuries. I provided Crase with my business card and advised him to contact me with any additional information he had regarding the case.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002447
VICTIM CRASE, MICHAEL E	INCIDENT DATE / TIME 7/22/2022 0335	
OFFENSE Receiving Stolen Property	NARRATIVE DATE / TIME 07/22/2022	
NARRATIVE TOPIC Aggravated Robbery	OFFICER M. STALEY (090)	BADGE NO. M. STALEY

This incident was captured on my department-issued body worn camera. This incident remains open as an ongoing investigation.

Ofc. M. Staley #34

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY			*INCIDENT NUMBER 1-22-002817		
	CALL NUMBER 1-22-015567		*GEOCODE N		*CLEARANCES	
	TOD 11:40:57		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)		A <input type="checkbox"/> Death of Suspect	
	TOA 11:43:22		<input checked="" type="checkbox"/> OFFENSE		B <input type="checkbox"/> Prosecution Declined	
TOC 13:05:39		<input type="checkbox"/> SUPPLEMENT		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		
				G <input type="checkbox"/> Arrest - Juvenile		
				H <input type="checkbox"/> Warrant Issued		
				I <input checked="" type="checkbox"/> Invest. Pending		
				J <input type="checkbox"/> Closed		
				K <input type="checkbox"/> Unfounded		
				U <input type="checkbox"/> Unknown		

OHIO UNIFORM OFFENSE REPORT

*CLEARANCE DATE: 8/23/2022	CLEARED BY: MAY, GREG
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MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
8	23	2022	1116	8	23	2022	1116	8	23	2022	1116

INCIDENT LOCATION (Street, Apt., City, State, Zip)
171 LOOKOUT, OH

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1. Burglary	1. 2911.12	C	F2	N		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)				*SUSPECTED OF USING			
1. 01	2.	12 Jail/ Prison	RETAIL	41 Factory/Mill/Plant			
		13 Parking Garage	26 Bar	42 Other Building			
		14 Other Public Access Buildings	27 Buy/Sell/Trade Shop				
RESIDENTIAL STRUCTURE	COMMERCIAL LOCATIONS		28 Restaurant	OUTSIDE			
01 Single Family Home	15 Auto Shop		29 Gas Station	43 Yard			
02 Multiple Dwelling	16 Financial Institution		30 Auto Sales Lot	44 Construction Site			
03 Residential Facility	17 Barber/Beauty Shop		31 Jewelry Store	45 Lake/Waterway			
04 Other Residential	18 Hotel/Motel		32 Clothing Store	46 Field/Woods			
05 Garage/Shed	19 Dry Cleaners/Laundry		33 Drugstore	47 Street			
PUBLIC ACCESS BLDGS.	20 Professional Office		34 Liquor Store	48 Parking Lot			
06 Transit Facility	21 Doctor's Office		35 Shopping Mall	49 Park/Playground			
07 Government Office	22 Other Business Office		36 Sporting Goods	50 Cemetery			
08 School	23 Amusement Center		37 Grocery/Supermarket	51 Public Transit Vehicle			
09 College	24 Rental Storage Facility		38 Variety/Convenience	52 Other Outside Location			
10 Church	25 Other Commercial Service Loc.		39 Department Store				
11 Hospital			40 Other Retail Store	77 Other			
				*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	01 <input type="checkbox"/> Motor Running/Keys in Car	06 <input type="checkbox"/> Hot Wire	ENTRY		ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
2 <input checked="" type="checkbox"/> NO FORCE	02 <input type="checkbox"/> Unlocked	07 <input type="checkbox"/> Slim Jim/Coat Hanger	1 <input type="checkbox"/> BASEMENT	EXIT	1 <input checked="" type="checkbox"/> DOOR	<input checked="" type="checkbox"/>	1 <input type="checkbox"/> FRONT	<input type="checkbox"/>	2 <input checked="" type="checkbox"/> WINDOW	<input type="checkbox"/>	2 <input checked="" type="checkbox"/> SIDE	<input checked="" type="checkbox"/>
*NO. PREMISES ENTERED	03 <input type="checkbox"/> Duplicate Key Used	08 <input type="checkbox"/> Tumblers Removed	2 <input checked="" type="checkbox"/> 1 ST FLOOR	<input checked="" type="checkbox"/>	3 <input type="checkbox"/> GARAGE	<input type="checkbox"/>	3 <input type="checkbox"/> REAR	<input type="checkbox"/>	4 <input type="checkbox"/> SKYLIGHT	<input type="checkbox"/>	4 <input type="checkbox"/> ROOF	<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"/> 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"/>
	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"/>	5 <input type="checkbox"/> OTHER	<input type="checkbox"/>

METHODS OF OPERATION **Disturbed Very Little**

*NO. VICTIMS	*TOTAL VICTIMS	*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
1	1		<input type="checkbox"/> BUSINESS	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> UNKNOWN	
NAME (Last, First, Middle) WOESTE, LAURA							
ADDRESS (Street, Apt., City, State, Zip) 171 LOOKOUT DR, OAKWOOD, OH, 45419						PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE	
*AGE/DOB	*SEX	*RACE	<input type="checkbox"/> B	<input type="checkbox"/> A	ETHNICITY	HGT	WGT
41 YRS 01/06/1981	Female	<input checked="" type="checkbox"/> W	<input type="checkbox"/> I	<input type="checkbox"/> U			
OCCUPATION 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
07	TYPE OF ACT. ASSIGN. TYPE ORI-OTHER
	0. 1. UU 2. 3. 4. 5.
*VICTIM/SUSPECT RELATIONSHIP	
*VICTIM/OFFENSE LINK 2911.12	

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

REPORTING OFFICER MAY, GREG	TITLE Public Safety Officer	BADGE NO. 14	DATE 08/23/2022
APPROVING OFFICER BAGGETT, DAMIAN	TITLE Lieutenant	BADGE NO. 7	DATE 08/24/2022

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 <input type="checkbox"/> FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> 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
1-22-002817

INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-22-002817

VICTIM WOESTE, LAURA	OFFENSE Burglary	INCIDENT DATE AND TIME 08/23/2022 1116
NO. 1 WOESTE, LAURA	AGE/D.O.B. 41 YRS 01/06/1981	SSN Redacted
ADDRESS (Street, Apt., City, State, Zip) 171 LOOKOUT DR OAKWOOD, OH 45419		PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE

REPORTER

VEHICLE

PROPERTY

NARRATIVE

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.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE	
VYR	VMA	VMO	VST	VCO TOP BOTTOM	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	OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT	<input type="checkbox"/> TITLE	<input type="checkbox"/> OTHER	
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS	RESID. <input type="checkbox"/> 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 WHERE RECOVERED? <input type="checkbox"/> Y <input type="checkbox"/> N
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*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	U UNKNOWN	P PHOTO EVIDENCE	TOTAL VALUE
*LOSS CODE U	QUANTITY 1	DESCRIPTION	EVIDENCE PHOTOS		*PROP CODE 22	*VALUE 5.00				
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL		DATE RECOVERED					
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER 22112211							
*LOSS CODE 6	QUANTITY 1	DESCRIPTION	GRAY SHORTS		*PROP CODE 11	*VALUE 5.00				
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL		DATE RECOVERED					
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER 22-02817							
*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							

PROPER TY CODES :

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

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY _____ INCIDENT NUMBER 1-22-002817

VICTIM WOESTE, LAURA OFFENSE Burglary INCIDENT DATE 08/23/2022 1116

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

NAME (Last, First, Middle) FLANNERY, SHAN NICHOLAS SSN Redacted

ALIAS _____ GANG AFFILIATION _____

ADDRESS (Street, Apt., City, State, Zip) 4522 BLUEHAVEN DR, DAYTON, OH, 45406 PHONE _____

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

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

*AGE/ D.O.B. 31 YRS 05/19/1991 *SEX Male *RACE [X] W [] B [] A [] ETHNICITY *HEIGHT 6'2 To 6'2 *WEIGHT 185 To 185 *HAIR _____ *EYES _____

MARITAL STATUS Single SCARS, MARKS, TATOOS _____

ADDITIONAL DESCRIPTIVES _____

SUSPECTED OF USING [] ALCOHOL [] DRUGS POTENTIAL INJURIES? _____

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

*ARRESTEE WAS ARMED WITH _____

ARRESTEE ARMED WITH 1. _____ 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

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

1. _____ 1. _____ 1. _____

2. _____ 2. _____ 2. _____

Table with 6 columns: ARREST/OFFENSE DESCRIPTION, *ARREST/OFFENSE CODE, F/M & DEGREE, WARRANT #, *ARREST LARCENY TYPE. Rows 1-5.

*ARREST DATE // TIME 0000 ARREST LOCATION (Street, Apt., City, State, Zip)

*INCIDENT TRACKING NUMBER _____ ARREST DISPOSITION _____ BAIL 0.00

MIRANDA WITNESSED BY: _____ TIME READ 0000

FINGERPRINTED [] Y [X] N FINGERPRINT CARD NO. _____ PHOTOS TAKEN [] Y [X] N NO. TAKEN 0 PHOTO ID NO. _____ FBI/BC# _____

*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 [X] 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 [X] N DATE OF LAST CONTACT _____ DATE OF EMANCIPATION _____ NCIC # _____ DATE/TIME ENTERED _____

LAST SEEN WEARING _____

REPORTING OFFICER MAY, GREG BADGE NO. 14 DATE 08/23/2022

APPROVING OFFICER BAGGETT, DAMIAN BADGE NO. 7 DATE 08/24/2022

COURT _____ DATE _____

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002817
VICTIM WOESTE, LAURA		INCIDENT DATE / TIME 8/23/2022 1116
OFFENSE Burglary		NARRATIVE DATE / TIME 08/23/2022
NARRATIVE TOPIC	OFFICER J. ANDERSON (958)	BADGE NO. J. ANDERS(

REQ OFFICERS CHECK THE AREA
 NEIGHBOR TEXTED HER A PHOTO OF THE MALE SUBJ FROM EARLIER THIS MORNING
 174 REQ AREA CKD
 171 REQ HOME CKD DUE TO DOOR BEING UNLOCKED
 201 REQ AREA CKD AROUND HER ERSD
 2 - Enroute-174 LOOKOUT
 14 - Enroute-174 LOOKOUT
 14 - Cancel Checkup-174 LOOKOUT
 2 - Cancel Checkup-174 LOOKOUT
 14/HAVE THE MALE
 2/REQ MEDIC
 12 - Enroute-174 LOOKOUT
 2 - Enroute-174 LOOKOUT
 8 - Enroute-174 LOOKOUT
 14/MALE SUBJ IS UNCONSCIOUS BUT BREATHING
 M26 - Enroute-174 LOOKOUT
 12 - Cancel Checkup-174 LOOKOUT
 2 - Cancel Checkup-174 LOOKOUT
 8 - Cancel Checkup-174 LOOKOUT
 M26 - Cancel Checkup-174 LOOKOUT
 14 - Cancel Checkup-171 LOOKOUT
 12 - Cancel Checkup-171 LOOKOUT
 2 - Cancel Checkup-171 LOOKOUT
 8 - Cancel Checkup-171 LOOKOUT
 M26 - Cancel Checkup-171 LOOKOUT
 MALE SUBJ IS POSSIBLY //SUBJ WAS INVOLVED IN A
 PROPERTY DAMAGE CRASH AT CHEEKS GENTLEMANS CLUB AROUND 0130 THIS
 MORNING//SUBJ WAS TRANSPORTED TO SYCAMORE
 PER KPD THEY F.I.'D N AT 0630 IN THE AREA OF PATTERSON & SCHANTZ
 3 - Cancel Checkup-171 LOOKOUT
 TRANSPORTING TO MVH SM/47112.2
 AT MVH EM/4.2
 WEST CARROLLTON SGT HANKS 937-572-0755 CAN BE CONTACTED REF ANY
 QUESTIONS REGARDING THE DUI/CRASH AT CHEEKS OVERNIGHT
 15/OUT AT 171 LOOKOUT FOR EV WORK
 14 - Enroute-171 LOOKOUT
 14/ENRT HQ FOR PAPER

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002817
VICTIM WOESTE, LAURA		INCIDENT DATE / TIME 8/23/2022 1116
OFFENSE Burglary		NARRATIVE DATE / TIME 08/23/2022
NARRATIVE TOPIC Ofc. May's Investigative Supplement	OFFICER G. MAY (273)	BADGE NO. G. MAY (27)

On 08-23-22 at 0900 hrs. Ofc. Green, Capt. Pruszynski, and I were dispatched to the area of 140 Lookout reference a suspicious subject that had ran out of a garage from 140 Lookout. He was described as a white male, approx. 6'00", "covered in tattoos", with several cuts on his body, and not wearing a shirt or any shoes. He was last seen running to the end of the dead-end road on Lookout and up the trail through the woods and toward the 200 block of Lookout. We searched throughout the area. I walked on foot and searched the trails and the area around the Lutheran Church and neighboring properties. I spoke to several residents and contractors who were outside and they did not see the subject running in the area. I searched 175 Lookout, next door to 171 Lookout, which had contractors working there and is currently unoccupied and being renovated. The workers advised that they had not seen or heard the subject and I did not locate him on that property. I patrolled in the neighborhood for approx. an hour and walked the area again a second time without finding him.

While clearing an unrelated alarm call at 47 Park Ave. one of the contractors that was working near 140 Lookout was driving by, saw me and asked if we had found the subject yet. He advised me that the subject had approached him when he was on Lookout speaking to one of the residents and was begging him to give him a ride or make a phone call. He additionally described the subject as having bruises and cuts on him. He said that the subject told him he was in a vehicle crash and that was why he was cut up. When the contractor told him that he could call the police to get him help the subject begged him not to, stating that he had a warrant for his arrest and he did not want to talk to the police.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002817
VICTIM WOESTE, LAURA	INCIDENT DATE / TIME 8/23/2022 1116	
OFFENSE Burglary	NARRATIVE DATE / TIME 08/23/2022	
NARRATIVE TOPIC Ofc. May's Investigative Supplement	OFFICER G. MAY (273)	BADGE NO. G. MAY (27)

I observed that the small closet he was in had a trash can that was almost full. On the top of the trash was a package of blueberries and strawberries. There was a bag of grapes on the closet floor. I spoke to the residents and they advised that they did not know the subject nor did he have permission to be in their house. He matched the description of the suspicious person reported to us at 0900 hrs.

As of the time of this supplement, the identity of the suspect was not known yet. This incident was captured on my BWC and Car 50. Lt. Slone advised that he would download the BWC to an external file.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002817
VICTIM WOESTE, LAURA	INCIDENT DATE / TIME 8/23/2022 1116	
OFFENSE Burglary	NARRATIVE DATE / TIME 08/23/2022	
NARRATIVE TOPIC Ofc. May's Investigative Supplement	OFFICER G. MAY (273)	BADGE NO. G. MAY (27)

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-002817
VICTIM WOESTE, LAURA	INCIDENT DATE / TIME 8/23/2022 1116	
OFFENSE Burglary	NARRATIVE DATE / TIME 08/23/2022	
NARRATIVE TOPIC Evidence Photos	OFFICER J. HARRISON (275)	BADGE NO. J. HARRISC

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY			*INCIDENT NUMBER 1-22-003580		
	CALL NUMBER 1-22-021080		*GEOCODE S	*CLEARANCES		
	TOD	TOA	TOC	<input type="checkbox"/> A Death of Suspect <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Denied <input type="checkbox"/> D Victim Refused to Coop. <input type="checkbox"/> E Juvenile/No Custody <input type="checkbox"/> F Arrest - Adult	<input type="checkbox"/> G Arrest - Juvenile <input type="checkbox"/> H Warrant Issued <input type="checkbox"/> I Invest. Pending <input type="checkbox"/> J Closed <input type="checkbox"/> K Unfounded <input type="checkbox"/> U Unknown	
	<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT			*CLEARANCE DATE: _____ CLEARED BY: _____		

OHIO UNIFORM INVESTIGATION REPORT

MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
10	20	2022	1349	10	20	2022	1349	10	20	2022	1349

INCIDENT LOCATION (Street, Apt., City, State, Zip)
1401 RUNNYMEDE RD, OAKWOOD, OH 45419

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1. Burglary, trespass in occupied structure, separately secured structure, or separately	1. 2911.12A2	C	F2		240	1. _____ 2. _____ 3. _____ (Enter up to three for each offense) 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)				*SUSPECTED OF USING					
1. <u>01</u>		12 Jail/ Prison 13 Parking Garage 14 Other Public Access Buildings		RETAIL 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		41 Factory/ Mill/ Plant 42 Other Building OUTSIDE 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			
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.				<input type="checkbox"/> A ALCOHOL <input type="checkbox"/> D DRUGS <input type="checkbox"/> C COMPUTER EQUIPMENT <input type="checkbox"/> N NOT APPLICABLE	
PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital				*TYPE WEAPON/FORCE USED 1. _____ 2. _____ 3. _____					

*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT				*METHOD OF ENTRY - BURGLARY/B&E							
1 <input type="checkbox"/> FORCE 2 <input checked="" 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 1 <input checked="" type="checkbox"/> BASEMENT 2 <input type="checkbox"/> 1 ST FLOOR 3 <input type="checkbox"/> 2 ND FLOOR 4 <input type="checkbox"/> OTHER		EXIT 1 <input checked="" type="checkbox"/> DOOR 2 <input type="checkbox"/> WINDOW 3 <input type="checkbox"/> GARAGE 4 <input type="checkbox"/> SKYLIGHT 5 <input type="checkbox"/> OTHER		ENTRY 1 <input type="checkbox"/> FRONT 2 <input checked="" type="checkbox"/> SIDE 3 <input type="checkbox"/> REAR 4 <input type="checkbox"/> ROOF 5 <input type="checkbox"/> OTHER		EXIT <input type="checkbox"/>	

METHODS OF OPERATION **Car (Takes Victim's Keys)**

*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	
NAME (Last, First, Middle) KIRSCHMAN, KERI BROWN								
ADDRESS (Street, Apt., City, State, Zip) 1401 RUNNYMEDE RD, DAYTON, OH, 45419						PHONE		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE		
*AGE/ D.O.B. 47 YRS 11/03/1974	*SEX Female	*RACE W	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY N	HGT	WGT	HAIR	EYES
OCCUPATION Redacted				*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:
*AGG. ASSAULT/HOMICIDE CIRC. 07	*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI - OTHER
*VICTIM/SUSPECT RELATIONSHIP 0 _____ 1 <u>UU</u> 2 _____ 3 _____ 4 _____ 5 _____	
*VICTIM/OFFENSE LINK 2911.12A2	

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

REPORTING OFFICER	TITLE 8	BADGE NO.	DATE 10/20/2022
APPROVING OFFICER BAGGETT, DAMIAN	TITLE Lieutenant	BADGE NO. 7	DATE 10/21/2022
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 NARRATIVE <input type="checkbox"/> STATEMENTS OTHER	FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE RECORDS <input type="checkbox"/> INVESTIGATION
			SPECIAL COPIES

INCIDENT NUMBER
1-22-003580

INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-22-003580

VICTIM KIRSCHMAN, KERI BROWN OFFENSE Burglary_trespass in occupied INCIDENT DATE AND TIME 10/20/2022 1349

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. 1 DAMAGE TO VEHICLE LIC LIS LIY LIT VIN/OAN L06UA4C11N1002712 VALUE

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

VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? Y N TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT BILL OF SALE TITLE 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 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE

*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

- | | | | | | |
|---|---|--|---|---|---|
| PROPER TY CODES : | VALUABLES
08 Jewe lry/Prec ious Meta ls
09 Art Ob jects, A ntiques
10 Ot her Va luables | EQUIPMENT
15 Dr ug/Narcot ic Equip.
16 Gamb ling Equipme nt
17 Comp uter Hardware/Sof t.
18 Off ice Equipme nt
19 Stereo TV Eq uip.
20 Record ings-A udio Visual
21 Sports Eq uipme nt
22 P hotograp hic Equipme nt
23 Farm Eq uipme nt
24 Heavy Co nstruction/Industrial
25 Building Supplies-Co nst. | 26 Too ls
27 Ve hicle Parts/Accessor les
28 School Supplie s
29 Ot her Eq uipme nt
30 Al cohol
31 Dr ugs/Narcot ics
32 Co nsumab le Goods | VEHICLES
35 Aircraft
36 A utomob ile s
37 Bicyc les
38 B uses
39 Trucks
40 Tra ilers
41 Watercraft
42 Recreat ional Vehic le
43 Ot her Motor Ve hicle | STRUCTURES
46 Single Occ upancy
47 Ot her Dwe llings
48 Commerc ial/Business
49 Indus./Mfg.
50 P ublic/Comm unity
51 Storage
52 Ot her Str ucture |
| EXCHANGE MEDIUMS
01 Mo ney
02 Cred it/Deb it Card
03 Negot iable Instrum ents
04 Ot her E xchange Med iums | PERSONAL EFFECTS
11 C lothing/F urs
12 P urses/Ha ndbags/ Wall ets
13 Ot her Perso nal Effect s | ANIMALS
33 L ivestock
34 Ho usehold Pets | WEAPONS
44 F irearms
45 Ot her Weapo ns | OTHER
53 Merc handise
54 Ot her Property
55 Pe nding Inventory | |

NARRATIVE
On 10/20/22 at about 1740 hrs., I was dispatched to 1401 Runnymede Rd. to collect a DNA standard and evidence.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-003580
------------------	---------------------------------------

VICTIM KIRSCHMAN, KERI BROWN	OFFENSE Burglary trespass in occupied	INCIDENT DATE ND TIME 10/20/2022 1349
NO. 1	CHECK APPROPRIATE CATEGORY <input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N

NAME (Last, First, Middle) UNKNOWN,	SSN Redacted
ALIAS	GANG AFFILIATION

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

PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
----------------	------------------------------	-------------------

NAME/DESCRIPTIVES

*AGE/ D.O.B.	*SEX N/A	*RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> X <input type="checkbox"/> U	ETHNICITY <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> O	*HEIGHT 600 To 603	*WEIGHT 280 To 300	*HAIR RED	*EYES
MARITAL STATUS N/A	SCARS, MARKS, TATOOS						
ADDITIONAL DESCRIPTIVES							

SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	POTENTIAL INJURIES?
---	---------------------

*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
--

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

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)
//	0000	0

*INCIDENT TRACKING NUMBER	ARREST DISPOSITION	BAIL
		0.00

MIRANDA WITNESSED BY:	TIME READ
	0000

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.	FBI/BC#
---	----------------------	--	----------------	--------------	---------

*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
--	---

JUVENILE

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

REPORTING OFFICER	BADGE NO.	DATE
		10/20/2022
APPROVING OFFICER BAGGETT, DAMIAN	BADGE NO. 7	DATE 10/21/2022
COURT		DATE

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-003580
VICTIM KIRSCHMAN, KERI BROWN		INCIDENT DATE / TIME 10/20/2022 1349
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately		NARRATIVE DATE / TIME 10/20/2022
NARRATIVE TOPIC	OFFICER J. ANDERSON (958)	BADGE NO. J. ANDERSI

FOUND BIKE

7 - Enroute-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD
 CALLER HAS NOW FOUND THAT THEIR LOWER GARAGE WAS BROKEN INTO AND
 SEVERAL OTHER ITEMS HAVE BEEN TAKEN
 BELIEVES IT OCCD YESTERDAY

30 - Enroute-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD
 CALLER DID ADV THEY HAVE SECURITY CAMERAS AND SHE IS GOING THROUGHT THE
 FOOTAGE

7/CK OK NNFF

26 - Cancel Checkup-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD

30 - Cancel Checkup-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD

7 - Cancel Checkup-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD

34 - Enroute-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD

34 - Cancel Checkup-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD

26 - Cancel Checkup-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD

26 - Cancel Checkup-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD

26 - Cancel Checkup-(KIRSCHMAN, DAVID L) 1401 RUNNYMEDE RD OAKWOOD

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-003580
VICTIM KIRSCHMAN, KERI BROWN	INCIDENT DATE / TIME 10/20/2022 1349	
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately	NARRATIVE DATE / TIME 10/20/2022	
NARRATIVE TOPIC Burglary	OFFICER D. BAGGETT (052)	BADGE NO. D. BAGGET

Sir,

On October 20th, 2022, I was dispatched to 1401 Runnymede on a found bicycle. While enroute, Dispatch advised that the caller Mrs Keri Kirschman (937-903-9905) provided additional details and the dispatch was changed to a burglary not in progress.

I arrived on scene and spoke with Mrs Kirschman. She stated that the burglary happened on October 19th around noon. She stated that she was home at the time the suspects entered the detached garage that has a passage way connecting it to the main house. Mrs Kirschman even stated that she remembered seeing the utility vehicle the suspects stole, drive away. The bicycle that prompted the call for service, ended up being their property. The bicycle was laying in the grass outside the rear of the garage. The bicycle seat had a scuff of white paint or drywall on the side of the seat. Before the bicycle was found in the yard, It was stored inside on the first floor of the detached garage.

Officer R Wells and Detective Ballinger arrived on scene. We proceeded to check the detached garage for additional missing items. We found the door to the main house and door to the office in the garage left slightly open. There was a battery pack that belonged with bicycle (found in the yard) laying at the base of the steps that proceed to the first floor of the garage. The battery pack was broken and had plastic pieces laying beside it from the impact with the ground. Mrs Kirschman did not note anything else of value that was currently missing. She stated that she would follow-up with her husband to confirm that nothing else was removed.

The residents did have cameras and were in the process of providing that footage to OPSD. Detective Ballinger took photographs of the scene. I collected areas of possible touch DNA.

I packaged the touch DNA and placed it in evidence locker #15. Chain of custody form completed and submitted.

This event was not recorded on my BWC due to camera malfunction when I arrived on scene.

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY						*INCIDENT NUMBER 1-22-004052																																																																																															
	CALL NUMBER 1-22-025266			*GEOCODE S			*CLEARANCES																																																																																															
	TOD 23:32:24			<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																																																																																													
	TOA 23:34:39						B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued		I <input checked="" type="checkbox"/> Invest. Pending																																																																																											
OHIO UNIFORM INVESTIGATION REPORT						*CLEARANCE DATE: 12/08/2022			CLEARED BY: RUMP, RYAN																																																																																													
						MONTH 12		*REPORT DATE/TIME DAY 7		YEAR 2022		TIME 2322		MONTH 12		*INCIDENT OCCURRED FROM DAY 7																																																																																						
INCIDENT LOCATION (Street, Apt., City, State, Zip) 511 WALNUT SPRINGS DR, OAKWOOD, OH 45419																																																																																																						
*OFFENSE																																																																																																						
1. Burglary_trespass in occupied structure, separately secured structure, or separately			*OFFENSE CODE 2911.12A2		*AC C	F/M & DEGREE F2	*HATE/BIAS N	*LARCENY 23D	*TYPE CRIMINAL ACTIVITY																																																																																													
2.			3.		4.	5.	6.	7.	(Enter up to three for each offense) 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																																																																																													
3.			4.		5.	6.	7.	8.	9.																																																																																													
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5.			6.		7.	8.	9.	10.	11.																																																																																													
*LOCATION OF OFFENSE (Enter up to two)																																																																																																						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">1. 01</td> <td style="width:10%;">2. _____</td> <td style="width:20%;">12 Jail/ Prison</td> <td style="width:20%;">RETAIL</td> <td style="width:20%;">41 Factory/ Mill/Plant</td> <td colspan="2" style="text-align: center;">*SUSPECTED OF USING</td> </tr> <tr> <td colspan="2">RESIDENTIAL STRUCTURE</td> <td>13 Parking Garage</td> <td>26 Bar</td> <td>42 Other Building</td> <td colspan="2" rowspan="5"> A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input checked="" type="checkbox"/> NOT APPLICABLE </td> </tr> <tr> <td colspan="2">01 Single Family Home</td> <td>14 Other Public Access Buildings</td> <td>27 Buy/Sell/Trade Shop</td> <td>43 Yard</td> </tr> <tr> <td colspan="2">COMMERCIAL LOCATIONS</td> <td>28 Restaurant</td> <td>29 Gas Station</td> <td>44 Construction Site</td> </tr> <tr> <td colspan="2">02 Multiple Dwelling</td> <td>15 Auto Shop</td> <td>30 Auto Sales Lot</td> <td>45 Lake/Waterway</td> </tr> <tr> <td colspan="2">03 Residential Facility</td> <td>16 Financial Institution</td> <td>31 Jewelry Store</td> <td>46 Field/ Woods</td> </tr> <tr> <td colspan="2">PUBLIC ACCESS BLDGS.</td> <td>17 Barber/Beauty Shop</td> <td>32 Clothing Store</td> <td>47 Street</td> <td colspan="2" rowspan="2" style="text-align: center;">*TYPE WEAPON/FORCE USED</td> </tr> <tr> <td colspan="2">04 Other Residential</td> <td>18 Hotel/Motel</td> <td>33 Drugstore</td> <td>48 Parking Lot</td> </tr> <tr> <td colspan="2">05 Garage/Shed</td> <td>19 Dry Cleaners/Laundry</td> <td>34 Liquor Store</td> <td>49 Park /Playground</td> <td colspan="2" rowspan="2">1. U 2. _____ 3. _____</td> </tr> <tr> <td colspan="2">06 Transit Facility</td> <td>20 Professional Office</td> <td>35 Shopping Mall</td> <td>50 Cemetery</td> </tr> <tr> <td colspan="2">07 Government Office</td> <td>21 Doctor's Office</td> <td>36 Sporting Goods</td> <td>51 Public Transit Vehicle</td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td colspan="2">08 School</td> <td>22 Other Business Office</td> <td>37 Grocery/ Supermarket</td> <td>52 Other Outside Location</td> </tr> <tr> <td colspan="2">09 College</td> <td>23 Amusement Center</td> <td>38 Variety/Convenience</td> <td>77 Other</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">10 Church</td> <td>24 Rental Storage Facility</td> <td>39 Department Store</td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">11 Hospital</td> <td>25 Other Commercial Service Loc.</td> <td>40 Other Retail Store</td> <td></td> <td colspan="2"></td> </tr> </table>												1. 01	2. _____	12 Jail/ Prison	RETAIL	41 Factory/ Mill/Plant	*SUSPECTED OF USING		RESIDENTIAL STRUCTURE		13 Parking Garage	26 Bar	42 Other Building	A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input checked="" type="checkbox"/> NOT APPLICABLE		01 Single Family Home		14 Other Public Access Buildings	27 Buy/Sell/Trade Shop	43 Yard	COMMERCIAL LOCATIONS		28 Restaurant	29 Gas Station	44 Construction Site	02 Multiple Dwelling		15 Auto Shop	30 Auto Sales Lot	45 Lake/Waterway	03 Residential Facility		16 Financial Institution	31 Jewelry Store	46 Field/ Woods	PUBLIC ACCESS BLDGS.		17 Barber/Beauty Shop	32 Clothing Store	47 Street	*TYPE WEAPON/FORCE USED		04 Other Residential		18 Hotel/Motel	33 Drugstore	48 Parking Lot	05 Garage/Shed		19 Dry Cleaners/Laundry	34 Liquor Store	49 Park /Playground	1. U 2. _____ 3. _____		06 Transit Facility		20 Professional Office	35 Shopping Mall	50 Cemetery	07 Government Office		21 Doctor's Office	36 Sporting Goods	51 Public Transit Vehicle			08 School		22 Other Business Office	37 Grocery/ Supermarket	52 Other Outside Location	09 College		23 Amusement Center	38 Variety/Convenience	77 Other			10 Church		24 Rental Storage Facility	39 Department Store				11 Hospital		25 Other Commercial Service Loc.	40 Other Retail Store			
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*METHOD OF ENTRY																																																																																																						
1 <input type="checkbox"/> FORCE			*METHOD OF ENTRY - MOTOR VEHICLE THEFT			*METHOD OF ENTRY - BURGLARY/B&E																																																																																																
2 <input checked="" type="checkbox"/> NO FORCE			01 <input type="checkbox"/> Motor Running/Keys in Car			ENTRY		EXIT		ENTRY		EXIT																																																																																										
*NO. PREMISES ENTERED			02 <input type="checkbox"/> Unlocked			1 <input type="checkbox"/> BASEMENT <input type="checkbox"/>		1 <input type="checkbox"/> DOOR <input type="checkbox"/>		1 <input type="checkbox"/> FRONT <input type="checkbox"/>		1 <input type="checkbox"/>																																																																																										
			03 <input type="checkbox"/> Duplicate Key Used			2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/>		2 <input type="checkbox"/> WINDOW <input type="checkbox"/>		2 <input type="checkbox"/> SIDE <input type="checkbox"/>		2 <input type="checkbox"/>																																																																																										
			04 <input type="checkbox"/> Window Broken			3 <input checked="" type="checkbox"/> 2 ND FLOOR <input checked="" type="checkbox"/>		3 <input type="checkbox"/> GARAGE <input type="checkbox"/>		3 <input type="checkbox"/> REAR <input type="checkbox"/>		3 <input type="checkbox"/>																																																																																										
			05 <input type="checkbox"/> Towed			4 <input type="checkbox"/> OTHER <input type="checkbox"/>		4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>		4 <input type="checkbox"/> ROOF <input type="checkbox"/>		4 <input type="checkbox"/>																																																																																										
			06 <input type="checkbox"/> Hot Wire			5 <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5 <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5 <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5 <input checked="" type="checkbox"/>																																																																																										
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*NO. 1 *TOTAL VICTIMS 2 *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																																																																																																						
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*AGE/ D.O.B. 28 YRS 06/24/1994 *SEX Male *RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U																																																																																																						
ETHNICITY <input type="checkbox"/> HGT 5'10" WGT 170 HAIR BRO EYES BLU																																																																																																						
OCCUPATION Redacted *RESIDENT STATUS <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100 <input type="checkbox"/> UNKNOWN																																																																																																						
*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N IF INJURED, DESCRIBE INJURIES:																																																																																																						
*AGG. ASSAULT/ HOMICIDE CIRC. 07 *LEOKA INFORMATION *VICTIM/SUSPECT RELATIONSHIP 0. 1. UU 2. 3. 4. 5. *VICTIM/OFFENSE LINK 2911.12A2																																																																																																						
My signature verifies that the information on this report is accurate and true																																																																																																						
DATE _____																																																																																																						
REPORTING OFFICER RUMP, RYAN TITLE Public Safety Officer BADGE NO. 22 DATE 12/08/2022																																																																																																						
APPROVING OFFICER BALAJ, CHUCK TITLE Lieutenant BADGE NO. 4 DATE 12/08/2022																																																																																																						
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"/> PROPERTY <input type="checkbox"/> STATEMENTS <input type="checkbox"/> FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> SPECIAL COPIES <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS <input type="checkbox"/> P																																																																																																						

 INCIDENT NUMBER
1-22-004052

INCIDENT REPORT - PART 2

INCIDENT NUMBER **1-22-004052**

VICTIM **MCEVILY, MARK J** OFFENSE **Burglary_trespass in occupied** INCIDENT DATE AND TIME **12/07/2022 2322**

REPORTEE

NO. NAME (Last, First, Middle) ADDRESS (Street, Apt., City, State, Zip) AGE/D.O.B. SSN PHONE

VEHICLE

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 Y N CONTENTS Y N

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

PROPERTY

*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 P PHOTO EVIDENCE TOTAL VALUE **299.99**

*LOSS CODE	QUANTITY	DESCRIPTION	MISC JEWELRY	MISC JEWELRY	*PROP CODE	*VALUE
5	1				08	
VICT. NO.	VEH. NO.	MAKE/BRAND	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	DATE RECOVERED
1						
*LOSS CODE	QUANTITY	DESCRIPTION	TOUCH DNA SWABS		*PROP CODE	*VALUE
6	1				60	
VICT. NO.	VEH. NO.	MAKE/BRAND	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	DATE RECOVERED
					EJHFIWEJHFIHE	
*LOSS CODE	QUANTITY	DESCRIPTION	LATENT PRINT CARD		*PROP CODE	*VALUE
6	1				60	
VICT. NO.	VEH. NO.	MAKE/BRAND	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	DATE RECOVERED
					IEUTIERHTIERHTIUER	

PROPER TY 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-Co nst.		44 Firearms	55 Pending Inventory
				45 Other Weapons	

NARRATIVE

Crews dispatched for a reported burglary.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-004052
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VICTIM MCEVILY, MARK J	OFFENSE Burglary trespass in occupied	INCIDENT DATE NO TIME 12/07/2022	1530
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NO. 1	ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/>	CHECK APPROPRIATE CATEGORY <input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
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NAME (Last, First, Middle) UNKNOWN,	SSN Redacted
ALIAS	GANG AFFILIATION

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

PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
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*AGE/D.O.B.	*SEX N/A	*RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> X <input type="checkbox"/> U	ETHNICITY <input type="checkbox"/> B <input type="checkbox"/> A	*HEIGHT 99 600 To 603	*WEIGHT 280 To 300	*HAIR RED	*EYES
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MARITAL STATUS N/A	SCARS, MARKS, TATOOS
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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13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON																					
13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL																							

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

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	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 0000	ARREST LOCATION (Street, Apt., City, State, Zip)
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*INCIDENT TRACKING NUMBER	ARREST DISPOSITION	BAIL 0.00
MIRANDA WITNESSED BY:		TIME READ 0000

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.	FBI/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
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)	RELATIONSHIP	PHONE	
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
LAST SEEN WEARING				

REPORTING OFFICER RUMP, RYAN	BADGE NO. 22	DATE 12/08/2022
APPROVING OFFICER BALAJ, CHUCK	BADGE NO. 4	DATE 12/08/2022
COURT		DATE

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER 1-22-004052

VICTIM MCEVILY, MARK J OFFENSE Burglary trespass in occupied INCIDENT DATE ND TIME 12/07/2022 1530

*NO. 2 *TOTAL VICTIMS 2 *VICTIM TYPE INDIVIDUAL FINANCIAL INSTITUTION POLICE OFFICER (IN THE LINE OF DUTY) SOCIETY OTHER BUSINESS GOVERNMENT RELIGIOUS ORGANIZATION UNKNOWN

NAME (Last, First, Middle) MCEVILY, MACKENZIE RAE

ADDRESS (Street, Apt., City, State, Zip) 511 WALNUT SPRINGS DR, OAKWOOD, OH, 45419 PHONE

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

*AGE/D.O.B. 28 YRS 01/31/1994 *SEX Female *RACE W B I U ETHNICITY HGT 5'06" WGT 145 HAIR BRO EYES BLU

OCCUPATION Redacted *RESIDENT STATUS RESIDENT TOURIST MILITARY STUDENT OTHER UNKNOWN

*VICTIM INJURED? Y 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. UU 2. 3. 4. 5. 2911.12A2

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

VICTIM

VICTIM

*NO. *TOTAL VICTIMS *VICTIM TYPE INDIVIDUAL FINANCIAL INSTITUTION POLICE OFFICER (IN THE LINE OF DUTY) SOCIETY OTHER BUSINESS GOVERNMENT RELIGIOUS ORGANIZATION UNKNOWN

NAME (Last, First, Middle)

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

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

*AGE/D.O.B. *SEX *RACE B A W I U ETHNICITY HGT WGT HAIR EYES

OCCUPATION SSN *RESIDENT STATUS RESIDENT TOURIST MILITARY STUDENT OTHER UNKNOWN

*VICTIM INJURED? Y 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.

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

WITNESS

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN

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

WITNESS

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN

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

WITNESS

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN

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

WITNESS

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN

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

REPORTING OFFICER RUMP, RYAN BADGE NO. 22 DATE 12/08/2022

APPROVING OFFICER BALAJ, CHUCK BADGE NO. 4 DATE 12/08/2022

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-004052
VICTIM MCEVILY, MARK J		INCIDENT DATE / TIME 12/07/2022 1530
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately		NARRATIVE DATE / TIME 12/07/2022
NARRATIVE TOPIC	OFFICER C. COLTON (959)	BADGE NO. C. COLTON

HOUSE BROKEN INTO WHILE THEY WERE GONE, SHATTERED THE UPSTAIRS BEDROOM DOOR

CALLER DOES HAVE HIS CCW, ADVISED TO MAKE SURE GUN WAS NOT ON PERSON WHEN POLICE ARRIVE, ALSO ADVISED NOT TO TOUCH ANYTHING

15 - Enroute-511 WALNUT SPRINGS DR OAKWOOD

22 - Enroute-511 WALNUT SPRINGS DR OAKWOOD

15 - Cancel Checkup-511 WALNUT SPRINGS DR OAKWOOD

22 - Cancel Checkup-511 WALNUT SPRINGS DR OAKWOOD

22 - ENROUTE TO HQ FOR PAPER

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-004052
VICTIM MCEVILY, MARK J	INCIDENT DATE / TIME 12/07/2022 1530	
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately	NARRATIVE DATE / TIME 12/08/2022	
NARRATIVE TOPIC Burglary	OFFICER R. RUMP (064)	BADGE NO. R. RUMP (0

On above date and time, crews were dispatched to 511 Walnut Springs for a burglary. Myself and Officer Harrison arrived on scene and made contact with the homeowners, Mark and Mackenzie McEvily, who stated they arrived home to find their house had been broken into. Officers cleared the residence and then began speaking with the complainants. They advised they left their residence today, 12-7-2022, around 1515 hrs and returned home at 2310 hours. They entered the front door, closest to the garage, and observed their master bedroom door was shut and locked. Mackenzie retrieved a key and unlocked the bedroom door before opening it. Once opened, she observed glass broken out of an exterior door, leading to a second story wooden deck. Mackenzie advised Mark of her findings, Mark then entered the bedroom to retrieve a handgun from a nightstand, next to the bed. The two then went into their kitchen to call 911.

From initial observations, only jewelry appeared to be missing. The master bedroom was the only room which appeared to have been ransacked. I continued the conversation with the McEvily's while Officer Harrison began taking photographs. They advised "Next Stage Homes" has been remodeling their residence for approximately the last six months. Next Stage Homes is owned by Brennon Pasko (937-609-5824). An employee of Next Stage, Jackson Gebhart (937-623-5688), was in their residence today, adding pocket door handles. Jackson was still working in the residence when the complainants left. McEvily's stated that they have left Jackson in their home previously without incident.

Their neighbor, Lauren McCarty, went into their residence around 1730 hours to let their dog outside. There was no damage or signs of forced entry at that point. Lauren then left and went back to her house. Lauren stated that she heard McEvily's dog barking around 1950 hours.

McEvily's do not have active security cameras in their residence and are unaware if their neighbors have cameras. They were advised to email me a list of items that were stolen, to be added to the report.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-004052
VICTIM MCEVILY, MARK J	INCIDENT DATE / TIME 12/07/2022 1530	
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately	NARRATIVE DATE / TIME 12/08/2022	
NARRATIVE TOPIC Evidence	OFFICER J. HARRISON (275)	BADGE NO. J. HARRISC

Dispatched to 511 Walnut Springs on a report of a burglary that happened sometime earlier. Upon arrival, ofc. Rump and I cleared the home room by room. We then spoke to the homeowners who reported being away from home since around 1500 hrs. Upon their return, they discovered that someone had entered their master bedroom from the upper deck. The upper deck can only be accessed from inside the home and is on the second story from the back of the house. There is no easy way to get to the deck from outside. It appears that the burglar climbed up the railing on the north side of the house and pulled himself up to the deck. A small stone retaining wall around a flower bed had a stone knocked off. There was disturbed dirt near the stone and a partial shoe tread that did not match ofc Rump's or my shoes. There were also bits of dirt and scuffs on the railing. Once on the upper deck, the subject seemed to use a disconnected propane tank to break a window panel next to the door to the bedroom. It seems odd that the subject did not break the glass on the door and let himself into the room by unlocking the door. The subject broke enough glass only to crawl into the master bedroom, leaving a bit of mud on the outer lower sill. The subject rifled through a chest of drawers, both nightstands, the bathroom vanity, and the master closet. The subject took time to open jewelry boxes and avoided taking a gun that was kept in the eastern night stand. There was also mud tracked onto the rug in the master bedroom and master closet. While there was a large amount of broken glass in the master bedroom, I could not find glass in any other part of the house. It seems that the master bedroom was the only target.

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY					*INCIDENT NUMBER 1-22-004182					
	CALL NUMBER 1-22-026496		*GEOCODE S			*CLEARANCES					
	TOD 09:08:10		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT			A <input type="checkbox"/> Death of Suspect G <input type="checkbox"/> Arrest - Juvenile B <input type="checkbox"/> Prosecution Declined H <input type="checkbox"/> Warrant Issued C <input type="checkbox"/> Extradition Denied I <input checked="" type="checkbox"/> Invest. Pending D <input type="checkbox"/> Victim Refused to Coop. J <input type="checkbox"/> Closed E <input type="checkbox"/> Juvenile/No Custody K <input type="checkbox"/> Unfounded F <input type="checkbox"/> Arrest - Adult U <input type="checkbox"/> Unknown					
OHIO UNIFORM OFFENSE REPORT					*CLEARANCE DATE: 12/22/2022		CLEARED BY: MCELROY, CAMERON				
MONTH		*REPORT DATE/TIME DAY YEAR		TIME		MONTH		*INCIDENT OCCURRED FROM DAY YEAR		TIME	
12		22 2022		0906		12		21 2022		2030	
MONTH		*INCIDENT OCCURRED TO DAY YEAR		TIME		MONTH		*INCIDENT OCCURRED FROM DAY YEAR		TIME	
12		22 2022		0906		12		22 2022		0906	
INCIDENT LOCATION (Street, Apt., City, State, Zip) 1830 SOUTHWOOD LN, OAKWOOD, OH 45419											
*OFFENSE											
1. Burglary, trespass in occupied structure, separately secured structure, or separately			*OFFENSE CODE 1. 2911.12A1		*AC C	F/M & DEGREE F2	*HATE/BIAS N	*LARCENY 23H	*TYPE CRIMINAL ACTIVITY 1. N 2. 3. (Enter up to three for each offense)		
2.			2.						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		
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 13 Parking Garage 26 Bar 42 Other Building 14 Other Public Access Buildings 27 Buy/Sell/ Trade Shop RESIDENTIAL STRUCTURE 28 Restaurant OUTSIDE 01 Single Family Home 29 Gas Station 43 Yard 02 Multiple Dwelling 30 Auto Sales Lot 44 Construction Site 03 Residential Facility 31 Jewelry Store 45 Lake/Waterway 04 Other Residential 32 Clothing Store 46 Field/ Woods 05 Garage/ Shed 33 Drugstore 47 Street PUBLIC ACCESS BLDGS. 34 Liquor Store 48 Parking Lot 06 Transit Facility 35 Shopping Mall 49 Park/ Playground 07 Government Office 36 Sporting Goods 50 Cemetery 08 School 37 Grocery/ Supermarket 51 Public Transit Vehicle 09 College 38 Variety/ Convenience 52 Other Outside Location 10 Church 39 Department Store 77 Other 11 Hospital 40 Other Retail Store											
*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											
1 <input type="checkbox"/> FORCE 01 <input type="checkbox"/> Motor Running/Keys in Car 06 <input type="checkbox"/> Hot Wire 2 <input checked="" type="checkbox"/> NO FORCE 02 <input checked="" type="checkbox"/> Unlocked 07 <input type="checkbox"/> Slim Jim/Coat Hanger *NO. PREMISES ENTERED 03 <input type="checkbox"/> Duplicate Key Used 08 <input type="checkbox"/> Tumblers Removed 04 <input type="checkbox"/> Window Broken 09 <input type="checkbox"/> Column Peeled 05 <input type="checkbox"/> Towed 10 <input type="checkbox"/> Ignition Peeled											
METHODS OF OPERATION Used Bike											
*NO. 1 *TOTAL VICTIMS 2 *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) DELANEY, HARRY J											
ADDRESS (Street, Apt., City, State, Zip) 1830 SOUTHWOOD LN E, OAKWOOD, OH, 45419											
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)											
*AGE/ D.O.B. 77 YRS 09/28/1945 *SEX Male *RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A ETHNICITY <input type="checkbox"/> HGT 5'11" WGT 213 HAIR WHI EYES BLU											
OCCUPATION Redacted *RESIDENT 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 *VICTIM/SUSPECT RELATIONSHIP *VICTIM/OFFENSE LINK											
TYPE OF ACT. 07 ASSIGN. TYPE ORI - OTHER 0. 1. OK 2. 3. 4. 5. 2911.12A1											
My signature verifies that the information on this report is accurate and true											
DATE											
REPORTING OFFICER MCELROY, CAMERON TITLE Public Safety Officer BADGE NO. 23 DATE 12/22/2022											
APPROVING OFFICER BAGGETT, DAMIAN TITLE Lieutenant BADGE NO. 7 DATE 12/22/2022											
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"/> 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
1-22-004182

INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-22-004182

VICTIM DELANEY, HARRY J OFFENSE Burglary_trespass in occupied INCIDENT DATE AND TIME 12/22/2022 0906

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. 1 DAMAGE TO VEHICLE LIC FDP5482 LIS Oh LIY 8226 LIT PC VIN/OAN 4JGDA5HB3EA427526 *VALUE

VYR 2014 VMA MERZ VMO VST SW VCO TOP WHI VEHICLE LOCKED N KEYS IN VEHICLE N HOLD VEHICLE N RELEASE N

VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. 1 VEHICLE TOWED? N OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE BILL OF SALE OTHER

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN BUSINESS 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 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE

*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	

*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 27 Vehicle Parts/Accessories 35 Aircraft 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Industrial/Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory

EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums

DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents

PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects

HOUSEHOLD ITEMS 14 Household Items

28 School Supplies 29 Other Equipment 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods 33 Livestock 34 Household Pets

36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle

44 Firearms 45 Other Weapons

NARRATIVE Dispatched to 1830 Southwood Lane on a burglary report. Investigation to follow.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-004182
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VICTIM DELANEY, HARRY J	OFFENSE Burglary trespass in occupied	INCIDENT DATE ND TIME 12/21/2022 2030
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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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
-------	--	--	--

NAME (Last, First, Middle) UNKNOWN,	SSN Redacted
ALIAS	GANG AFFILIATION

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

PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
----------------	-----------------------	-------------------

*AGE/ D.O.B.	*SEX N/A	*RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> X <input type="checkbox"/> U	ETHNICITY <input type="checkbox"/> B <input type="checkbox"/> A	*HEIGHT 99 600 To 603	*WEIGHT 280 To 300	*HAIR RED	*EYES
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MARITAL STATUS N/A	SCARS, MARKS, TATOOS
ADDITIONAL DESCRIPTIVES	

SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	POTENTIAL INJURIES?
---	---------------------

*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
--

*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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11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES																					
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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	ADDRESS (Street, Apt., City, State, Zip)	PHONE
1.	1.	1.
2.	2.	2.

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	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 <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.	FBI/BCI#
---	----------------------	--	----------------	--------------	----------

*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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	DATE/TIME NOTIFIED	NOTIFIED BY	*JUVENILE DISPOSITION <input type="checkbox"/> HANDLED WITHIN THE DEPARTMENT <input type="checkbox"/> 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	

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

REPORTING OFFICER MCELROY, CAMERON	BADGE NO. 23	DATE 12/22/2022
APPROVING OFFICER BAGGETT, DAMIAN	BADGE NO. 7	DATE 12/22/2022
COURT		DATE

NAME/DESCRIPTIVES
ASSOC. PERSONS
ARREST INFORMATION
JUVENILE
RUNAWAYS / MISSING

VEHICLE SUPPLEMENT

INCIDENT NUMBER 1-22-004182

VICTIM DELANEY, HARRY J OFFENSE Burglary trespass in occupied INCIDENT DATE AND TIME 12/21/2022 2030

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. 2 LIC Oh LIS LIY LIT VIN/OAN 1 *VALUE

VYR VMA VMO VST VCO TOP B TT M VEHICLE LOCKED N KEYS IN VEHICLE N HOLD VEHICLE N RELEASE N CONTENTS N

VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. 1 VEHICLE TOWED? 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?

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. 2 LIC Oh LIS LIY LIT VIN/OAN 1 *VALUE

VYR VMA VMO VST VCO TOP B TT M VEHICLE LOCKED N KEYS IN VEHICLE N HOLD VEHICLE N RELEASE N CONTENTS N

VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. 1 VEHICLE TOWED? 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? 12/22/2022

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. NO. DAMAGE TO VEHICLE THEFT FROM VEHICLE LIC LIS LIY LIT VIN/OAN *VALUE

VYR VMA VMO VST VCO TOP B TT M VEHICLE LOCKED N KEYS IN VEHICLE N HOLD VEHICLE N RELEASE N CONTENTS 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?

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. NO. DAMAGE TO VEHICLE THEFT FROM VEHICLE LIC LIS LIY LIT VIN/OAN *VALUE

VYR VMA VMO VST VCO TOP B TT M VEHICLE LOCKED N KEYS IN VEHICLE N HOLD VEHICLE N RELEASE N CONTENTS 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?

VEHICLE

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. NO. DAMAGE TO VEHICLE THEFT FROM VEHICLE LIC LIS LIY LIT VIN/OAN *VALUE

VYR VMA VMO VST VCO TOP B TT M VEHICLE LOCKED N KEYS IN VEHICLE N HOLD VEHICLE N RELEASE N CONTENTS 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?

VEHICLE

REPORTING OFFICER MCELROY, CAMERON BADGE NO. 23 DATE 12/22/2022

APPROVING OFFICER BAGGETT, DAMIAN BADGE NO. 7 DATE 12/22/2022

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER 1-22-004182

VICTIM DELANEY, HARRY J OFFENSE Burglary trespass in occupied INCIDENT DATE NO TIME 12/21/2022 2030

*NO. 2 *TOTAL VICTIMS 2 *VICTIM TYPE INDIVIDUAL BUSINESS FINANCIAL INSTITUTION GOVERNMENT POLICE OFFICER (IN THE LINE OF DUTY) SOCIETY OTHER RELIGIOUS ORGANIZATION UNKNOWN

NAME (Last, First, Middle) DELANEY, ANITA M

ADDRESS (Street, Apt., City, State, Zip) 1830 SOUTHWOOD LANE EAST, DAYTON, OH, 45419

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

*AGE/D.O.B. 76 YRS 01/18/1946 *SEX Female *RACE W B I A U ETHNICITY HGT 5'01" WGT 130 HAIR BRO EYES BRO

OCCUPATION SSN Redacted *RESIDENT STATUS 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER U UNKNOWN

*VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES:

*AGG. ASSAULT/HOMICIDE CIRC. TYPE OF ACT. ASSIGN. TYPE ORI - OTHER 0 1 OK 2 3 4 5 *VICTIM/SUSPECT RELATIONSHIP *VICTIM/OFFENSE LINK 2911.12A1

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

*NO. *TOTAL VICTIMS *VICTIM TYPE INDIVIDUAL BUSINESS FINANCIAL INSTITUTION GOVERNMENT POLICE OFFICER (IN THE LINE OF DUTY) SOCIETY OTHER RELIGIOUS ORGANIZATION UNKNOWN

NAME (Last, First, Middle)

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

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

*AGE/D.O.B. *SEX *RACE W B I A U ETHNICITY HGT WGT HAIR EYES

OCCUPATION SSN *RESIDENT STATUS 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER U UNKNOWN

*VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES:

*AGG. ASSAULT/HOMICIDE CIRC. TYPE OF ACT. ASSIGN. TYPE ORI - OTHER 0 1 2 3 4 5 *VICTIM/SUSPECT RELATIONSHIP *VICTIM/OFFENSE LINK

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

NO. NAME (Last, First, Middle) AGE/D.O.B. 49 YRS 01/11/1973 SSN Redacted

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

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN

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

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN

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

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN

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

REPORTING OFFICER MCELROY, CAMERON BADGE NO. 23 DATE 12/22/2022

APPROVING OFFICER BAGGETT, DAMIAN BADGE NO. 7 DATE 12/22/2022

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-004182
VICTIM DELANEY, HARRY J		INCIDENT DATE / TIME 12/21/2022 2030
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately c		NARRATIVE DATE / TIME 12/22/2022
NARRATIVE TOPIC	OFFICER C. COLTON (959)	BADGE NO. C. COLTON

ATTACHED GARAGE BROKEN INTO OVERNIGHT, CARS GONE THROUGH AND A BIKE STOLEN

23 - Enroute-1830 SOUTHWOOD LN OAKWOOD

23 - Cancel Checkup-1830 SOUTHWOOD LN OAKWOOD

26 - Cancel Checkup-1830 SOUTHWOOD LN OAKWOOD

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-004182
VICTIM DELANEY, HARRY J	INCIDENT DATE / TIME 12/21/2022 2030	
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately c	NARRATIVE DATE / TIME 12/22/2022	
NARRATIVE TOPIC Burglary	OFFICER C. MCELROY (066)	BADGE NO. C. MCELRO

Sir,

On 12/22/2022 at approximately 0906 hours, I was dispatched to 1830 Southwood Lane on a reported overnight burglary. I arrived to meet the victim, later identified as Harry Delaney (PS # 937-673-6433), who advised that someone had entered his attached garage and stole his property overnight.

Delaney explained that he went to leave the house at approximately 0800 hours and observed his attached garage man door partially open. Delaney entered the garage and observed his white Mercedes SUV, OH registration FDP 5482, with the front door open and the contents of his glove box and center console apparently gone through and in disarray. Delaney then noticed that his black Cannondale bicycle, valued at approximately \$300, was missing from its hanging location on the rear garage wall. Delaney did not identify any other stolen goods at the time of this report. Delaney stated that he personally closed the garage man door at approximately 2030 hours on 12/21/2022.

I observed no other signs of forced entry to the remaining property. Delaney reported no additional suspicious activity or noises that would have alerted him to a more specific timeline of the burglary.

Detective Ballinger arrived to process the scene for evidence. Please see Detective Ballinger's supplemental narrative for further details of evidence collection.

Nothing further at this time.

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-004182
VICTIM DELANEY, HARRY J		INCIDENT DATE / TIME 12/21/2022 2030
OFFENSE Burglary trespass in occupied structure, separately secured structure, or separately c		NARRATIVE DATE / TIME 12/22/2022
NARRATIVE TOPIC Property Located And Returned	OFFICER C. MCELROY (066)	BADGE NO. C. MCELRO

Sir,

On 12/22/2022 at approximately 1130 hours, I responded to 30 Walnut Lane on a reported found bicycle. I arrived to speak with the resident, Jennifer Almoney via telephone (PS # 937-572-3221). Almoney stated that she located a black Cannondale bicycle leaning against the brick wall immediately north of her driveway on Walnut Lane at approximately 1100 hours. The bicycle matched the description of stolen property from the burglary at 1830 Southwood Lane earlier today. Officer Watkins inspected the bicycle for evidence and determined no evidence collection was practical due to the weather and rain. The bicycle was transported to 1830 Southwood Lane where it was positively identified by Anita Delaney. I returned the bicycle to Delaney and the property return was captured by body cam.

No surveillance cameras were noted in the area of 30 Walnut Lane and neighbor contacts were unsuccessful.

Nothing further at this time.

ADMINISTRATIVE	AGENCY NAME OAKWOOD PUBLIC SAFETY								*INCIDENT NUMBER 1-22-004194				
	CALL NUMBER 1-22-026770				*GEOCODE N				*CLEARANCES				
	TOD 10:15:32		TOA 10:17:47		TOC		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		<input type="checkbox"/> A Death of Suspect <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Denied <input type="checkbox"/> D Victim Refused to Coop. <input type="checkbox"/> E Juvenile/No Custody <input type="checkbox"/> F Arrest - Adult		<input type="checkbox"/> G Arrest - Juvenile <input type="checkbox"/> H Warrant Issued <input checked="" type="checkbox"/> I Invest. Pending <input type="checkbox"/> J Closed <input type="checkbox"/> K Unfounded <input type="checkbox"/> U Unknown		
OHIO UNIFORM INVESTIGATION REPORT													
*CLEARANCE DATE: 12/26/2022				*INCIDENT OCCURRED TO				CLEARED BY: RUMP, RYAN					
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME		
12	26	2022	1013	12	22	2022	1200	12	26	2022	1013		
INCIDENT LOCATION (Street, Apt., City, State, Zip) 1130 HARMAN AV, OAKWOOD, OH 45419													
*OFFENSE		*OFFENSE CODE		*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY					
1. Burglary		1. 2911.12		C	F2	N	23H	1. N 2. 3. (Enter up to three for each offense)					
2. Theft Vehicle/Auto		2. 2913.02B5		C	F4	N	240	1. N 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. 42		12 Jail/ Prison		RETAIL		41 Factory/Mill/Plant					
RESIDENTIAL STRUCTURE		COMMERCIAL LOCATIONS		13 Parking Garage		26 Bar		42 Other Building					
01 Single Family Home		15 Auto Shop		14 Other Public Access Buildings		27 Buy/Sell/ Trade Shop		OUTSIDE					
02 Multiple Dwelling		16 Financial Institution				28 Restaurant		43 Yard					
03 Residential Facility		17 Barber/Beauty Shop				29 Gas Station		44 Construction Site					
04 Other Residential		18 Hotel/Motel				30 Auto Sales Lot		45 Lake/Waterway					
05 Garage/Shed		19 Dry Cleaners/Laundry				31 Jewelry Store		46 Field/Woods					
PUBLIC ACCESS BLDGS.		20 Professional Office				32 Clothing Store		47 Street					
06 Transit Facility		21 Doctor's Office				33 Drugstore		48 Parking Lot					
07 Government Office		22 Other Business Office				34 Liquor Store		49 Park/Playground					
08 School		23 Amusement Center				35 Shopping Mall		50 Cemetery					
09 College		24 Rental Storage Facility				36 Sporting Goods		51 Public Transit Vehicle					
10 Church		25 Other Commercial Service Loc.				37 Grocery/Suppermarket		52 Other Outside Location					
11 Hospital						38 Variety/Convenience							
						39 Department Store							
						40 Other Retail Store		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		01 <input type="checkbox"/> Motor Running/Keys in Car		06 <input type="checkbox"/> Hot Wire		ENTRY		EXIT		ENTRY		EXIT	
2 <input checked="" type="checkbox"/> NO FORCE		02 <input checked="" type="checkbox"/> Unlocked		07 <input type="checkbox"/> Slim Jim/Coat Hanger		1 <input type="checkbox"/> BASEMENT <input type="checkbox"/>		1 <input type="checkbox"/> DOOR <input type="checkbox"/>		1 <input type="checkbox"/> FRONT <input type="checkbox"/>		1 <input type="checkbox"/> FRONT <input type="checkbox"/>	
*NO. PREMISES ENTERED:		03 <input type="checkbox"/> Duplicate Key Used		08 <input type="checkbox"/> Tumblers Removed		2 <input checked="" type="checkbox"/> 1 ST FLOOR <input checked="" type="checkbox"/>		2 <input type="checkbox"/> WINDOW <input type="checkbox"/>		3 <input checked="" type="checkbox"/> GARAGE <input checked="" type="checkbox"/>		2 <input checked="" type="checkbox"/> SIDE <input checked="" type="checkbox"/>	
1		04 <input type="checkbox"/> Window Broken		09 <input type="checkbox"/> Column Peeled		3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/>		3 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>		4 <input type="checkbox"/> ROOF <input type="checkbox"/>		3 <input type="checkbox"/> REAR <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"/>		4 <input type="checkbox"/> ROOF <input type="checkbox"/>		4 <input type="checkbox"/> ROOF <input type="checkbox"/>	
METHODS OF OPERATION Other													
*NO. 1		*TOTAL VICTIMS 2		*VICTIM TYPE		I <input checked="" type="checkbox"/> INDIVIDUAL		F <input type="checkbox"/> FINANCIAL INSTITUTION		P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)		S <input type="checkbox"/> SOCIETY	
				B <input type="checkbox"/> BUSINESS		G <input type="checkbox"/> GOVERNMENT		R <input type="checkbox"/> RELIGIOUS ORGANIZATION		U <input type="checkbox"/> UNKNOWN		O <input type="checkbox"/> OTHER	
NAME (Last, First, Middle) SCHEAR, LELAND EDWARD													
ADDRESS (Street, Apt., City, State, Zip) 1130 HARMAN AVE, OAKWOOD, OH, 454193023										PHONE			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)										PHONE			
*AGE/D.O.B. 70 YRS		*SEX 03/04/1952		*RACE Male		*ETHNICITY W		HGT 5'11"		WGT 180		HAIR BRO	
*EYES BLU		*OCCUPATION		SSN Redacted		*RESIDENT STATUS 1 <input checked="" type="checkbox"/> RESIDENT		3 <input type="checkbox"/> MILITARY		5 <input type="checkbox"/> OTHER		U <input type="checkbox"/> UNKNOWN	
2 <input type="checkbox"/> TOURIST		4 <input type="checkbox"/> STUDENT											
*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:											
*AGG. ASSAULT/HOMICIDE CIRC.		*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP				*VICTIM/OFFENSE LINK					
07		TYPE OF ACT. ASSIGN. TYPE ORI - OTHER		0. 1. UU 2. 3. 4. 5.				2911.12, 2913.02B5					
My signature verifies that the information on this report is accurate and true													
DATE _____													
REPORTING OFFICER RUMP, RYAN				TITLE Public Safety Officer				BADGE NO. 22		DATE 12/26/2022			
APPROVING OFFICER BALAJ, CHUCK				TITLE Lieutenant				BADGE NO. 4		DATE 12/27/2022			
FOLLOW-UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		If yes, follow-up Assignment: BALLINGER, KASEY											
ADDITIONAL SUPPLEMENTS		VICTIM/WITNESS		PROPERTY		STATEMENTS		FORM RECEIVED BY:		INTELLIGENCE RECORDS		SPECIAL COPIES	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

 INCIDENT NUMBER
1-22-004194

INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-22-004194

VICTIM SCHFEAR, IELAND EDWARD OFFENSE Burglary INCIDENT DATE AND TIME 12/26/2022 1013

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. 1 DAMAGE TO VEHICLE LIC JWR8519 LIS Oh LIY 8226 LIT PC VIN/OAN WP1AA2AY0PDA00597 *VALUE
 VYR 2023 VMA PORS VMO CYN VST SW VCO TOP BOTTOM BLK VEHICLE LOCKED Y N KEYS IN VEHICLE Y N HOLD VEHICLE Y N RELEASE Y N CONTENTS N
 VEHICLE ASSOC. W/ SUSPECT NO. 1 VEHICLE ASSOC. W/ VICTIM NO. 2 VEHICLE TOWED? Y N TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE BILL OF SALE OTHER

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 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 6,342.00

*LOSS CODE 6 QUANTITY 1 DESCRIPTION BIG GULP CUP *PROP CODE 60 *VALUE
 VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER 108 NCIC NUMBER OTHER NUMBER 4194108

*LOSS CODE 5 QUANTITY 1 DESCRIPTION UNKNOWN AMOUNT OF JEWELRY *PROP CODE 08 *VALUE 1.00
 VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE 6 QUANTITY 1 DESCRIPTION MOUNTAIN DEW BOTTLE *PROP CODE 60 *VALUE
 VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE 6 QUANTITY 1 DESCRIPTION MOUNTAIN DEW RED BOTTLE *PROP CODE 60 *VALUE
 VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
 SERIAL NUMBER 109 NCIC NUMBER OTHER NUMBER 4194109

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

NARRATIVE Crews dispatched for a burglary.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY	INCIDENT NUMBER 1-22-004194
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VICTIM SCHEAR, LELAND EDWARD	OFFENSE Burglary	INCIDENT DATE 12/22/2022	ND TIME 1200
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NO. 1	ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/>	CHECK APPROPRIATE CATEGORY <input 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 type="checkbox"/> Y <input checked="" type="checkbox"/> N
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NAME (Last, First, Middle) UNKNOWN,	SSN Redacted
ALIAS	GANG AFFILIATION

ADDRESS (Street, Apt., City, State, Zip) UNKNOWN, OH	PHONE
---	-------

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

PLACE OF BIRTH	DL#/STATE Redacted	OCCUPATION/SCHOOL
----------------	-----------------------	-------------------

*AGE/ D.O.B.	*SEX N/A	*RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> I <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> U	ETHNICITY 99	*HEIGHT 600 To 603	*WEIGHT 280 To 300	*HAIR RED	*EYES
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MARITAL STATUS N/A	SCARS, MARKS, TATOOS
-----------------------	----------------------

ADDITIONAL DESCRIPTIVES

SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	POTENTIAL INJURIES?
---	---------------------

*RESIDENT STATUS 1 <input 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 checked="" type="checkbox"/> UNKNOWN
--	---

*ARRESTEE WAS ARMED WITH

ARRESTEE ARMED WITH 1. 2. 3.																								
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NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
1.	1.	1.
2.	2.	2.

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	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 0000	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.	FBI/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
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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 RUMP, RYAN	BADGE NO. 22	DATE 12/26/2022
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APPROVING OFFICER BALAJ, CHUCK	BADGE NO. 4	DATE 12/27/2022
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COURT	DATE
-------	------

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER 1-22-004194

VICTIM SCHEAR, LELAND EDWARD OFFENSE Burglary INCIDENT DATE ND TIME 12/22/2022 1200

*NO. 2 *TOTAL VICTIMS 2 *VICTIM TYPE INDIVIDUAL BUSINESS FINANCIAL INSTITUTION GOVERNMENT POLICE OFFICER (IN THE LINE OF DUTY) SOCIETY OTHER RELIGIOUS ORGANIZATION UNKNOWN

NAME (Last, First, Middle) SCHEAR, PATTI S
 ADDRESS (Street, Apt., City, State, Zip) 1130 HARMAN AVE, DAYTON, OH, 45419
 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)

VICTIM

*AGE/D.O.B. 64 YRS 11/23/1958 *SEX Female *RACE W B A I U ETHNICITY HGT 5'03" WGT 115 HAIR BRO EYES BRO
 OCCUPATION Redacted SSN *RESIDENT 1 2 3 4 5 *MILITARY 3 4 5 *OTHER 6 7 8 9 UNKNOWN

*VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES:

*AGG. ASSAULT/HOMICIDE CIRC. TYPE OF ACT. ASSIGN. TYPE ORI - OTHER 0. 1. UU 2. 3. 4. 5. *VICTIM/SUSPECT RELATIONSHIP 2911.12.2913.02B5 *VICTIM/OFFENSE LINK

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

*NO. *TOTAL VICTIMS *VICTIM TYPE INDIVIDUAL BUSINESS FINANCIAL INSTITUTION GOVERNMENT POLICE OFFICER (IN THE LINE OF DUTY) SOCIETY OTHER RELIGIOUS ORGANIZATION UNKNOWN

VICTIM

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

*AGE/D.O.B. *SEX *RACE W B A I U ETHNICITY HGT WGT HAIR EYES
 OCCUPATION SSN *RESIDENT 1 2 3 4 5 *MILITARY 3 4 5 *OTHER 6 7 8 9 UNKNOWN

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

WITNESS

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN
 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

WITNESS

NO. NAME (Last, First, Middle) AGE/D.O.B. SSN
 ADDRESS (Street, Apt., City, State, Zip) PHONE
 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

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

STATEMENTS OBTAINED Y N TYPE: WRITTEN ORAL TAPED OTHER

REPORTING OFFICER RUMP, RYAN BADGE NO. 22 DATE 12/26/2022
 APPROVING OFFICER BALAJ, CHUCK BADGE NO. 4 DATE 12/27/2022

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-004194
VICTIM SCHEAR, LELAND EDWARD		INCIDENT DATE / TIME 12/22/2022 1200
OFFENSE Burglary		NARRATIVE DATE / TIME 12/26/2022
NARRATIVE TOPIC	OFFICER R. CLARKE (093)	BADGE NO. R. CLARKE

COMPL IS HOUSEKEEPER / ADVD RESD BROKEN INTO / DOOR WAS OPEN, ITEMS EVERYWHERE

VEH MISSING FROM GARAGE

22 - Enroute-1130 HARMAN AV OAKWOOD

31 - Enroute-1130 HARMAN AV OAKWOOD

4 - Enroute-1130 HARMAN AV OAKWOOD

HOMEOWNERS PATTY AND LEE SCHEAR

COMPL HAS CONTACTED HOMEOWNERS

22 - Cancel Checkup-1130 HARMAN AV OAKWOOD

31 - Cancel Checkup-1130 HARMAN AV OAKWOOD

4 - Cancel Checkup-1130 HARMAN AV OAKWOOD

4-WILL BE CHKING RESD / HOLD TRAFFIC UNLESS ER

22 - Cancel Checkup-1130 HARMAN AV OAKWOOD

31 - Cancel Checkup-1130 HARMAN AV OAKWOOD

4 - Cancel Checkup-1130 HARMAN AV OAKWOOD

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER 1-22-004194
VICTIM SCHEAR, LELAND EDWARD		INCIDENT DATE / TIME 12/22/2022 1200
OFFENSE Burglary		NARRATIVE DATE / TIME 12/26/2022
NARRATIVE TOPIC Burglary	OFFICER R. RUMP (064)	BADGE NO. R. RUMP (0

On above date and time, crews were dispatched to the above listed address for the report of a burglary. Myself, Lt. Balaj and Officer Slone arrived on scene and began speaking with the house keeper, Joyce Lockhart. Lockhart stated she arrived at the residence and noticed that the garage door was open and a vehicle, 2023 Porsche Cayenne JWR8519/OH, was missing. Lockhart then entered the residence using a basement door, that is located next to the garage. Lockhart stated that the basement door was unlocked and she entered into the basement, noticing drawers were pulled out and appearing as if someone had been inside of the residence. Lockhart exited the residence and called 911.

Crews entered the residence to search for suspects; no suspects were located. During the search, multiple drawers, cabinets and closet doors were open and/or pulled out. Myself and Officer Slone then searched a detached two story, three car garage. Multiple drawers and cabinets were open and a garage door was open approximately one foot. After speaking with Lockhart, it was determined that another vehicle was missing, 2018 Porsche 911 turbo, QIKBUK/OH.

Dispatch entered both vehicles into NCIC as stolen and sent out a BOLO.

Lockhart stated she was last at the residence on Friday, 12/24/2022, and the residence was normal. Lockhart further stated that the owners are out of the country on vacation and that workers have been there throughout the week, working on the residence.

Detective Ballinger arrived on scene and began processing the scene and taking photographs.