

ADMINISTRATIVE	AGENCY NAME Powell Police Department					*INCIDENT NUMBER 7-15-001190																																																						
	CALL NUMBER 7-15-120275		*GEOCODE N F			*CLEARANCES																																																						
	TOD 10:02:07		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT			A <input type="checkbox"/> Death of Suspect B <input type="checkbox"/> Prosecution Declined 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 type="checkbox"/> Invest. Pending J <input type="checkbox"/> Closed K <input type="checkbox"/> Unfounded U <input type="checkbox"/> Unknown																																																						
	TOA 10:02:23																																																											
TOC 11:46:20							*CLEARANCE DATE: 10/26/2015					CLEARED BY: PENTZ, RYAN																																																
OHIO UNIFORM OFFENSE REPORT																																																												
MONTH					*REPORT DATE/TIME DAY YEAR TIME					MONTH					*INCIDENT OCCURRED FROM DAY YEAR TIME					MONTH					*INCIDENT OCCURRED TO DAY YEAR TIME																																			
10					26 2015 1001					10					25 2015 1700					10					26 2015 1800																																			
INCIDENT LOCATION (Street, Apt., City, State, Zip) 358 BEAR WOODS DR, POWELL, OH 43065																																																												
OFFENSE	*OFFENSE					*OFFENSE CODE					*A/C					F/M & DEGREE					*HATE/BIAS					*LARCENY					*TYPE CRIMINAL ACTIVITY																													
	1. Domestic Violence					1. 2919.25					C					F					N										1. N 2. 3. (Enter up to three for each offense)																													
	2. Felonious Assault					2. 2903.11					C					F2					N										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 12 Jail/ Prison 2. 13 Park ing Garage 14 Oth er Pub lic Access Build ings															RETAIL 26 Bar 27 B uy/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 Liq uor Sto re 35 Sh opping Mall 36 Spo rting Goods 37 Gro cery/Superm arket 38 Vari ety/Con venience 39 De partme nt Sto re 40 Oth er Ret ail Store															41 Fac tory/Mill/Plant 42 Oth er Bui ding OUTSIDE 43 Yard 44 Con structi on Site 45 Lak e/Water way 46 Field/ Woods 47 Street 48 Park ing Lot 49 Park /Playground 50 Ce metery 51 Publ ic Trans it 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 ENTIAL S TRUC TURE 01 Sing le Family Home 02 Multiple Dwelling 03 Res identi al Facili ty 04 Oth er Res identi al 05 Gar age/Shed PUBL IC ACCESS BLDGS. 06 Trans it Faci lity 07 G overnm ent Offi ce 08 Sc hool 09 Coll ege 10 Chu rch 11 Hos pital															COMMERCIAL LOCATIONS 15 Aut o Shop 16 Fin ancial Instituti on 17 Bar ber/Beaut y Shop 18 Hote l/Motel 19 Dry Cleaners/Laundry 20 Pro fessio nal Offi ce 21 Doc tor's Of fice 22 Oth er Bus iness Offi ce 23 Amu sement Cen ter 24 Ren tal Storage Facili ty 25 Oth er Co mmerci al Service Loc.																														*TYPE WEAPON/FORCE USED 1. 99 2. 3.														
	*METHOD OF ENTRY					*METHOD OF ENTRY – MOTOR VEHICLE THEFT										*METHOD OF ENTRY – BURGLARY/B&E																																												
1 <input type="checkbox"/> FORCE 2 <input 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 EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>					ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>					ENTRY EXIT 1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>																																			
METHODS OF OPERATION																																																												
VICTIM	*NO. 1					*TOTAL VICTIMS 2					*VICTIM TYPE					I <input checked="" type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS					F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT					P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION					S <input type="checkbox"/> SOCIETY U <input type="checkbox"/> UNKNOWN					O <input type="checkbox"/> OTHER																								
	NAME (Last, First, Middle) SMITH, COURTNEY CARANO																																																											
	ADDRESS (Street, Apt., City, State, Zip) 358 BEAR WOODS DR, POWELL, OH, 43065															PHONE																																												
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)															PHONE																																												
	*AGE/ D.O.B. 30 YRS 03/03/1985					*SEX Female					*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U					ETHNICITY					HGT 5'06"					WGT 130					HAIR BLN					EYES BLU																								
	OCCUPATION															SSN 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 TYPE OF ACT. ASSIGN. TYPE ORI – OTHER					*VICTIM/SUSPECT RELATIONSHIP 0. U 1. 2. 3. 4. 5.					*VICTIM/OFFENSE LINK 2903.11																																												
	My signature verifies that the information on this report is accurate and true															DATE																																												
	REPORTING OFFICER BORUCHOWITZ, BEN															TITLE Patrol Officer															BADGE NO. 712					DATE 10/26/2015																								
APPROVING OFFICER SALLOWS, RONALD															TITLE Sergeant															BADGE NO. 711					DATE 11/10/2015																									
FOLLOW-UP? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N															If yes, follow-up Assignment: PENTZ, RYAN										P																																			
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																														

INCIDENT NUMBER
7-15-001190

INCIDENT REPORT – PART 2

INCIDENT NUMBER	7-15-001190
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VICTIM		OFFENSE	INCIDENT DATE AND TIME
SMITH, COURTNEY CARANO		Domestic Violence	10/26/2015 1001
NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
1	SMITH, COURTNEY CARANO	30 YRS 03/03/1985	Redacted
ADDRESS (Street, Apt., City, State, Zip)			PHONE
3325 MAINVIEW CT POWELL, OH 43065			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE

STATEMENTS OBTAINED		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		TYPE: <input checked="" type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER	
CHECK CATEGORIES		<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> 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:	TAG RECEIPT <input type="checkbox"/> Y <input type="checkbox"/> N
TITLE <input type="checkbox"/> Y <input type="checkbox"/> N					
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> 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
			<input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?

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

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
6	1	IPHONE BROKEN	99	

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

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER 15-1190-1
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*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
6	1	KITCHEN KNIFE	99	

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

	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER 15-1190-1B	
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*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
6	1	RED USB DRIVE	99	
		EXTERNAL FLASH DRIVE (USB)		

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

	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	15-1190-2B	
QUANTITY	DESCRIPTION	UNIT PRICE	INTERNAL DRIVE (HDD)	16.00	VALUE

*LOSS CODE 6	QUANTITY 1	DESCRIPTION WIRELESS, EXTERNAL DRIVE (USB)	WD BRAND EXTERNAL PASSPORT DRIVE	*PROP CODE 99	*VALUE
VICT	VEH	MAKE/BRAND	MODEL	DATE RECOVERED	

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

	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	15-1190-3B
PROPERT Y CODES :				

PROPER TY CODES :	VALUABLES	EQUIPMENT		VEHICLES	STRUCTURES
	08 Jewe lry/Prec ious Meta ls	15 Dr ug/Narcot ic Eq uip.	26 Too ls	35 Aircraf t	46 Single Occ upancy
	09 Art Ob jects, A ntiques	16 Gamb ling Equipme nt	27 Ve hicle Parts/Accessor ies	36 A utomob iles	47 Ot her Dwe lli ngs
EXCHANGE MEDIUMS	10 Ot her Valuables	17 Comp uter Hardware/Soft.	28 Sc hool Supplie s	37 Bicyc les	48 Commec ial/Business
01 Mo ney		18 Off ice Eq uipme nt	29 Ot her Eq uipme nt	38 B uses	49 Indus./Mfg.
02 Cred it/Deb it Card	PERSONAL EFFECTS	19 Stereo TV Eq uip.	CONSUMABLE ITEMS	39 Tr ucks	50 P ublic/Comm unity
03 Negot iable Instruments	11 C lothing/Furs	20 Record ings-A udio Visual	30 A lcohol	40 Tra ilers	51 Storage
04 Ot her E xchange Med iums	12 P urses/Ha ndbags/ Wallets	21 Sports Eq uipme nt	31 Dr ugs/Narcot ics	41 Watercraft	52 Ot her Str ucture
DOCUMENTS	13 Ot her Perso nal Effects	22 P hotograp hic Eq uipme nt	32 Co nsumab le Goods	42 Recreat ional Vehic le	OTHER
05 No n-Negot iable Instruments	HOUSEHOLD ITEMS	23 Farm Eq uipme nt	ANIMALS	43 Ot her Motor Ve hicle	53 Merc handise
06 Perso nal Papers	14 Ho usehold Items	24 Heavy Co nstruction/Industrial	33 L ivestock	WEAPONS	54 Ot her Property
07 Ot her Doc uments		25 B uilding Supplie s-Co nst.	34 Ho usehold Pets	44 F irearms	55 Pe nding Inventory
				45 Ot her Weapo ns	

<p>The victim reports that a domestic incident happened last night at her home and that she has been a victim of sustained physical abuse by the suspect.</p>	to submit a response
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