## CITY OF POWELL PUBLIC RECORDS NOTICE OF DENIAL OR REDACTION



| Date:   | 11/6/15  | -   | COMPANY STATE      |
|---------|--|---|--------------------|
| Name    | of Requestor:  |   |                    |
| Recor   | d Requested:   | 15-1190   |                    |
| The re  | ecord request is denied for th                                   | ne following reason(s):   |                    |
|         | The record has been disposed Record Retention and Disposi        | of pursuant to the City of Powell ition (RC-2).   | Schedules of       |
|         | The record has been disposed Records Disposal (RC-1).            | of pursuant to an Application of  | the One-Time       |
|         | The record is not a record use                                   | ed or maintained by the City of Po  | owell.             |
|         | The record is not required to be Legal authority and explanation | be released pursuant to R.C. 149.4 on:  | 43.                |
|         | 149.43   | S(A)(2)(a) - uncharged suspect  |                    |
|         |  |   |                    |
|         |  |   |                    |
| Redac   | ction Notice   |   |                    |
|         | (obscuring or deleting of any                                    | the record request contains red<br>information that is exempt from<br>from an item that otherwise meet<br>f the Ohio Revised Code). | the duty to permit |
|         | Social Security Numbers  | 3   |                    |
| City St | Patti Mills  | Police Clerk  | 11/6/15 Date       |
| ,       |  |   | _ ***              |

City of Powell 47 Hall Street Powell, OH 43065-8357 614.885.5380 Fax 614.885.5339 www.cityofpowell.us

|                | AGENCY NAME Powell Police Department CALL NUMBER REGISTRATION CALL NUMBER                |  |  |  |   | *INGIDENI                              | NUMBER<br>7-165-00   | 1190   |   |   | , and a second                                |
|----------------|--|--|--|--|---|--|--|--|---|---|---|
| ADMINISTRATIVE |  | N-CRIMINAL)  |  |  |   | A D D D E D                            | Death of<br>Prosecuti<br>Extraditio<br>Victim Re<br>Juvenile/I | on Declin<br>n Denied<br>fused to            | ned H<br>I<br>Coop. J   | l□ Warra  | - Juvenile nt Issued . Pending                |
| INIST          | 11:46:20   | DM OFFEN   | . E D  | FDODT  |   | F□                                     | Arrest - A   |  |   | J □ Unkno   |   |
| ADMI           | OHIO UNIFO   |  |  | EPORT  | JRRED FROM  |  | o≡<br>1 <u> 0//2 6//2 </u><br>                                 | 015  | BY:   | ARED BORUCH                                       | OWITZ,  |
|                | MONTH DAY YEAR  10 26 2015   |  | мтн <u></u>                                      | DAY  | YEAR  | TIME                                   | MON  |  | DAY   | YEAR  | TIME  |
|                | INCIDENT LOCATION (Street, Apt., City, State, Zip)<br>358 BEAR WOODS DR, POW             | )  |  | 25   | 2015  | 1700                                   | 1  | 0  | 26  | 2015  | 1800  |
|                | OFFENSE:  1. Disorderly Conduct  | *OFFENSE CODE  | *A/G   | F/M & DEGREE   | #HATE/BIAS  |  |  | NAL ACTIV                                    |   | er up to three for                                | each offense)                                 |
|                | 2. Aggravated Menacing   | 2917.11  | C  | MM   | N   | <del></del>                            | 1. N 2.  | 3  | — с   | - BUYING/RECE<br>- CULTIVATING/<br>- DISTRIBUTING | MFG./PUB.                                     |
|                | 3.   | <sup>2.</sup> 2903.21  | C  | M1   | N   |  |  | 3  | E-  | - EXPLOITING C<br>- OPER/PROPO<br>- POSSESSING/   | HILDREN<br>TING/ASSIST.                       |
|                | 4.   | 4.   | +-   |  | _   |  | 1 2.   | 3<br>3.                                      | —— Т-<br>U-   | TRANSP/TRAN - USING/CONSU - OTHER GANG            | ISMITTING<br>IMING                            |
| i              | 5.   | 5.   |  |  |   |  | 1 2.   | 3  | J   | - JUVENILE GAN<br>- NO GANG ACT                   | NG ACTIVITY                                   |
|                | LOCATION OF OFFENSE (Enler up to (wo))   |  |  |  |   |  |  | isi  | USPECTED  | GEUSING   |   |
|                | 1. 01 2. 12 Jail/ Prison 13 Park ing Gar 14 Oth er Pub lik                               | rage 2   | TAIL<br>26 Bar<br>27 Buv/S                       |  | 41 Fac tory/Mill/l<br>42 Oth er Buildin               |  |  |  |   |   |   |
| Ш              | 01 Sing le Family Home 02 Multiple Dwelling COMMERCIAL LC                                | OCATIONS 2   | 28 Res taurant OUTSIDE<br>29 Gas Station 43 Yard |  |   |  | A ALCOHOL  |  |   |   |   |
| FFENSE         | 04 Oth er Res idential 05 Gar age/Shed 16 Fin ancial Ins                                 | ut o Sales Lot 44 Con struction Sit e ewelry Store 45 Lak e/Waterway lot hing S tore 46 Field/ Woods |  |  | D DRUGS C COMPUTER EQUIPMENT                          |  |  |  |   |   |   |
|                | PUBLI C ACCESS BLDGS. 18 Hote //Motel 19 Dry Cleaner                                     | rs/Laundry 3   | 33 Drugs<br>34 Liquor<br>35 Shopp                | lore<br>Store  | 47 Street<br>48 Park ing Lot                          |  | N  | A-4  | NOT APPL  |   | 11  |
|                | 07 G overnm ent Office 22 Other Bus in 23 Amus company                                   | fice 3   | 36 Sportii<br>37 Groce                           | ng Goods<br>ry/Superm arket  | 49 Park /Playgro<br>50 Ce metery<br>51 Publ ic Transi | t V ehicle                             |  | S. CONGO SERVE                               |   | FORCE USED  |   |
|                | 10 Church 24 Ren tal Stora   | age Facility 3   | 39 De pari                                       | tme nt Store   | 52 Oth er Outs id<br>77 Other                         | e Location                             |  | (1)66  | WEAROW  | FORGE USED  |   |
|                | : *METHOD OF ENTRY   | OD OF ENTRY MOTO   | D.VEHIC  | ) ENTURET OF THE SECOND SE |   | ************************************** | 1. <u>99</u>   | ZEALTDV 82                                   | 2   | 3<br>//B&E  |   |
| İ              | 1 GRCE 01 Motor Ruppir   |  |  | Hot Wire   | ENTF  | and the second second second           | ENT  | Annual analysis and a share                  | EXIT  | ENTRY<br>1 ☐ FRONT                                | EXIT  |
|                | 2 X NO FORCE 02 ☐ Unlocked NO PREMISES ENTERED 03 ☐ Duplicate Ke                         | y Used 0   |  | Slim Jim/Coat Hange<br>Tumblers Removed  | 2 🗆   | BASEMENT   1 <sup>ST</sup> FLOOR       | 3 □  | WINDOW<br>GARAGE                             |   | 2 ☐ SIDE<br>3 ☐ REAR                              |   |
|                | 04 ☐ Window Brok<br>05 ☐ Towed   |  |  | Column Peeled<br>Ignition Peeled   |   | 2 <sup>NO</sup> FLOOR  OTHER           |  | SKYLIGHT<br>OTHER                            |   | 4 ☐ ROOF<br>5 ☐ OTHER                             |   |
|                | METHODS OF<br>OPERATION<br>*NO *********************************                         | E LA LICIVIONI X   | esel I:  | EINANGIAI INSTITI  | ITION SEPT 18   | POHIOE/OFFICE                          | DWKITHET   | INE OF DU                                    | TV/Sec.2st I  | SOCIETY ***                                       | i Izatnesw                                    |
|                | NO 1 TOTAL VICTIM TYPE  NAME (Last, First, Middle)                                       | II. X INDIVIDUAL<br>B□ BUSINESS  | Ø□.  | GOVERNMENT   | R□  | RELIGIOUS OR                           | GANIZATION   | INE OF DO                                    | , ů, <u> </u>   | UNKNOWN   | □ VIHER.                                      |
| ŀ              | SMITH, COURTNEY CARANO ADDRESS (Street, Apt., City, State, Zip)                          |  |  |  |   |  |  |  | PHONE   |   |   |
|                | 358 BEAR WOODS DR, POWE<br>EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) | <u>=LL, OH, 43065</u>  | <u>,                                      </u>   |  |   |  | <del></del>  |  | PHONE   |   |   |
| ŀ              | ACE/   | *RACE ∐ B  |  | A ETHNICITY HG   | т<br>5'06''   | WGT                                    | 120  |  | HAIR  | EYE   |   |
|                | 03/03/1985 Fe  | ssn<br>Red   | dacted   | <u> </u>   | <u> 5 Ub</u>  | *RESI<br>STATI                         | ISU<br>DENT 1.UX<br>US 2.□                                     | RESIDENT<br>TOURIST                          |   | B<br>LITARY 5 U<br>UDENT U                        | OTHER<br>UNKNOWN                              |
|                | VICTIM XX Y IF INJURED, DESCRIBE<br>NJURED? ON INJURIES:                                 |  |  |  |   | 10 4000 0000                           |  |  | ta day day ta jiga ta |   | NGIDENT<br>NUMBER                             |
|                | AGG ASSAULT/<br>HOMICIDE GIRO TYPE OF ACT ASSIGNATIVE                                    | ORISOTHER  | NSUSPE   | CT RELATIONSHIP<br>I <b>K</b> 2  | ) = 4   | 5                                      | *VICTIM/OF<br>2903.21  | FENSE LIN                                    | IK  |   | ÜÜ  |
|                | My signature verifies that the information on this report is accurate and true           |  | <u> </u>   |  |   |  |  |  |   |   | 7-  |
|                | REPORTING OFFICER  | TITLE  |  |  |   |  | DATE_<br>BADGE   | NO.  | DATE  | <u> </u>  |   |
|                | BORUCHOWITZ, BEN<br>APPROVING OFFICER  | Patrol C   | <u>ıfficer</u>                                   | · · · · · · · · · · · · · · · · · · ·  |   |  | 712<br>BADGE   | NO.  | DATE  | 10/26/201   | 5   2   3   1   1   1   1   1   1   1   1   1 |
| -              | FOLLOW-UP? If yes, follow-up  Assignment: DENT7  | DVAN   |  |  |   |  |  |  |   |   | Ö   |
|                | ADDITIONAL U VICTIMMITNESS LUSUPPLEMENTS SUPPECT/ARRESTEE                                | PROPERTY LI STAN<br>NARRATIVE DOTH   |  | S FORM RECEIVE   |   | TELLIGENCE<br>CORDS                    | SPECIAL<br>COPIES  | <u>.                                    </u> |   |   | 5 444 90                                      |

|           |  | ENT R                              | EPORT -                         | PART 2   | •                     |  |   |                       | INCIDENT<br>NUMBER                   | 7-15-0011                            | 90              | 140   |
|-----------|--|------------------------------------|---------------------------------|--|-----------------------|--|---|-----------------------|--------------------------------------|--------------------------------------|-----------------|---|
|           | VICTIM<br>SMITH  | COUR                               | TNEY CAR                        | ANO  | OFFENS<br>Diso        | E<br>rderly Conduc   | et                                      |                       | INCIDENT DA                          |                                      |                 | 001   |
| ١,,       | NO. NAME (Last, First, Middle)  1 SMITH, COURTNEY CARANO |                                    |                                 |  |                       |  | AGE/<br>D.O.B30 YRS 03/03/1985 Redacted |                       |                                      |                                      |                 |   |
| R         |  |                                    |                                 |  |                       |  | -                                       |                       | 110 00/00/10                         | PHONE                                | dolog           |   |
|           | EMPLOYER   | r name and                         | City, State, Zip)               | OVVELE,  | 011 400               | <u> </u>   |   |                       |                                      |                                      | PHONE           |   |
| ä         | STATEMEN<br>CHECK CA                                     | TS OBTAINE                         | D MAY L                         | N TYF  |                       |  |   | D U OTHER             |                                      |                                      |                 |   |
|           | NO.  | DAM.                               | AGE TO VEHICLE                  | LIC  | FD IN                 | S LIY  | LIT U                                   | VIN/OAN               | HICLE LI VICTIM                      | I'S VEHICLE U                        | NAUTHORIZE      | DUSE ∐ABANDONED<br>#VALUE   |
|           | VYR  | VMA                                | T FROM VEHICLE                  | VMO  |                       | VST  | vco                                     |                       |                                      |                                      | Y HOLD          | ☐ Y RELEASE ☐ Y   |
| щ         | 1  |                                    | VEHICLE ASS                     |  |                       | Y TOWED  | TOP<br>BOTTOM                           |                       |                                      |                                      | N VEHICL        | E   N   CONTENTS   N  |
| SH        | W/ SUSPEC  | T NO.<br>OTOR NO. :<br>NEY         | W/ VICTIM NO<br>STOLEN   AREA S |  | TOWED?  RESID.        | □ N BY ADDITIONAL  |   |                       | VERIF                                | TED BY: DE                           | BILL OF SALE    | ☐ OTHER   |
| VEH       | STREETS OF STREET, STREET                                | 100 Sept. 45000                    | (Company) ADDRE                 |  | RURAL                 | DESCRIPTION  |   |                       |                                      |                                      | PHONE           |   |
|           | MOTOR VE   |                                    | O. RECOVERED T                  |  |                       | IN YOUR JURISDICT  | ION                                     |                       |                                      |                                      | PHONE           |   |
|           | RECOVERY   | ONLY                               | O. RECOVERED I                  | DATE REG.  | O Y                   |  |   |                       |                                      |                                      |                 |   |
|           | TYPE PRO   | PERTY                              | l NON                           | IE 3 COU   | I<br>NTERFEITI        | ED/FORGED  | n.                                      | 5 STOLENÆ<br>6 SEIZED | IC 7 REC                             | OVERED P.P.<br>KNOWN E.E.            | ното            | TOTAL VALUE   |
|           | Loss   | QUANTITY                           | DESCRIPTION                     | The second secon | and contract contract | AVAGEDIVANDALIZE   | U,                                      | O-SEIZED              | U UNI                                | MOVM E E                             | VIDENCE         | (VALUE)   |
|           | CODE <b>6</b><br>VICT.                                   | VEH                                | MAKE/BRAND                      |  |                       |  |   | MODEL                 |                                      | <del>-</del>                         | CODE 99         | DATE RECOVERED  |
|           | <sup>NO.</sup> 1   | NO.<br>SERIAL                      |                                 |  | NCIC                  | <del></del>  |   |                       | OTHER                                |                                      |                 |   |
|           | 0.0088   | NUMBER<br>QUANTITY                 | DESCRIPTION                     | N KITCHEN  | NUMBER                | <u> </u>   |   |                       | NUMBER 15-                           | 1190-1                               | PROP 🐳          | VALUE   |
|           | *LOSS<br>CODE<br>ONCT.                                   | VEH                                | MAKE/BRAND                      |  |                       |  |   | MODEL                 |                                      |                                      | CODE 99         |   |
|           | NO. 1  | NO.                                | MARCONALD                       |  | Lugio                 |  |   | MODEL                 | lawa-                                |                                      |                 | DATE RECOVERED  |
|           | habatatatatatata   | SERIAL<br>NUMBER                   |                                 |  | NCIC<br>NUMBER        |  |   |                       | OTHER NUMBER 15-1                    | I190-1B                              |                 |   |
|           | LOSE<br>CODE   | QUANTITY<br>1                      | DESCRIPTION                     | N RED USB  | DRIVE                 |  | ŀ                                       | EXTERNAL FLA          | ASH DRIVE (USB)                      |                                      | PROP<br>CODE 99 | VAEUE   |
| ₹         | VICT.<br>NO. 1   | NO.                                | MAKE/BRAND                      |  |                       |  | _                                       | MODEL                 |                                      |                                      | ,               | DATE RECOVERED  |
| PROPERTY  |  | SERIAL<br>NUMBER                   | -                               |  | NCIC<br>NUMBER        |  |   | · · · · ·             | OTHER<br>NUMBER 15-1                 | 1100 20                              |                 |   |
| PR        | LOSS<br>CODE   | QUANTITY<br>1                      | DESCRIPTION                     | WIRELES  | S, EXTERN             | AL DRIVE (USB)   |   | ND BRAND EXT          | TERNAL PASSPOI                       | RT DRIVE                             | PROP<br>GODE 99 | *VALUE  |
|           | VICT.<br>NO. 1   | VEH<br>NO.                         | MAKE/BRAND                      | -  | -                     |  |   | MODEL                 |                                      | ,                                    | 33              | DATE RECOVERED  |
|           |  | SERIAL<br>NUMBER                   |                                 |  | NCIC<br>NUMBER        |  |   | I. <u>.</u>           | OTHER<br>NUMBER 4 E 4                | 400.00                               |                 |   |
|           | PROPER TY  | CODES:                             | VALUA                           |  |                       | EQUIPMENT  |   | 26 Too Is             |                                      | VEHICLES                             |                 | TRUCTURES   |
|           | EXCHANGE   |                                    | 09 Ar                           | we Iry/Prec ious<br>t Ob jects, Antiq<br>her Valuables   |                       | 15 Dr ug/Narcot ic E<br>16 Gamb ling Equi<br>17 Comp uter Hard | pme nt                                  | 28 Sc ho              | cle Parts/Accessor                   | 36 Automobiles                       | \$              | 46 Single Occ upancy<br>47 Other Dwe Ilings                       |
|           |  | /<br>/Deb it Card<br>iable Instrum | PERSO                           | NAL EFFECTS<br>othing/Furs   |                       | 18 Off ice Equipme<br>19 Stereo TV Eq. ui                      | nt                                      | CONSUMA               | Equipment<br>BLE ITEMS               | 37 Bicycles<br>38 Buses<br>39 Trucks |                 | 48 Commerc ial/Business<br>49 Indus./Mfg.<br>50 Public/Comm unity |
|           |  | Exchange M                         | ediums 12 Pu                    | urses/Ha ndbags/<br>her Perso nal Ef   |                       | 20 Record ings-Au 21 Sports Eq uipme                           | dio V isual                             | o i bi uga            | ioi<br>s/Narcot ics<br>umab le Goods | 40 Tra ilers<br>41 Watercraft        |                 | 51 Storage<br>52 Ot her Structure                                 |
|           | 05 No n-N  |                                    | struments HOUSE                 |  |                       | 22 P hotograp hic E<br>23 Farm Eq uipme                        | nt .                                    | ANIMALS               |                                      | 42 Recreat iona<br>43 Other Motor    | l Vehicle O     | THER<br>53 Merc handise   |
|           |  | Doc uments                         |                                 |  |                       | 24 Heavy Construct 25 Building Suppli-                         |   |                       | ehold Pets                           | WEAPONS<br>44 Firearms               |                 | 54 Ot her Property<br>55 Pending Inventory                        |
|           |  |                                    | ··········                      |  |                       |  |   |                       |                                      | 45 Other Weap                        | ons             | ·   |
|           | The vi   | ctim re                            | ports that                      | a dome   | stic in               | cident happ  | ened                                    | last nig              | ht at her l                          | nome and t                           | hat she         | e has   |
|           | been a   | a victim                           | າ of sustai                     | ned phys   | sical a               | buse by the  | e sus                                   | pect.                 |                                      |                                      |                 |   |
|           |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 |   |
| ш         |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 |   |
| NARRATIVE |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 |   |
| 4RR       |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 |   |
| Ž         |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 |   |
|           |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 |   |
|           |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 |   |
|           |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 |   |
| 7/2002    |  |                                    |                                 |  |                       |  |   |                       |                                      |                                      |                 | 1   |

|          | ,                                     | SUSPECT/ARREST SUPPLEM  | IENT ARRESTING AGENCY  | ,                              | INCIDENT<br>NUMBER                  | 7-15-00                       | 11100 = *                   |  |
|----------|---------------------------------------|---|--|--------------------------------|-------------------------------------|-------------------------------|-----------------------------|--|
|          | - 1                                   | VICTIM SMITH, COURTNEY CARANO   | OFFENSE<br>Disorderly Conduct  |                                | INCIDENT D<br>NO TIME               |                               |                             | 1700   |
|          |                                       | NO. ADULT JUVENILE UNKNOWN CHECK A  | APPROPRIATE CATEGORY<br>BPECT ☐ ARRESTEE ☐S  | SUSPECT/ARRES                  | TEE RUNAWAY                         |                               |                             | CHARGES FILED?   |
|          |                                       | NAME / Oat Part   |  | _                              |                                     | ss                            | Redact                      | ed   |
| -        |                                       |   |  |                                |                                     | G                             | ANG AFFILIAT                | TION   |
|          | ŀ                                     | ADDRESS (Street A State   |  |                                |                                     |                               | PHON                        | VE   |
|          | L                                     | ADDRESS (Street, Apt., City, State, Zip)  |  |                                |                                     |                               | rifiún                      |  |
| Į.       |                                       | PLACE OF BIRTH  | DL#/STATF  |                                | ОН                                  | CCUPATION/SC                  | HOOL                        |  |
| Į į      |                                       | MAR. 13 FATUUS  | ETAN   | CITY BHEIGHT                   |                                     |                               | -0-                         |  |
|          | 2                                     | STATUS ADDITIONAL DESCRIPTIVES  |  |                                |                                     | <del></del>                   | , <u>-</u>                  |  |
| N C      |                                       |   |  |                                |                                     |                               |                             |  |
|          | ξIJ                                   | Hair Style: Hair Length: Appearance: suspected of using   Potential injuries?   | Build:   |                                | <del>_</del>                        |                               | <del></del>                 |  |
|          | L                                     | □ALCOHOL □DRUGS □   |  |                                |                                     |                               |                             |  |
|          |                                       | ISTATUS: A∏ RESIDENT 2 DITOURIST.  ARRESTEE WAS ARMED WITH  |  |                                |                                     |                               |                             | U D UNKNOWN  |
|          | ľ                                     | ARRESTEE ARMED WITH 1 2 3   |  | torn base in the second second |                                     |                               |                             |  |
|          | l                                     | 99 NONE 13B OTHER F<br>11 FIREARM 14 SHOTGUI<br>12 HANDGUN 15 OTHER F   |  |                                | ON FIREARM<br>FED FIREARM<br>FT GUN |                               | )N<br>OSIVES<br>NCENDIARY I | DEVICE   |
|          |                                       | 12A AUTOMATIC HANDGUN 15A SEMI-AUT<br>13 RIFLE 15B SEMI-AUT   | TOMATIC SPORTING RIFLE<br>TOMATIC ASSAULT FIREARM  |                                | UTTING INSTRUMENT                   | 70 DRUG                       | S/NARC/SLEE<br>R WEAPON     |  |
| <u> </u> |                                       |   | Street, Apt., City, State, Zip)  |                                | ,. <u>.</u>                         |                               | PHONE                       |  |
| ASSOC.   |                                       | 1.  |  |                                | <u> </u>                            |                               | 1.                          |  |
| AS       | ┺                                     | 2.  |  |                                |                                     | · · ·                         | 2.                          |  |
|          | Н                                     | ARREST/OFFENSE DESCRIPTION  1.  | *ARREST/OFFENSE GODE   | F/M & DEGREE                   | WARRANT#                            | 1.                            | **ARREST                    | TLARCENY TYPE  |
|          | ŀ                                     | 2.  | 2.   | 2.                             | 2.                                  | 2.                            | 23B PUF                     | CKET PICKING<br>RSE SNATCHING                          |
| 2        | -                                     | 3.  | 3.   | 3.                             | 3.                                  | 3.                            | 23D THE                     | OPLIFTING<br>EFT FROM BUILDING                         |
| NOITAMS  | <u>-</u>                              | 4.  | 4.   | 4.                             | 4.                                  | 4.                            | 23F THE                     | EFT FROM COIN-OP MACH. EFT FROM MOTOR VEHICLE          |
| FOR      | 5                                     | 5.  | 5.   | 5.                             | 5.                                  | 5.                            | 240 THE                     | TOR VEH. PARTS/ACCESS.<br>EFT OF MOTOR VEHICLE<br>HER: |
|          |                                       | ARRESTIDATE TIME ARREST LOCATION OF THE CONTROL OF | FION (Street, Apt., City, State, Zip   | )                              |                                     |                               | <u></u>                     | ,  |
| REF      | の一門の名の名を記                             | INCIDENT TRACKING NUMBER  | ARREST DISPOSIT  | TON                            | <del>.</del>                        |                               |                             | BAIL 0.00  |
| 4        | Ī                                     | MIRANDA WITNESSED BY:   | LEC SAMPLE SAMPL |                                | <u>.</u> .                          |                               |                             | TIME READ 0000   |
|          | F                                     | INGERPRINTED FINGERPRINT CARD NO.   | PHOTOS TAKEN NO. TAKE  | PHOTO ID                       | NO.                                 | FBI/BC#                       |                             | 0000   |
|          | を を を を を を を を を を を を を を を を を を を | MULTIPLE ARRESTEE SEGMENTS INDICATOR  |  |                                | ☐ COMPLAINT :                       | B≱ □ WARRAN                   |                             | ORDER OF PROTECTION                                    |
|          |                                       | □COUNT ARRESTEE □ MULTIPLE ARRESTEE INDIC<br>JUV. PARENT/ □Y DATE/TIME NOTIFIED   | NOTIFIED BY  | YPE 2 5 2                      |                                     | 4∛ □ SUMMON<br>*JUVENILE      | HANDLE                      | ED WITHIN THE DEPARTMENT                               |
| Щ        | . I                                   | GDN. NOTIFIED N ARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City,  | State, Zip)  |                                |                                     | DISPOSITION E<br>RELATIONSHIP |                             | RED TO OTHER AUTHORITIES :: (                          |
|          |                                       | ADDATIONADDIAN NAME AND ADDRESS (Secret And Other   | 2011   |                                |                                     |                               |                             |  |
| =        |                                       | PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City,   | State, Zip)  |                                | ĺ                                   | RELATIONSHIP                  |                             | PHONE  |
| S to     | P<br>F                                | REVIOUS LY DATE OF RUN/MISS. XXV LAST CONTACT   | DATE OF<br>EMANCIPATION  | NCIO                           | #                                   |                               |                             | DATE/TIME ENTERED                                      |
| RUNAWAYS |                                       | RUNMISS. DAN LAST CONTACT AST SEEN WEARING  |  | <u>, J</u>                     | <u></u> .                           |                               |                             | -1   |
| NO NO    |                                       |   |  | <del></del>                    |                                     |                               |                             |  |
|          |                                       | REPORTING OFFICER BORUCHOWITZ, BEN  |  |                                |                                     |                               | GE NO.<br>712               | DATE<br>10/26/2015                                     |
|          | Α                                     | PPROVING OFFICER  |  |                                |                                     |                               | GE NO.                      | DATE 10/20/2013  |
| 11/2005  | 1                                     | COURT   |  |                                |                                     |                               |                             | DATE   |

|  | ERTY                           | SUPPLEMENT  |  |   |   | INCIDENT<br>NUMBER                    | 7-15-00119   | 2.002  |
|--|--------------------------------|---|--|---|---|---------------------------------------|--|--|
| VICTIM   | . COUR                         | TNEY CARANO   | OFFENSE<br>Disorderly C  | onduct  |   | INCIDENT DATE<br>AND TIME             | 0/25/2015  | 5:00_PM  |
| *TYPE PRO  | PERTY<br>(enter codes          | NONE 3 CC   | OUNTERFEITED/FÖRGE<br>STROYED/DAMAGED/A  | D<br>ANDALIZED  | 5 STOLENÆ<br>6 SEIZED   | TC 7 RECOVERE<br>U UNKNOWN            | D. P. PHOTO<br>E EVIDENCE:   | TOTAL VALUE  |
| tloss.   | QUANTITY                       | DESCRIPTION IPHONE  | e programme de la companya de la co                                   |   |   |                                       | PROP<br>CODE 99  | *VALUE   |
| VICT.<br>NO.   | VEH<br>1 NO.                   | MAKE/BRAND  |  |   | MODEL   | <del></del>                           |  | DATE RECOVERED   |
| 1101   | SERIAL<br>NUMBER               |   | NCIC<br>NUMBER   |   | 1   | OTHER                                 |  | 1  |
| LOSS   | QUANTITY                       | DESCRIPTION BELKIN WE   | BCAM AND CORDS   | <del></del>   |   | NUMBER 15-1190-4                      | PROP.  | AVALUE   |
| CODE 6   | VEH                            | <br> MAKE/BRAND   |  | <del>.</del>  | MODEL   |                                       | code 99  | DATE RECOVERED   |
| NO.  | NO.<br>SERIAL                  |   | NCIC   |   |   | OTHER                                 |  |  |
| 2200   | NUMBER<br>QUANTITY             | DESCRIPTION SHUTTERS  | NUMBER   | DEC   | np .  | NUMBER 15-1190-5                      |  | SVADII   |
| LOSS<br>CODE 6   | VEH 2                          |   | <del></del> -  |   | MODEL   |                                       | PROP<br>GODE 199   | 4.6  |
| NO.  | NO.                            | IMARCIBIONE   | Lucio  |   | IMODEL  |                                       |  | DATE RECOVERED   |
|  | SERIAL<br>NUMBER               |   | NCIC<br>NUMBER   |   |   | OTHER NUMBER 15-1190-6                | BB   |  |
| *LOSS<br>CODE  | QUANTITY                       | DESCRIPTION   |  |   |   |                                       | *PROP<br>CODE  | AVIUE  |
| VICT.<br>NO.   | VEH<br>NO.                     | MAKE/BRAND  |  |   | MODEL   |                                       | 1000 (000000000000000000000000000000000  | DATE RECOVERED   |
|  | SERIAL<br>NUMBER               |   | NCIC<br>NUMBER   | ~   |   | OTHER<br>NUMBER                       | , ,  |  |
| *LOSS**********************************                              | QUANTITY                       | DESCRIPTION   |  |   |   | <u>.</u>                              | PROP<br>CODE   | -VANUE   |
| VICT.<br>NO.   | VEH<br>NO.                     | MAKE/BRAND  |  |   | MODEL   |                                       | in it is a second secon | DATE RECOVERED   |
|  | SERIAL<br>NUMBER               |   | NCIC<br>NUMBER   |   | L   | OTHER<br>NUMBER                       |  |  |
| LOSS   | QUANTITY                       | DESCRIPTION   | NOMBER   |   |   | NOMBER                                | #PROP  | #VALUE   |
| CODE.  |                                | MAKE/BRAND  |  |   | MODEL   |                                       | GODE   | DATE RECOVERED   |
| NO.  | NO.<br>SERIAL                  |   | NCIC   |   | L   | OTHER                                 |  |  |
| LOSS   | NUMBER<br>QUANTITY             | DESCRIPTION   | NUMBER   |   |   | NUMBER                                | *BROP  | *VALUE   |
| ALOSS<br>CODE<br>VICT.   | VEH                            | MAKE/BRAND  |  |   | MODEL   |                                       | PROP.<br>CODE  | DATE RECOVERED   |
| NO.  | NO.<br>SERIAL                  |   | NCIC   |   |   | LOTUER                                |  | DATE REGOVERED   |
|  | NUMBER                         | Incorporation   | NUMBER   |   |   | OTHER<br>NUMBER                       |  |  |
| LOSS CODE  |                                | DESCRIPTION   |  |   |   |                                       | *PROP<br>GODE  | VALUE  |
| VICT.<br>NO.   | NO.                            | MAKE/BRAND  |  |   | MODEL   |                                       |  | DATE RECOVERED   |
|  | SERIAL<br>NUMBER               |   | NCIC<br>NUMBER   | _   |   | OTHER<br>NUMBER                       |  |  |
| LOSS<br>CODE   | QUANTITY                       | DESCRIPTION   |  |   | `   |                                       | PROP.<br>CODE  | *VALUE   |
| VICT.<br>NO.   | VEH<br>NO.                     | MAKE/BRAND  | ,  | <u>.</u>  | MODEL   | · · · · · · · · · · · · · · · · · · · |  | DATE RECOVERED   |
|  | SERIAL<br>NUMBER               |   | NCIC<br>NUMBER   | <del>,</del>  | <u> </u>  | OTHER<br>NUMBER                       |  |  |
| LOSS.  | QUANTITY                       | DESCRIPTION   | <del></del> .,   | <del></del> .   | ······································  |                                       | PROP.  | *VALUE   |
| VICT.<br>NO.   | VEH<br>NO.                     | MAKE/BRAND  | <del></del>  | <del></del>   | MODEL   |                                       | GODE   | DATE RECOVERED   |
|  | SERIAL<br>NUMBER               |   | NCIC<br>NUMBER   |   |   | OTHER                                 |  |  |
|  | NOWIDER                        |   | NOWBER   |   |   | NUMBER                                |  |  |
| EXCH<br>01 N<br>02 C<br>03 N<br>04 C<br>DOCL<br>05 N<br>06 F<br>07 C | Perso nal Pap<br>Ot her Doc um | OB Jewe IrylPres  OB Jewe IrylPres  OB Art Ob jects, 10 Ot her Ve luc  Card PERSONAL EFFE  Istruments 11 C lothing/Fu  ige Med iums 12 P urses/Ha in 3 Ot her Perso  Ole Instruments HOUSEHOLD ITE  ers 14 Ho usehold I | c ious Meta Is 15 E<br>A ntiques 16 G<br>ables 17 C<br>CTS 18 C<br>rs 19 S<br>oldbags/ Wallets 20 R<br>nal Effects 21 S<br>MS 23 F<br>Items 24 H | PMENT or ug/Narcot ic Equip. Gamb ling Equipme nt comp uter Hardware/S off ice Equipme nt stereo TV Eq uip. tecord ings-Audio Vis ports Eq uipme nt hotograp hic Equipm arm Eq uipme nt leavy Co nstruction/I uilding Supplies-Co | 28 So<br>oft. 29 Of<br>CONSU<br>30 A I<br>sual 31 Dr<br>32 Co<br>le nt ANIMALS<br>ndustrial 33 Li | hicle Parts/Accessor   ies   33       | 5 A ircraft 6 A utomob iles 7 B icycles 8 B uses 9 Tr ucks 0 Tra ilers 1 Watercraft 2 Recreat ional Vehicle 3 Other Motor Vehicle EAPONS 4 F irearms 5 Other Weapons   | 53 Merc handise<br>54 Ot her Property<br>55 Pe nding Inventory |
| REPORTING  | BC                             | DRUCHOWITZ, BEN   |  |   |   |                                       | BADGE NO.<br>712   | DATE 10/26/2015  |
| APPROVING  | OFFICER                        |   |  |   |   |                                       | BADGE NO.  | DATE   |

|                         | VICTIM/WITNESS SUPPLEME  | ENT  | NCIDENT<br>NUMBER 7-1  | 5-001190  |   |
|-------------------------|--|--|--|---|---|
|                         | SMITH, COURTNEY CARANO   | OFFENSE Disorderly Conduct   | INCIDENT DATE  ND TIME 10/25   | 7/2015 1700   |   |
|                         | NO STOTAL AVIOTIM ILL  | JINDIVIDUAL FU FINANCIAL INSTITUTION PUBLISHESS GU GOVERNMENT RU               | POLICE OFFICER (IN THE<br>RELIGIOUS ORGANIZATIO  | LINEOFDUTY)S XSOCIETY O□C<br>N U □UNKNOWN   | THER.                                   |
|                         | NAME (Last, First, Middle) STATE OF OHIO,  |  | The state of the s |   |   |
|                         | ADDRESS (Street, Apt., City, State, Zip)   |  |  | PHONE   |   |
|                         | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)  |  |  | PHONE   |   |
| Σ                       | AGE/<br>D O B  | RACE LIB LIA ETHNICITY HGT   | WGT  | HAIR EYES   |   |
| S                       | OCCUPATION   | ssn<br>Redacted  | RESIDENT 1.↓<br>STATUS 2.□   | RESIDENT 3 MILITARY 5 U 10TH<br>TOURIST 4 U STUDENT U U U UNIV                                | IER<br>NOWN                             |
|                         | VICTIM LLY IF INJURED, DESCRIBE INJURED:   |  |  |   | - Marie Confession ( DOC 10             |
|                         | AGG, ASSAULT/ LEOKA INFORMATION TYPE OF ACT ASSIGN TYPE ORIE:  | OTHER  |  | FFENSE LINK   |   |
|                         | My signature verifies that the information   |  | 2917.  |   |   |
|                         | on this report is accurate and true  |  |  | DATE  |   |
|                         |  | Jaindividual F.□ Financial institution P.□  Business G.□ Government R.□        | POLICE OFFICER (IN THE<br>RELIGIOUS ORGANIZATIO  | INE OF DUTY) S USOCIETY TO U C<br>N U □UNKNOWN  | THER                                    |
|                         | NAME (Last, First, Middle)   |  |  |   |   |
|                         | ADDRESS (Street, Apt., City, State, Zip)   |  |  | PHONE   |   |
|                         | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)  |  |  | PHONE   |   |
| ΜL                      | Control of the Contro | RACE UB 2 DA ETHNICITY HGT   | WGT  | HAIR EYES   |   |
| 2                       | OCCUPATION   | SSN  | *RESIDENT⊸1 L<br>STATUS 2 □  | RESIDENT 3 □ MILITARY 5 □ OTH<br>TOURIST 4 □ STUDENT U□ UNK                                   | er<br>Nown                              |
|                         | VIGTIM LIY IF INJURED, DESCRIBE INJURED? INJURIES:   |  |  |   |   |
|                         | PAGG ASSAULT/ TYPE OF ACT   ASSIGN TYPE OR = 0   | VICTIM/SUSPECT RELATIONSHIP  O 1 2 3 4   | *VICTIM/OI   | FENSE LINK  |   |
|                         |  |  |  |   |   |
|                         | My signature verifies that the information on this report is accurate and true   | -  |  |   | <u> </u>                                |
|                         | on this report is accurate and true  | -  | lacri.   | DATE  |   |
| SS                      | on this report is accurate and true  NO. NAME (Last, First, Middle)  |  | AGE/<br>D.O.B.   | SSN   |   |
| ITNESS                  | on this report is accurate and true  NO. NAME (Last, First, Middle)  ADDRESS (Street, Apt., City, State, Zip)  |  |  | SSN   |   |
| WITNESS                 | on this report is accurate and true  NO. NAME (Last, First, Middle)  ADDRESS (Street, Apt., City, State, Zip)  EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)  | E: U WRITTEN U ORAL U TAPED U OTHER  |  | SSN   | 0.000                                   |
| WITNESS                 | on this report is accurate and true  NO. NAME (Last, First, Middle)  ADDRESS (Street, Apt., City, State, Zip)  EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)  | E: □ WRITTEN □ ORAL □ TAPED □ OTHER  |  | SSN   |   |
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