

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



Date: 11/6/15

Name of Requestor: _____

Record Requested: 15-1190

The record request is denied for the following reason(s):

- ☐ The record has been disposed of pursuant to the City of Powell Schedules of Record Retention and Disposition (RC-2).
- ☐ The record has been disposed of pursuant to an Application of the One-Time Records Disposal (RC-1).
- ☐ The record is not a record used or maintained by the City of Powell.
- ☒ The record is not required to be released pursuant to R.C. 149.43.
Legal authority and explanation:

149.43(A)(2)(a) - uncharged suspect

Redaction Notice

- ☒ The document(s) included in the record request contains redactions of information (obscuring or deleting of any information that is exempt from the duty to permit public inspection or copying from an item that otherwise meets the definition of a "record" in section 149.011 of the Ohio Revised Code).
- ☒ Social Security Numbers

<u>Patti Mills</u>	<u>Police Clerk</u>	<u>11/6/15</u>
City Staff	Title	Date

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

-COPY TO CLERK-

ADMINISTRATIVE	AGENCY NAME Powell Police Department					INCIDENT NUMBER 7-15-001190																	
	CALL NUMBER 7-15-120275		GEOCODE POW			CLEARANCES																	
	TOD 10:02:07		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)			<input type="checkbox"/> Death of Suspect																	
	TOA 10:02:23		<input checked="" type="checkbox"/> OFFENSE			<input type="checkbox"/> Prosecution Declined																	
TOC 11:46:20		<input type="checkbox"/> SUPPLEMENT			<input type="checkbox"/> Extradition Denied																		
OHIO UNIFORM OFFENSE REPORT										CLEARANCE DATE 10/26/2015													
										Cleared BY: BORUCHOWITZ													
MONTH 10		DAY 26		YEAR 2015		TIME 1001		MONTH 10		DAY 25		YEAR 2015		TIME 1700		MONTH 10		DAY 26		YEAR 2015		TIME 1800	
INCIDENT LOCATION (Street, Apt., City, State, Zip) 358 BEAR WOODS DR, POWELL, OH 43065																							
OFFENSE																							
1. Disorderly Conduct 2. Aggravated Menacing 3. 4. 5.																							
1. 2917.11 2. 2903.21 3. 4. 5.																							
C MM N C M1 N																							
F/M & DEGREE HATE/BIAS LARGENY TYPE CRIMINAL ACTIVITY																							
1. N 2. 3. B-BUYING/RECEIVING C-CULTIVATING/MFG./PUB. D-DISTRIBUTING/SELLING E-EXPLOITING CHILDREN O-OPER/PROPOTING/ASSIST. P-POSSESSING/CONCEALING T-TRANSP/TRANSMITTING U-USING/CONSUMING G-OTHER GANG ACTIVITY J-JUVENILE GANG ACTIVITY N-NO GANG ACTIVITY																							
LOCATION OF OFFENSE (Enter up to (Wo))																							
1. 01 2. 12 Jail/Prison 13 Park Ing Garage 14 Oth er Public Access Build ings																							
RETAIL 26 Bar 27 Buy/Sell Trade Shop 28 Res taurant 29 Gas Station 30 Aut o Sales Lot 31 Jewelry Store 32 Clot hing Store 33 Drugstore 34 Liq uor Store 35 Shopping Mall 36 Spo rting Goods 37 Gro cery/Superm arket 38 Vari ety/Convenience 39 De partme nt Store 40 Oth er Retail Store 41 Fac tory/Mill/Plant 42 Oth er Building																							
RESID ENTIAL 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 Aut o Shop 16 Fin ancial Institut ion 17 Bar ber/Beauty Shop 18 Hote l/Motel 19 Dry Cleaners/Laundry 20 Pro fessio nal Off ice 21 Doc tor's Office 22 Oth er Bus iness Office 23 Amu seme nt Cen ter 24 Ren tal Storage Faci lity 25 Oth er Commerci al Service Loc.																							
PUBL IC ACCESS BLDGS. 06 Transit Faci lity 07 Governm ent Off ice 08 School 09 Coll ege 10 Chu rch 11 Hos pital																							
OUTSIDE 43 Yard 44 Con structi on Site 45 Lak e/Waterway 46 Field/ Woods 47 Street 48 Park ing Lot 49 Park /Playground 50 Ce metery 51 Publ ic Transit V ehicle 52 Oth er Outs ide Location 77 Other																							
SUSPECTED OF USING A ALCOHOL D DRUGS C COMPUTER EQUIPMENT N NOT APPLICABLE																							
TYPE WEAPON/FORCE USED 1. 99 2. 3.																							
METHOD OF ENTRY																							
1 FORCE 2 NO FORCE																							
01 Motor Running/Keys in Car 02 Unlocked 03 Duplicate Key Used 04 Window Broken 05 Towed																							
06 Hot Wire 07 Slim Jim/Coat Hanger 08 Tumblers Removed 09 Column Peeled 10 Ignition Peeled																							
ENTRY EXIT ENTRY EXIT ENTRY EXIT ENTRY EXIT																							
1 BASEMENT 2 1ST FLOOR 3 2ND FLOOR 4 OTHER																							
1 DOOR 2 WINDOW 3 GARAGE 4 SKYLIGHT 5 OTHER																							
1 FRONT 2 SIDE 3 REAR 4 ROOF 5 OTHER																							
METHODS OF OPERATION																							
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/DOB 30 YRS 03/03/1985 SEX Female RACE W ETHNICITY HGT 5'06" WGT 130 HAIR BLN EYES BLU																							
OCCUPATION Redacted																							
SSN Redacted																							
RESIDENT 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER 6 UNKNOWN																							
VICTIM INJURED? IF INJURED, DESCRIBE INJURIES:																							
AGG/ASSAULT/HOMICIDE CIRC TYPE OF ACT ASSIGN TYPE ORI OTHER																							
VICTIM/SUSPECT RELATIONSHIP 0 1 OK 2 3 4 5																							
VICTIM/OFFENSE LINK 2903.21																							
My signature verifies that the information on this report is accurate and true																							
DATE																							
REPORTING OFFICER BORUCHOWITZ, BEN TITLE Patrol Officer																							
APPROVING OFFICER																							
BADGE NO. 712 DATE 10/26/2015																							
FOLLOW-UP? Y N If yes, follow-up Assignment: PENTZ, RYAN																							
ADDITIONAL SUPPLEMENTS VICTIM/WITNESS PROPERTY STATEMENTS FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES																							
SUSPECT/ARRESTEE NARRATIVE OTHER INVESTIGATION RECORDS																							

INCIDENT REPORT - PART 2

INCIDENT NUMBER 7-15-001190

VICTIM SMITH, COURTNEY CARANO NO. 1 NAME (Last, First, Middle) SMITH, COURTNEY CARANO	OFFENSE Disorderly Conduct	INCIDENT DATE AND TIME 10/26/2015 1001
ADDRESS (Street, Apt., City, State, Zip) 358 BEAR WOODS DR POWELL, OH 43065	AGE/D.O.B. 30 YRS 03/03/1985	SSN Redacted
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)	PHONE	

REPORTER

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. 1 DAMAGE TO VEHICLE THEFT FROM VEHICLE	LIC LIS LIY LIT VIN/OAN
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 <input type="checkbox"/> Y <input type="checkbox"/> N 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"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER
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	

VEHICLE

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?
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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	8 UNKNOWN	9 PHOTO EVIDENCE	TOTAL VALUE
LOSS CODE 6	QUANTITY 1	DESCRIPTION IPHONE BROKEN						PROP CODE 99	VALUE	
VICT. NO. 1	VEH. NO.	MAKE/BRAND	MODEL					DATE RECOVERED		
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER 15-1190-1							
LOSS CODE 6	QUANTITY 1	DESCRIPTION KITCHEN KNIFE						PROP CODE 99	VALUE	
VICT. NO. 1	VEH. NO.	MAKE/BRAND	MODEL					DATE RECOVERED		
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER 15-1190-1B							
LOSS CODE 6	QUANTITY 1	DESCRIPTION RED USB DRIVE	EXTERNAL FLASH DRIVE (USB)					PROP CODE 99	VALUE	
VICT. NO. 1	VEH. NO.	MAKE/BRAND	MODEL					DATE RECOVERED		
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER 15-1190-2B							
LOSS CODE 6	QUANTITY 1	DESCRIPTION WIRELESS, EXTERNAL DRIVE (USB)	WD BRAND EXTERNAL PASSPORT DRIVE					PROP CODE 99	VALUE	
VICT. NO. 1	VEH. NO.	MAKE/BRAND	MODEL					DATE RECOVERED		
	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER 15-1190-3B							

PROPERTY

PROPER TY CODES :	EXCHANGE MEDIUMS 01 Mo ney 02 Cred it/Deb it Card 03 Negot iable Instrum ents 04 Ot her E xchange Med ium s DOCUMENTS 05 No n-Negot iable Instrum ents 06 Perso nal Papers 07 Ot her Doc um ents	VALUABLES 08 Jewe lry/Prec ious Meta ls 09 Art Ob jects, A ntiques 10 Ot her Va luables PERSONAL EFFECTS 11 C lothing/Furs 12 P urses/Ha ndbags/ Walle ts 13 Ot her Perso nal Effects HOUSEHOLD ITEMS 14 Ho usehold Items	EQUIPMENT 15 Drug/Narcot ic Equip. 16 Gamb ling Equipm ent 17 Comp uter Hardware/Soft. 18 Off ice Equipm ent 19 Stereo TV Eq uip. 20 Record ings-Audio Visual 21 Sports Eq uipm ent 22 P hotograp hic Equipm ent 23 Farm Eq uipm ent 24 Heavy Co nstruction/Industrial 25 Building Supplies-Co nst.	26 Too ls 27 Vehic le Parts/Accesso ries 28 Schoo l Supplie s 29 Ot her Equipm ent CONSUMABLE ITEMS 30 Alco hol 31 Drugs/Narcot ics 32 Co nsumab le Goods ANIMALS 33 Livestock 34 Ho usehold Pets	VEHICLES 35 Aircraf t 36 Automob iles 37 Bicyc les 38 Buses 39 Tr ucks 40 Tra ilers 41 Watercraf t 42 Recreat ional Vehic le 43 Ot her Motor Ve hicle WEAPONS 44 F irearms 45 Ot her Weapo ns	STRUCTURES 46 Sing le Occ upancy 47 Ot her Dwe llings 48 Commere ial/Business 49 Indus./Mfg. 50 P ublic/Comm unity 51 Storage 52 Ot her Stru cture OTHER 53 Merc handise 54 Ot her Property 55 Pe nding Inventory
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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.

NARRATIVE

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY

INCIDENT

NUMBER

7-15-001190

VICTIM

OFFENSE

INCIDENT DATE

ND TIME

10/25/2015

1700

SMITH, COURTNEY CARANO

Disorderly Conduct

NO.

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

PLACE OF BIRTH

DL#/STATF

OCCUPATION/SCHOOL

AGE/
D.O.

SEX

RACE

ETHNICITY

HEIGHT

MAR.
STATUS

TATTOOS

ADDITIONAL DESCRIPTIVES

Hair Style: Hair Length: Appearance: Build:

SUSPECTED OF USING
☐ ALCOHOL ☐ DRUGS

POTENTIAL INJURIES?

RESIDENT

STATUS

1 ☐ RESIDENT2 ☐ TOURIST3 ☐ MILITARY4 ☐ STUDENT5 ☒ 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.

ARREST INFORMATION

ARREST/OFFENSE DESCRIPTION

ARREST/OFFENSE CODE

FM & DEGREE

WARRANT #

ARREST/LARGENCY TYPE

1.

1.

1.

1.

1.

23A POCKET PICKING

2.

2.

2.

2.

2.

23B PURSE SNATCHING

3.

3.

3.

3.

3.

23C SHOPLIFTING

4.

4.

4.

4.

4.

23D THEFT FROM BUILDING

5.

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

PHOTO ID NO.

FBI/BC#

MULTIPLE ARRESTEE SEGMENTS INDICATOR

☐ COUNT ARRESTEE☐ MULTIPLE ARRESTEE INDICATOR☐ N/A

ARREST TYPE

1 ☐ COMPLAINT3 ☐ WARRANT5 ☐ ORDER OF PROTECTION2 ☐ IN-PROGRESS4 ☐ SUMMONS9 ☐ OTHER

JUVENILE

JUV. PARENT/
GDN. NOTIFIED☐ Y ☒ N

DATE/TIME NOTIFIED

NOTIFIED BY

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

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

PREVIOUS
RUN/MISS.DATE OF
LAST CONTACTDATE OF
EMANCIPATION

NCIC #

DATE/TIME ENTERED

LAST SEEN WEARING

RUNAWAYS
/MISSING

REPORTING OFFICER

BORUCHOWITZ, BEN

APPROVING OFFICER

BADGE NO.

712

DATE

10/26/2015

BADGE NO.

DATE

COURT

DATE

11/2005

PROPERTY SUPPLEMENT

VICTIM		OFFENSE		INCIDENT NUMBER		7-15-001190	
SMITH, COURTNEY CARANO		Disorderly Conduct		INCIDENT DATE AND TIME		10/25/2015 5:00 PM	
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 9 PHOTO EVIDENCE		TOTAL VALUE			
LOSS CODE 6	QUANTITY 1	DESCRIPTION IPHONE				PROP CODE 99	VALUE
VICT. NO. 1	VEH NO.	MAKE/BRAND				MODEL	DATE RECOVERED
	SERIAL NUMBER	NCIC NUMBER				OTHER NUMBER 15-1190-4B	
LOSS CODE 6	QUANTITY 1	DESCRIPTION BELKIN WEBCAM AND CORDS				PROP CODE 99	VALUE
VICT. NO. 1	VEH NO.	MAKE/BRAND				MODEL	DATE RECOVERED
	SERIAL NUMBER	NCIC NUMBER				OTHER NUMBER 15-1190-5B	
LOSS CODE 6	QUANTITY 2	DESCRIPTION SHUTTERS DECOR				PROP CODE 99	VALUE
VICT. NO. 1	VEH NO.	MAKE/BRAND				MODEL	DATE RECOVERED
	SERIAL NUMBER	NCIC NUMBER				OTHER NUMBER 15-1190-6B	
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	
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 No-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-Construction.	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 Industrial/Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory
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REPORTING OFFICER	BORUCHOWITZ, BEN	BADGE NO.	712	DATE	10/26/2015
APPROVING OFFICER		BADGE NO.		DATE	

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER 7-15-001190	
INCIDENT DATE 10/25/2015 1700	

VICTIM SMITH, COURTNEY CARANO		OFFENSE Disorderly Conduct	
*NO 2	*TOTAL VICTIMS 2	*VICTIM TYPE B <input type="checkbox"/> BUSINESS G <input type="checkbox"/> GOVERNMENT	*OFFENSE B <input type="checkbox"/> BUSINESS 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)
STATE OF OHIO

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

PHONE

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

PHONE

AGE/D.O.B.
NA

SEX
NA

RACE
W ☐ I ☒ O ☐ U

ETHNICITY
U

HGT

WGT

HAIR

EYES

OCCUPATION

SSN
Redacted

*RESIDENT 1 ☒ *RESIDENT 3 ☐ *MILITARY 5 ☐ *OTHER
STATUS 2 ☐ TOURIST 4 ☐ STUDENT U ☐ UNKNOWN

*VICTIM ☐ IF INJURED, DESCRIBE INJURIES:
INJURED? ☒ N

*AGG/ASSAULT/HOMICIDE CIRC
TYPE OF ACT ASSIGN TYPE ORI OTHER
0 1 OK 2 3 4 5

*VICTIM/SUSPECT RELATIONSHIP
2917-11

*VICTIM/OFFENSE LINK

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

DATE

VICTIM

VICTIM

WITNESS

WITNESS

WITNESS

WITNESS

WITNESS

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 <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

REPORTING OFFICER BORUCHOWITZ, BEN		BADGE NO. 712	DATE 10/26/2015
APPROVING OFFICER		BADGE NO.	DATE