



Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report



2025-2243

Officer Involved Critical Incident – 3013 Mohawk Street,
Middletown, Ohio 45044 (L)

Investigative Activity: Records Received, Review of Records
Involves: Ronald Hazen Kerr (S)
Date of Activity: 07/30/2025
Activity Location: Bureau of Criminal Investigation Main Office – Business – 1560
State Route 56 SW, London, OH 43140
Author: SA Steven Seitzman

Narrative:

On July 30, 2025, Ohio Bureau of Criminal Investigation Special Agent Steven Seitzman compiled background information on Ronald Kerr, the individual involved in the officer-involved critical incident on July 13, 2025. The compilation encompassed a review of past police records involving the Kerr residence, searching criminal history records, open/closed-source database inquiries, and social media posts. The information gathered was obtained from the BCI Criminal Intelligence Unit and Middletown Deputy Police Chief Ryan Morgan.

Upon reviewing the information, SA Seitzman the following:

Prior Middletown Police Encounters:

- 21-052750- Ronald Kerr was the complainant in a neighbor dispute on October 3, 2021.
- 23-042354- Consuelo Kerr reported a domestic dispute between herself and her daughter, [REDACTED], on August 26, 2023.
- 24-055379- Consuelo Kerr reported that her son, Timothy McNeely, was potentially overdosing on drugs on November 15, 2024.

Computerized Criminal History (CCH):

Ronald Kerr did not have a substantial criminal history. [REDACTED]

Social Media:

A Facebook account was identified for Kerr Ron, but no accessible information was obtained from it.

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The BCI CIU Subject Work-Up and the prior Middletown Police Department records pertaining to the Kerr's and residence are attached to this investigative report.

References:

No references.

Attachments:

- Attachment # 01: 2025-07-23 RONALD KERR SUBJECT WORKUP
- Attachment # 02: CAD Information – 21-052570
- Attachment # 03: NIBRS pg1 – 21-052570
- Attachment # 04: NIBRS pg2 – 21-052570
- Attachment # 05: NIBRS Suspect – 21-052570
- Attachment # 06: NIBRS Narrative – 21-052570
- Attachment # 07: VictimWitness Supplement – 21-052570
- Attachment # 08: CAD Information – 23-042354
- Attachment # 09: Field Interview – 23-042354
- Attachment # 10: CAD Information – 24-055379
- Attachment # 11: NIBRS pg1 – 24-055379
- Attachment # 12: NIBRS pg2 – 24-055379
- Attachment # 13: NIBRS Suspect – 24-055379
- Attachment # 14: NIBRS Narrative – 24-055379
- Attachment # 15: Summons(4x11) – 24-055379
- Attachment # 16: Evidence Property – 24-055379



Kerr Ron

Add friend

Message

- Posts
- About
- Friends
- Photos
- Videos
- Check-ins
- More
-

Intro

Lives in Middletown, Ohio

Photos

See all photos

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Posts

Filters

No posts available



Call Report

CFSID
21-052570

SIG CODE
60

CALL DATE / TIME
10/03/21 09:25



Address : 2914 HARKIE ST
City / State / Zip : MIDDLETOWN, OH
Call Description : HARASSMENT BY NEIGHBORS- CURRENTLY IN THE MIDDLE OF THE ROAD

Caller's Name : DENISE
Caller's Phone : (513) 594-5834

BADGES BY UNIT

UNIT ID	BADGE ID	UNIT NAME	DEPARTMENT NAME
1L12	425	LUSK, JAMES	MIDDLETOWN PD
1L18	442	MAXWELL, KEITH	MIDDLETOWN PD

CFS UNIT TIMES

UNIT ID	UNIT TYPE	UNIT NAME	STATUS	DATE	TIME
1L18	POLICE	PATROL	DIS	10/03/2021	9:26:25
1L18	POLICE	PATROL	ENR	10/03/2021	9:26:25
1L12	POLICE	PATROL	DIS	10/03/2021	9:27:12
1L12	POLICE	PATROL	ENR	10/03/2021	9:27:12
1L18	POLICE	PATROL	ONS	10/03/2021	9:29:47
1L12	POLICE	PATROL	ONS	10/03/2021	9:32:58
1L12	POLICE	PATROL	FRH	10/03/2021	9:36:12
1L12	POLICE	PATROL	CLR	10/03/2021	9:36:12
1L18	POLICE	PATROL	CLR	10/03/2021	10:12:02

CFS UNIT TIMES BY UNIT

UNIT	DIS	ENR	ONS	TOH	ATH	FRH	TOS	ATS	CLR
1L12	10/03/21 09:27:12	10/03/21 09:27:12	10/03/21 09:32:58			10/03/21 09:36:12			10/03/21 09:36:12
1L18	10/03/21 09:26:25	10/03/21 09:26:25	10/03/21 09:29:47						10/03/21 10:12:02

CFS PERSONS

Person Type	Name (Last with Suffix, First - Middle)	DOB	OLN
	Full Address including Apartment/Unit/Lot and City, State, and Zip Code		
	Home Phone	Cell #	Work Phone #
	WALLACE , THOMAS A 2915 HARKIE ST MIDDLETOWN, OH 45044	08/05/1964	RV206598
	MCNEELY , TIMOTHY ANDREW 2914 HARKIE ST MIDDLETOWN, OH 45044 (513) 953-6384	03/26/1992	
	KERR , RONALD 2914 HARKIE MIDDLETOWN, OH 45044 (513) 594-5783	03/26/1965	

CFS COMMENTS

Type	Comment	User	Date
CHECKUP	Lynn Crank: CHECKUP TIMERS RESET FOR UNIT 1L18	Lynn Crank	10/03/21 09:38:09
CHECKUP	Lynn Crank: CHECKUP TIMERS RESET FOR UNIT 1L18	Lynn Crank	10/03/21 09:46:22
CHECKUP	Lynn Crank: CHECKUP TIMERS RESET FOR UNIT 1L18	Lynn Crank	10/03/21 09:54:28
CHECKUP	Lynn Crank: CHECKUP TIMERS RESET FOR UNIT 1L18	Lynn Crank	10/03/21 10:02:33
CHECKUP	Lynn Crank: CHECKUP TIMERS CANCELLED FOR UNIT 1L18	Lynn Crank	10/03/21 10:10:44
COMMENT	HARASSMENT BY NEIGHBORS- CURRENTLY IN THE MIDDLE OF THE ROAD	Sarah Sargent	10/03/21 09:25:50
COMMENT	CALL CLOSED: DISPOSITION: COMP	Lynn Crank	10/03/21 10:13:42

ADMINISTRATIVE	AGENCY NAME MIDDLETOWN PD				*INCIDENT NUMBER 21-052570								
	CALL NUMBER 21-052570		*GEOCODE		*CLEARANCES								
	TOD 09:26		<input type="checkbox"/> INCIDENT <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"/> In Custody of Other Jurisd. 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 09:29												
TOC 09:36				*CLEARANCE DATE: CLEARED BY:									
OHIO UNIFORM INCIDENT REPORT													
MONTH DAY YEAR TIME				MONTH DAY YEAR TIME				MONTH DAY YEAR TIME					
10 03 2021 09:25				10 03 2021 09:25				10 03 2021 09:25					
INCIDENT LOCATION (Street, Apt., City, State, Zip) 2914 HARKIE MIDDLETOWN, OH													
OFFENSE	*OFFENSE		*OFFENSE CODE		*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY				
	1. Menacing		1. 636.05		C	M-4	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)												
	1. 47 2. 12 Jail/Prison 59 Daycare Facility 40 Other Retail Store OTHER 13 Parking Garage 41 Factory/Mill/Plant 53 Abandoned/ 14 Other Public Access Buildings RETAIL 42 Other Building Condemned Structure												
	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 Recreation/Entertainment Center 24 Rental Storage Facility 25 Other Commercial Service Loc. 26 ATM Machine Separate from Bank PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 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 57 Camp/Campground 64 Rest Area 55 Arena/Stadium/Fairgrounds/Coliseum 58 Cargo Container 60 Dock/Warf/Freight/Modal Terminal 61 Farm Facility 62 Gambling Facility/Casino/Race Track 63 Military Installation 65 Shelter-Mission/Homeless 66 Tribal Lands 67 Other												
	*SUSPECTED OF USING A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input checked="" type="checkbox"/> NOT APPLICABLE												
*TYPE WEAPON/FORCE USED 1. 99 2. 3.													
*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT				*METHOD OF ENTRY - BURGLARY/B&E							
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE		01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed		06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled		ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2ND 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													
*CARGO THEFT Y <input type="checkbox"/> N <input type="checkbox"/>													
VICTIM	*NO.	*TOTAL VICTIMS	*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					
	1	1											
	NAME (Last, First, Middle) MCNEELY, TIMOTHY, ANDREW												
	ADDRESS (Street, Apt., City, State, Zip) 2914 HARKIE ST MIDDLETOWN, OH 45044										PHONE (513) 953-6384		
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)										PHONE		
	*AGE/ D.O.B.	29	03/26/1992	*SEX M	*RACE W	B <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/>	ETHNICITY	HGT 506	WGT 120	HAIR BRO	EYES BRO		
	OCCUPATION	SSN						*RESIDENT 1 <input type="checkbox"/> STATUS 2 <input type="checkbox"/> TOURIST	*RESIDENT 3 <input type="checkbox"/> STATUS 4 <input type="checkbox"/> STUDENT	*MILITARY 5 <input type="checkbox"/> STATUS 6 <input type="checkbox"/> OTHER	*UNKNOWN 7 <input type="checkbox"/> STATUS 8 <input type="checkbox"/> OTHER		
	*VICTIM INJURED? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	IF INJURED, DESCRIBE INJURIES: None											
	*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION	*VICTIM/SUSPECT RELATIONSHIP	*VICTIM/OFFENSE LINK									
		TYPE OF ACT. ASSIGN. TYPE ORI - OTHER	0. 1. AQ 2. 3. 4. 5.	636.05									
My signature verifies that the information on this report is accurate and true													
DATE													
REPORTING OFFICER Keith Maxwell										BADGE NO. 442	DATE 10/03/2021		
APPROVING OFFICER Malcolm Tipton										BADGE NO. 538	DATE 10/13/2021		
FOLLOW-UP? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, follow-up Assignment:												
ADDITIONAL SUPPLEMENTS	VICTIM/WITNESS	PROPERTY	STATEMENTS	FORM RECEIVED BY:	INTELLIGENCE	SPECIAL COPIES							
	SUSPECT/ARRESTEE	NARRATIVE	OTHER	INVESTIGATION	RECORDS								

INCIDENT NUMBER 21-052570

INCIDENT REPORT – PART 2

INCIDENT
NUMBER 21-052570

VICTIM	OFFENSE	INCIDENT DATE
MCNEELY, TIMOTHY, ANDREW	Menacing	AND TIME 10/03/2021 09:25

NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
1	MCNEELY, TIMOTHY, ANDREW	29 03/26/1992	

ADDRESS (Street, Apt., City, State, Zip)	PHONE
2914 HARKIE ST MIDDLETOWN, OH 45044	(513) 953-6384

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.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE \$0.00
-----	---	-----	-----	-----	-----	---------	------------------

VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE <input type="checkbox"/> Y LOCKED <input type="checkbox"/> N	KEYS IN <input type="checkbox"/> Y VEHICLE <input type="checkbox"/> N	HOLD <input type="checkbox"/> Y VEHICLE <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y CONTENTS <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
-----------------------------	--	-------

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION
			<input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?

*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	
						\$0.00

*LOSS CODE 1	QUANTITY	DESCRIPTION NONE	*PROP CODE	*VALUE \$0.00
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VICT. NO. 1	VEH NO.	MAKE/BRAND	MODEL	DATE RECOVERED
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	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
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*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
				\$ 0 00

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

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
				\$0.00

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

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
				\$0.00

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

SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
------------------	----------------	-----------------

PROPERTY CODES:	10 Other Valuables	22 Photographic Equipment	72 Musical Instruments	VEHICLES	STRUCTURES
EXCHANGE MEDIUMS	PERSONAL EFFECTS	23 Farm Equipment	73 Portable Electronic Equip.	35 Aircraft	46 Single Occupancy
01 Money	11 Clothing/Furs	24 Heavy Construction/Industrial	74 Watercraft Equip./Parts/Acc.	36 Automobiles	47 Other Dwellings
02 Credit/Debit Card	12 Purses/Handbags/Wallets	25 Building Supplies-Const.	29 Other Equipment	37 Bicycles	48 Commercial/Business
03 Negotiable Instruments	13 Other Personal Effects	26 Tools	CONSUMABLE ITEMS	38 Buses	49 Industrial/Manufacturing
04 Other Exchange Mediums	HOUSEHOLD ITEMS	27 Vehicle Parts/Accessories	30 Alcohol	39 Trucks	50 Public/Community
DOCUMENTS	14 Household Items	57 Aircraft Parts/Accessories	31 Drugs/Narcotics	40 Trailers	51 Storage
05 Non-Negotiable Instruments	EQUIPMENT	28 School Supplies	32 Consumable Goods	41 Watercraft	52 Other Structure
06 Personal (Identity) Papers	15 Drug/Narcotic Equip.	58 Artistic Supplies/Accessories	60 Chemicals	42 Recreational Vehicle	OTHER
62 Documents/Personal or Business	16 Gambling Equipment	59 Camping/Hunting/Fishing Equipment/Supplies	61 Crops	43 Other Motor Vehicle	53 Merchandise
07 Other Documents	17 Computer Hardware/Soft.	67 Law Enforcement Equip.	63 Explosives	WEAPONS	54 Other Property
VALUABLES	18 Office Equipment	68 Lawn/Yard/Garden Equip.	65 Fuel	44 Firearms	55 Pending Inventory
08 Jewelry/Precious Metals	19 Stereo TV Equip.	69 Logging Equipment	ANIMALS	45 Other Weapons	66 Identity-Intangible
09 Art Objects, Antiques	20 Recordings-Audio Visual	70 Medical/Medical Lab Equip.	33 Livestock	64 Firearm Accessories	71 Metals, Non-Precious
	21 Sports Equipment		34 Household Pets		

[illegible]

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY		MIDDLETOWN PD		INCIDENT NUMBER		21-052570						
VICTIM MCNEELY, TIMOTHY ANDREW				OFFENSE Menacing		INCIDENT DATE AND TIME 10/03/2021 9:25						
NO.	ADULT	JUVENILE	UNKNOWN	CHECK APPROPRIATE CATEGORY				CHARGES FILED?				
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
NAME (Last, First, Middle) WALLACE, THOMAS A								SSN [REDACTED]				
ALIASES								GANG AFFILIATION				
ADDRESS (Street, Apt., City, State, Zip) 2915 HARKIE ST MIDDLETOWN, OH 45044								PHONE				
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)								PHONE				
PLACE OF BIRTH				DL#/STATE [REDACTED] OH		OCCUPATION/SCHOOL						
*AGE/ D.O.B. 57 08/05/1964		*SEX M		*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> U		ETHNICITY		*HEIGHT 510		*WEIGHT 150	*HAIR WHI	*EYES BLU
MARITAL STATUS		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 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 \$0.00		
MIRANDA WITNESSED BY:												
TIME READ												
FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N		FINGERPRINT CARD NO.		PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N		NO. TAKEN		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		
JUV. PARENT/ GDN. NOTIFIED <input 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 type="checkbox"/> Y <input type="checkbox"/> N		DATE OF LAST CONTACT		DATE OF EMANCIPATION		NCIC #			DATE/TIME ENTERED			
LAST SEEN WEARING												
REPORTING OFFICER Keith Maxwell								BADGE NO. 442		DATE 10/03/2021		
APPROVING OFFICER Malcolm Tipton								BADGE NO. 538		DATE 10/13/2021		
COURT								DATE				

NAME/DESCRIPTIVES

ASSOC. PERSONS

ARREST INFORMATION

JUVENILE

RUNAWAYS /MISSING

NARRATIVE SUPPLEMENT

VICTIM MCNEELY, TIMOTHY, ANDREW		OFFENSE Menacing	INCIDENT NUMBER 21-052570	
			INCIDENT DATE AND TIME 10/03/2021 09:25	

I was dispatched to 2914 Harkie on a report of a disturbance between neighbors.

Upon arrival I spoke with TIMOTHY MC NEELY and RONALD KERR. Both advised that their neighbor across the street that lives at 2915 Harkie has been threatening them and harassing them for a long time and they want to do something about it.

TIMOTHY advised that today, the resident, THOMAS WALLACE, came out of his residence and stepped into the street and started yelling at him and his father, RONALD. He advised that it did get heated between them and him, at which time THOMAS stated "Come out into the street and I'll whoop your ass." TIMOTHY advised that THOMAS started stating this over and over and that he did wish to sign charges on him.

I did give TIMOTHY a Criminal Complaint form.

THOMAS WALLACE had left prior to my arrival and I could not speak with him.

I advised TIMOTHY and RONALD that a report would be on file and I cleared.

Maxwell-442--1L18

tjc/2

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER 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	DATE CLEARED
REPORTING OFFICER Keith Maxwell	BADGE NO. 442			DATE 10/11/2021	
APPROVING OFFICER Malcolm Tipton	BADGE NO. 538			DATE 10/13/2021	

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER 21-052570

VICTIM MCNEELY, TIMOTHY, ANDREW OFFENSE Menacing INCIDENT DATE AND TIME 10/03/2021 9:25

*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"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER
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"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR EYES
OCCUPATION			SSN		*RESIDENT 1 <input 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 type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:						
*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI - OTHER		*VICTIM/SUSPECT RELATIONSHIP 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____			*VICTIM/OFFENSE LINK	
My signature verifies that the information on this report is accurate and true							
DATE _____							

*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"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER
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"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR EYES
OCCUPATION			SSN		*RESIDENT 1 <input 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 type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:						
*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI - OTHER		*VICTIM/SUSPECT RELATIONSHIP 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____			*VICTIM/OFFENSE LINK	
My signature verifies that the information on this report is accurate and true							
DATE _____							

NO. 1	NAME (Last, First, Middle) KERR, RONALD	AGE/ D.O.B. 56 03/26/1965	SSN
ADDRESS (Street, Apt., City, State, Zip) 2914 HARKIE MIDDLETOWN, OH 45044		PHONE (513) 594-5783	
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 Keith Maxwell	BADGE NO. 442	DATE 10/03/2021
APPROVING OFFICER Malcolm Tipton	BADGE NO. 538	DATE 10/13/2021

Call Report

CFSID
23-042354

SIG CODE
62

CALL DATE / TIME
08/26/23 15:25



Address : 2914 HARKIE ST
City / State / Zip : MIDDLETOWN, OH
Call Description : JESSICA MCNEALY CAUSING PROB, HAS 2 SMALL KIDS WITH HER , ALSO RECEIVED A CALL THAT MOMS DOG TRIED TO BITE FEMALE

Caller's Name : DENISE
Caller's Phone : (513) 594-5834

BADGES BY UNIT

UNIT ID	BADGE ID	UNIT NAME	DEPARTMENT NAME
2L18	634	RENNER, AUSTIN	MIDDLETOWN PD

CFS UNIT TIMES

UNIT ID	UNIT TYPE	UNIT NAME	STATUS	DATE	TIME
2L18	POLICE	PATROL	DIS	08/26/2023	15:44:21
2L18	POLICE	PATROL	ENR	08/26/2023	15:44:21
2L18	POLICE	PATROL	ONS	08/26/2023	15:48:59
2L18	POLICE	PATROL	CLR	08/26/2023	17:06:11

CFS UNIT TIMES BY UNIT

UNIT	DIS	ENR	ONS	TOH	ATH	FRH	TOS	ATS	CLR
2L18	08/26/23 15:44:21	08/26/23 15:44:21	08/26/23 15:48:59						08/26/23 17:06:11

CFS PERSONS

Person Type	Name (Last with Suffix, First - Middle) Full Address including Apartment/Unit/Lot and City, State, and Zip Code Home Phone Cell # Work Phone #	DOB	OLN
	KERR , CONSUELO D 2914 HARKIE ST MIDDLETOWN, OH 45044 (513) 594-5834	03/03/1972	████████
	MCNEELY , JESSICA ELAINE 2914 HARKIE ST MIDDLETOWN, OH 45044	12/21/1994	████████

CFS COMMENTS

Type	Comment	User	Date
CHANGE	Prev Desc: [REDACTED] CAUSING PROB, HAS 2 SMALL KIDS WITH HER	Gabriella Rodriguez	08/26/23 15:34:19
CHECKUP	Sarah Sargent: CHECKUP TIMERS RESET FOR UNIT 2L18	Sarah Sargent	08/26/23 15:57:03
CHECKUP	Sarah Sargent: CHECKUP TIMERS CANCELLED FOR UNIT 2L18	Sarah Sargent	08/26/23 16:05:08
COMMENT	[REDACTED] CAUSING PROB, HAS 2 SMALL KIDS WITH HER	Amy Prichard	08/26/23 15:26:43
COMMENT	Call Information Edited By Gabriella Rodriguez	Gabriella Rodriguez	08/26/23 15:34:19
COMMENT	BROWN 1600 TOWARDS OXFORD STATE	Gabriella Rodriguez	08/26/23 15:45:51
COMMENT	UNIT 2A7 REMOVED FROM CFS BY Sarah Sargent	Sarah Sargent	08/26/23 15:46:43
COMMENT	CALL CLOSED: DISPOSITION: FI	Sarah Sargent	08/26/23 17:06:15

FIELD INTERVIEW REPORT

CASE # 23-042354

MIDDLETOWN PD

CFS # 23-042354

COMPLAINT VERBAL ARGUMENT													SIG CODE 62	
LOCATION 2914 HARKIE, MIDDLETOWN OH											CALL DATE / TIME 8/26/23 15:25			
PERSONS														
(1) PERSON TYPE REPORTER			NAME (Last, First, MI) KERR, CONSUELO D					HOME PHONE (513) 594-5834			WORK PHONE		CELL PHONE	
SSN [REDACTED]	OL [REDACTED]	OL STATE OH	DOB 03/03/1972	AGE 51	HGT 505	WGT 125	HAIR BRO	EYE BRO	BUILD	COMP				
ADDRESS 2914 HARKIE ST MIDDLETOWN, OH 45044								SCARS / MARKS / TATOOS			RACE			
(2) PERSON TYPE OTHER			NAME (Last, First, MI) [REDACTED]					HOME PHONE			WORK PHONE		CELL PHONE	
SSN [REDACTED]	OL [REDACTED]	OL STATE OH	DOB 12/21/1994	AGE 28	HGT 505	WGT 150	HAIR BLD	EYE HAZ	BUILD	COMP				
ADDRESS 2914 HARKIE ST MIDDLETOWN, OH 45044								SCARS / MARKS / TATOOS			RACE			
(3) PERSON TYPE			NAME (Last, First, MI)					HOME PHONE			WORK PHONE		CELL PHONE	
SSN	OL	OL STATE	DOB	AGE	HGT	WGT	HAIR	EYE	BUILD	COMP				
ADDRESS								SCARS / MARKS / TATOOS			RACE			
(4) PERSON TYPE			NAME (Last, First, MI)					HOME PHONE			WORK PHONE		CELL PHONE	
SSN	OL	OL STATE	DOB	AGE	HGT	WGT	HAIR	EYE	BUILD	COMP				
ADDRESS								SCARS / MARKS / TATOOS			RACE			
VEHICLES														
PLATE	STATE	YEAR	MAKE	MODEL		STYLE	COLOR	VIN			LINK			
PLATE	STATE	YEAR	MAKE	MODEL		STYLE	COLOR	VIN			LINK 2			

On 08/26/2023 I responded to 2914 Harkie St. in reference to a mother and daughter, both adults not getting along. Upon arrival I made contact with CONSUELO KERR who advised that she is arguing with her daughter [REDACTED]. She advised that [REDACTED] had knocked the thermostat off the wall and was arguing with her, yelling and screaming. She advised that [REDACTED] left peeling out of the driveway and shortly after messaged her that she was involved in a car accident. Upon speaking with CONSUELO, [REDACTED] had pulled back in her truck and got out to engage us. [REDACTED] advised that she just wanted her mother to worry, that she was not in a car accident and that she has been living here for approximately 8 months. I advised both parties that they need to grow up and be more mature and that I could not make anyone in this house leave because they have all lived here for an extended period of time and as of today there is no criminal charges that could be followed up on. I advised both parties that if they could not co-inside together that they need to find other living situations. [REDACTED] advised that her mother always tries to start arguments and fights with her and that she doesn't have anywhere else to live. CONSUELO advised that she just wants JESSICA to move out. I advised her that if she is in fear for her safety, then she needs to go and get a protection order. I then cleared.

A.RENNER-634/2L18
CAH/4

Call Report

CFSID
24-055379

SIG CODE
250

CALL DATE / TIME
11/15/24 20:44



Address : 3013 MOHAWK ST
City / State / Zip : MIDDLETOWN, OH
Call Description : POSS OD

Caller's Name : DENISE
Caller's Phone : (513) 594-5834

BADGES BY UNIT

UNIT ID	BADGE ID	UNIT NAME	DEPARTMENT NAME
2L18	671	SMITH, CONANT	MIDDLETOWN PD
2L9	601	KESSLER, RYAN	MIDDLETOWN PD

CFS UNIT TIMES

UNIT ID	UNIT TYPE	UNIT NAME	STATUS	DATE	TIME
2L9	POLICE	PATROL	DIS	11/15/2024	20:45:46
2L18	POLICE	PATROL	DIS	11/15/2024	20:45:52
2L9	POLICE	PATROL	ENR	11/15/2024	20:46:33
2L18	POLICE	PATROL	ENR	11/15/2024	20:48:22
2L9	POLICE	PATROL	ONS	11/15/2024	20:52:15
2L18	POLICE	PATROL	ONS	11/15/2024	20:52:19
2L9	POLICE	PATROL	CLR	11/15/2024	21:22:43
2L18	POLICE	PATROL	CLR	11/15/2024	21:22:43
2L9	POLICE	PATROL	ENR	11/15/2024	21:56:02
2L9	POLICE	PATROL	ONS	11/15/2024	22:04:58
2L9	POLICE	PATROL	CLR	11/15/2024	23:00:46

CFS UNIT TIMES BY UNIT

UNIT	DIS	ENR	ONS	TOH	ATH	FRH	TOS	ATS	CLR
2L18	11/15/24	11/15/24	11/15/24						11/15/24
	20:45:52	20:48:22	20:52:19						21:22:43
2L9	11/15/24	11/15/24	11/15/24						11/15/24
	20:45:46	21:56:02	22:04:58						23:00:46

CFS PERSONS

Person Type	Name (Last with Suffix, First - Middle)	DOB	OLN
	Full Address including Apartment/Unit/Lot and City, State, and Zip Code		
	Home Phone	Cell #	Work Phone #
	MCNEELY , TIMOTHY ANDREW		
	3013 MOHAWK ST MIDDLETOWN, OH 45042		
	03/26/1992		
	KERR , CONSUELO D		
	3013 MOHAWK ST MIDDLETOWN, OH 45044		
	(513) 594-5834		
	03/03/1972		

CFS COMMENTS

Type	Comment	User	Date
CHECKUP	Bryce Adkins: CHECKUP TIMERS RESET FOR ALL UNITS	Bryce Adkins	11/15/24 20:57:35
CHECKUP	Bryce Adkins: CHECKUP TIMERS RESET FOR ALL UNITS	Bryce Adkins	11/15/24 21:03:34
CHECKUP	Bryce Adkins: CHECKUP TIMERS RESET FOR ALL UNITS	Bryce Adkins	11/15/24 21:09:33
CHECKUP	Bryce Adkins: CHECKUP TIMERS CANCELLED FOR ALL UNITS	Bryce Adkins	11/15/24 21:15:32
CHECKUP	Bryce Adkins: CHECKUP TIMERS RESET FOR UNIT 2L9	Bryce Adkins	11/15/24 22:10:02
CHECKUP	Bryce Adkins: CHECKUP TIMERS RESET FOR UNIT 2L9	Bryce Adkins	11/15/24 22:15:32
CHECKUP	Nicole Kirsch: CHECKUP TIMERS RESET FOR UNIT 2L9	Nicole Kirsch	11/15/24 22:20:57
CHECKUP	Nicole Kirsch: CHECKUP TIMERS RESET FOR UNIT 2L9	Nicole Kirsch	11/15/24 22:26:55
CHECKUP	Nicole Kirsch: CHECKUP TIMERS CANCELLED FOR UNIT 2L9	Nicole Kirsch	11/15/24 22:32:17
COMMENT	POSS OD	Hope Ballinger	11/15/24 20:44:48
COMMENT	CALL CLOSED: DISPOSITION: COMP	Bryce Adkins	11/15/24 21:22:49
COMMENT	CALL RE-OPENED BY Bryce Adkins	Bryce Adkins	11/15/24 21:55:54
COMMENT	CALL CLOSED: DISPOSITION: COMP	Nicole Kirsch	11/15/24 23:00:50

ADMINISTRATIVE

AGENCY NAME
MIDDLETOWN PD

CALL NUMBER
24-055379

TOD
20:45

TOA
20:52

TOC
00:00

*GEOCODE

☐ INCIDENT

☒ OFFENSE

☐ SUPPLEMENT

*INCIDENT NUMBER
24-055378

*CLEARANCES

A ☐ Death of Suspect

B ☐ Prosecution Declined

C ☐ In Custody of Other Jurisd.

D ☐ Victim Refused to Coop.

E ☐ Juvenile/No Custody

F ☐ Arrest - Adult

G ☐ Arrest – Juvenile

H ☐ Warrant Issued

I ☐ Invest. Pending

J ☐ Closed

K ☐ Unfounded

U ☐ Unknown

*CLEARANCE DATE:

CLEARED BY:

OHIO UNIFORM INCIDENT REPORT

MONTHDAYYEARTIME

MONTHDAYYEARTIME

MONTHDAYYEARTIME

INCIDENT LOCATION (Street, Apt., City, State, Zip)
3013 MOHAWK MIDDLETOWN, OH

OFFENSE

*OFFENSE

1. INTOX/DISORDERLY IN CITY

2.

3.

4.

5.

*OFFENSE CODE

1. 1070.012

2.

3.

4.

5.

*A/C

C

F/M & DEGREE

M-4

*HATE/BIAS

N

*LARCENY

*TYPE CRIMINAL ACTIVITY

1. 2. 3.

1. 2. 3.

1. 2. 3.

1. 2. 3.

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

*LOCATION OF OFFENSE (Enter up to two)

1. 01 2.

12 Jail/Prison

59 Daycare Facility

40 Other Retail Store

OTHER

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 Recreation/Entertainment Center

54 Amusement Park

24 Rental Storage Facility

25 Other Commercial Service Loc.

56 ATM Machine Separate from Bank

PUBLIC ACCESS BLDGS.

06 Transit Facility

07 Government Office

08 School

09 College

67 Library

10 Church

11 Hospital

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

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

57 Camp/Campground

64 Rest Area

53 Abandoned/

55 Arena/Stadium/

Fairgrounds/Coliseum

58 Cargo Container

60 Dock/Wwharf/Freight/

Modal Terminal

61 Farm Facility

62 Gambling Facility/

Casino/Race Track

63 Military Installation

65 Shelter-Mission/

Homeless

66 Tribal Lands

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

*METHOD OF ENTRY – MOTOR VEHICLE THEFT

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

*METHOD OF ENTRY – BURGLARY/B&E

ENTRYEXIT

1 ☐ DOOR ☐

2 ☐ WINDOW ☐

3 ☐ GARAGE ☐

4 ☐ SKYLIGHT ☐

5 ☐ OTHER ☐

ENTRYEXIT

1 ☐ FRONT ☐

2 ☐ SIDE ☐

3 ☐ REAR ☐

4 ☐ ROOF ☐

5 ☐ OTHER ☐

METHODS OF OPERATION

*CARGO THEFT

Y ☐ N ☐

VICTIM

*NO. 1

*TOTAL VICTIMS 1

*VICTIM TYPE

☐ INDIVIDUAL

☐ BUSINESS

☐ FINANCIAL INSTITUTION

☐ GOVERNMENT

☐ POLICE OFFICER (IN THE LINE OF DUTY)

☐ RELIGIOUS ORGANIZATION

☒ SOCIETY

☐ OTHER

☐ UNKNOWN

NAME (Last, First, Middle)

SOCIETY

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 1 ☐ RESIDENT 3 ☐ MILITARY 5 ☐ OTHER

STATUS 2 ☐ TOURIST 4 ☐ STUDENT U ☐ UNKNOWN

*VICTIM ☐ Y ☐ N

IF INJURED, DESCRIBE INJURIES:

*AGG. ASSAULT/ HOMICIDE CIRC.

*LEOKA INFORMATION

TYPE OF ACT. ASSIGN. TYPE ORI – OTHER

*VICTIM/SUSPECT RELATIONSHIP

0. 1. 2. 3. 4. 5.

*VICTIM/OFFENSE LINK

1070.012

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

DATE

REPORTING OFFICER
Ryan Kessler

BADGE NO. 601

DATE 11/15/2024

APPROVING OFFICER
Lindsey Schwarber

BADGE NO. 596

DATE 11/28/2024

FOLLOW-UP? ☐ Y ☐ N

If yes, follow-up Assignment:

ADDITIONAL SUPPLEMENTS ☐ VICTIM/WITNESS ☐ PROPERTY ☐ STATEMENTS ☐ FORM RECEIVED BY: ☐ INTELLIGENCE ☐ SPECIAL COPIES

☐ SUSPECT/ARRESTEE ☐ NARRATIVE ☐ OTHER ☐ INVESTIGATION ☐ RECORDS

INCIDENT NUMBER 24-055378

8/2011

INCIDENT REPORT – PART 2

INCIDENT
NUMBER 24-055378

VICTIM SOCIETY		OFFENSE INTOX/DISORDERLY IN CITY		INCIDENT DATE AND TIME 11/15/2024 20:44						
REPORTER	NO. 1	NAME (Last, First, Middle) KERR, CONSUELO, D			AGE/ D.O.B. 52 03/03/1972	SSN [REDACTED]				
	ADDRESS (Street, Apt., City, State, Zip) 3013 MOHAWK ST MIDDLETOWN, OH 45044					PHONE (513) 594-5834				
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE				
	STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER									
VEHICLE	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 \$0.00		
	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	TITLE 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"/> OTHER	
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL		RESID. <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?						
PROPERTY	*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 E EVIDENCE	TOTAL VALUE \$0.00		
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE \$0.00	
	VICT. NO.	VEH NO.	MAKE/BRAND			MODEL			DATE RECOVERED	
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE \$0.00	
	VICT. NO.	VEH NO.	MAKE/BRAND			MODEL			DATE RECOVERED	
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE \$0.00	
	VICT. NO.	VEH NO.	MAKE/BRAND			MODEL			DATE RECOVERED	
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE \$0.00	
	VICT. NO.	VEH NO.	MAKE/BRAND			MODEL			DATE RECOVERED	
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER				
	PROPERTY CODES: EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal (Identity) Papers 07 Other Documents 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 Artistic Supplies/Accessories 30 Camping/Hunting/Fishing Equipment/Supplies 31 Aircraft Parts/Accessories 32 School Supplies 33 Law Enforcement Equip. 34 Lawn/Yard/Garden Equip. 35 Logging Equipment 36 Medical/Medical Lab Equip. 72 Musical Instruments 73 Portable Electronic Equip. 74 Watercraft Equip./Parts/Acc. 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods 60 Chemicals 61 Crops 63 Explosives 65 Fuel 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 64 Firearm Accessories STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Industrial/Manufacturing 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory 66 Identity-Intangible 71 Metals, Non-Precious									
	NARRATIVE									

SUSPECT/ARREST SUPPLEMENT

ARRESTING
AGENCY MIDDLETOWN PDINCIDENT
NUMBER 24-055378VICTIM
SOCIETYOFFENSE
INTOX/DISORDERLY IN CITYINCIDENT DATE
AND TIME 11/15/2024 20:44

NAME/DESCRIPTIVES	NO. 1	ADULT <input checked="" type="checkbox"/> JUVENILE <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N						
	NAME (Last, First, Middle) MCNEELY, TIMOTHY ANDREW					SSN [REDACTED]						
	ALIASES					GANG AFFILIATION						
	ADDRESS (Street, Apt., City, State, Zip) 3013 MOHAWK ST MIDDLETOWN, OH 45042					PHONE (513) 594-5834						
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE						
	PLACE OF BIRTH			DL#/STATE		OCCUPATION/SCHOOL						
	*AGE/ D.O.B. 32 03/26/1992		*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	*HEIGHT 506	*WEIGHT 125	*HAIR BRO	*EYES BRO		
	MARITAL STATUS		SCARS, MARKS, TATOOS									
	ADDITIONAL DESCRIPTIVES											
ASSOC. PERSONS	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		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									
ARREST INFORMATION	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.			
	6.		6.		6.		6.		23F THEFT FROM MOTOR VEHICLE			
JUVENILE	*ARREST DATE		TIME		ARREST LOCATION (Street, Apt., City, State, Zip)							
	*INCIDENT TRACKING NUMBER				ARREST DISPOSITION				BAIL \$0.00			
	MIRANDA WITNESSED BY:										TIME READ	
	FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N		FINGERPRINT CARD NO.		PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N		NO. TAKEN		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	
	JUV. PARENT/ GDN. NOTIFIED <input 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		
	RUNAWAYS /MISSING	PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input type="checkbox"/> N		DATE OF LAST CONTACT		DATE OF EMANCIPATION		NCIC #		DATE/TIME ENTERED		
		LAST SEEN WEARING										
	REPORTING OFFICER Ryan Kessler							BADGE NO. 601		DATE 11/15/2024		
	APPROVING OFFICER Lindsey Schwarber							BADGE NO. 596		DATE 11/28/2024		
	COURT									DATE		

NARRATIVE SUPPLEMENT			INCIDENT NUMBER 24-055378																	
VICTIM SOCIETY		OFFENSE INTOX/DISORDERLY IN CITY		INCIDENT DATE AND TIME 11/15/2024 20:44																
<p>Officers responded to 3013 Mohawk Street in reference to a possible overdose.</p> <p>Upon arrival observed a subject, TIMOTHY MC NEELEY, laying in a bed and being administered Narcan by medics.</p> <p>Upon speaking with the complainant, being TIMOTHY'S mother, CONSUELO KERR, she stated that TIMOTHY is a drug user and he uses Fentanyl. She stated that he had not left the house today, therefore she did not know how he had overdosed.</p> <p>Medics administered four separate doses of Narcan, which ultimately revived TIMOTHY. At that point he was able to walk outside with the medics to be transported to the ATRIUM MEDICAL CENTER. Before being transported, TIMOTHY was issued a Criminal Summons for Disorderly Conduct/Intoxication for overdosing.</p> <p>All parties spoken with were advised that a report would be on file. Officers later cleared.</p> <p>Kessler--601--2L9, Conant Smith-671--2L18</p> <p>tjc/3</p> <p>ADDENDUM</p> <p>I responded back to 3013 Mohawk Street in reference to found drugs.</p> <p>I spoke to CONSUELO KERR, who had found a white powder substance in the bedroom inside of TIMOTHY'S hoodie. CONSUELO asked if officers could take the found narcotic to properly dispose of the substance, as the family has several grandkids and she did not wish to attempt to destroy the narcotic herself.</p> <p>I did later take possession of the white powdery substance, which was tagged into Property as Evidence to be destroyed. I then cleared.</p> <p>Kessler-601--2L9</p> <p>tjc/3</p>																				
<table><tr><td>REASON CLEARED</td><td>A <input type="checkbox"/> DEATH OF OFFENDER</td><td>D <input type="checkbox"/> VICTIM REFUSED TO COOP.</td><td>G <input type="checkbox"/> ARREST – JUVENILE</td><td>J <input type="checkbox"/> CLOSED</td><td rowspan="3">DATE CLEARED</td></tr><tr><td></td><td>B <input type="checkbox"/> PROSECUTION DECLINED</td><td>E <input type="checkbox"/> JUVENILE/NO CUSTODY</td><td>H <input type="checkbox"/> WARRANT ISSUED</td><td>K <input type="checkbox"/> UNFOUNDED</td></tr><tr><td></td><td>C <input type="checkbox"/> EXTRADITION DENIED</td><td>F <input type="checkbox"/> ARREST – ADULT</td><td>I <input type="checkbox"/> INVEST. PENDING</td><td>U <input type="checkbox"/> UNKNOWN</td></tr></table>					REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST – JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED		B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED		C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST – ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN
REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST – JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED															
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REPORTING OFFICER Ryan Kessler			BADGE NO. 601	DATE 11/27/2024																
APPROVING OFFICER Lindsey Schwarber			BADGE NO. 596	DATE 11/28/2024																

Middletown Municipal Court

One Donham Plaza, Middletown, Ohio 45042

State of Ohio

V.
TIMOTHY ANDREW MCNEELY

(name of defendant)

3013 MOHAWK ST

MIDDLETOWN, OH 45042

(address)

03/26/1992

DOB

**SUMMONS IN LIEU OF ARREST
WITHOUT WARRANT, AND
COMPLAINT UPON SUCH
SUMMONS**

Rule 4(A)(3)

Form XII

CASE NO.

SSN

TO DEFENDANT:

SUMMONS

In lieu of immediate arrest upon a misdemeanor you are
summoned and ordered to appear at ** the above captioned Court
1:30 pm o'clock 12/06, 20 2024 **

the Municipal Court/Juvenile Court of CLERMONT
County at the time and place ordered by that Court. If you fail to
appear at this time and place you may be arrested.

This summons served personally on the defendant on
11/20, 20 2024

COMPLAINT

On 11/15, 20 2024, at 8:44 pm

3013 MOHAWK ST

(place)

648.04 B1 D/C INTOX-DRUG OVERDOSE

Signature of Issuing-Charging Law Enforcement Officer

Being duly sworn the Issuing-Charging Law Enforcement Officer
states that he has read the above complaint and that it is true.

Ryan Kessler 601

Issuing-Charging Law Enforcement Officer

Sworn to and subscribed before me by

on, 20

Judge/Clerk/Deputy Clerk

Court

Or

Notary Public

My Commission Expires

County/State of Ohio/

**Delete the lines not applicable



Property by Case Number

List of Evidence For Case #: 24-055379



MAKE	MODEL	QTY	LOSS CODE	DESCRIPTION	BAR CODE
1		2.00	DESTROY	DESTROYED BAGGIE CONTAINING WHITE POWDER SUBSTANCE ROLLED UP COUPON	