



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



2025-3739

Officer Involved Critical Incident – 4272 Cider Mill Drive,
Cincinnati, OH 45245 (L)

Investigative Activity: Document Review, Records Received, Review of Records
Involves: Union Township Police Department (O)
Date of Activity: 12/05/2025
Author: SA Lauren Frazier, #129

Narrative:

In December of 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent Lauren Frazier received requested documents from UTPD Lt. Josh Hines. As a result of the request, the following items were received and reviewed:

- Marsy's Law Ohio Victim Rights Forms for the following officers:
 - Sgt. Cameron Shaw (attachment #01)
 - [REDACTED] (attachment #02)
 - [REDACTED] (attachment #03)
 - [REDACTED] (attachment #04)
 - [REDACTED] (attachment #05)
 - [REDACTED] (attachment #06)
- Eighty (80) photographs taken by UTPD from 4274 & 4276 Cider Mill Drive
 - UTPD documented ballistic events that occurred at neighbor's residences because of this incident
- Fifty-five (55) photographs taken by UTPD Det. Taylor of the involved subject, Thomas Noble, at Mercy Anderson Hospital
- Five (5) photographs taken by UTPD Det. Taylor of the subject's mother, Marilyn Noble, at Mercy Anderson Hospital
- UTPD Crime Scene Control Log (attachment #07)
- UTPD Canvass Form for Cider Mill Drive (attachment #08)
 - Several neighbors noted hearing gunshots and seeing officers performing CPR
 - David Feld at 4273 Cider Mill Drive was identified as a witness who observed the incident (please refer to David Feld Interview report)
- UTPD Incident Report# [REDACTED] & CAD Notes (attachment #09)
- Ring Video Doorbell Video from 4270 Cider Mill Drive
 - Video footage captured from approximately 2055–2057 hours, which showed officers arriving and setting up a perimeter on scene but did not capture the shooting incident

This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law – a statute, an administrative rule, or any rule of procedure.

- Investigative narrative provided by Det. Taylor (attachment #10)

All photographs and videos have been stored on Axon.com (see references).

References:

UTPD Photographs from 4274 & 4276 Cider Mill Drive stored on Axon.com

UTPD photographs of Thomas Noble at Anderson Mercy Hospital on Axon.com

UTPD photographs of Marilyn Noble at Anderson Mercy Hospital on Axon.com

Ring Video Doorbell Video from 4270 Cider Mill Drive on Axon.com

Attachments:

Attachment # 01: 2025-12-04 Marsy's Law Form – Sgt. Cameron Shaw

Attachment # 02: 2025-12-04 Marsy's Law Form – [REDACTED]

Attachment # 03: 2025-12-04 Marsy's Law Form – [REDACTED]

Attachment # 04: 2025-12-05 Marsy's Law Form – [REDACTED]

Attachment # 05: 2025-12-05 Marsy's Law Form – [REDACTED]

Attachment # 06: 2025-12-11 Marsy's Law Form – [REDACTED]

Attachment # 07: 2025-11-17 UTPD Crime Scene Control Log

Attachment # 08: 2025-11-17 UTPD Canvass Form

Attachment # 09: 2025-11-17 UTPD Incident Report [REDACTED] & CAD Notes

Attachment # 10: UTPD Det. Taylor Narrative – [REDACTED]



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Name	Reason for Entry	Time In	Time Out
[REDACTED]			
[REDACTED]			
[REDACTED]			
[REDACTED]			

<p> $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$ $\frac{1}{4} \times \frac{1}{4} = \frac{1}{16}$ $\frac{1}{16} \times \frac{1}{16} = \frac{1}{256}$ $\frac{1}{256} \times \frac{1}{256} = \frac{1}{65,536}$ $\frac{1}{65,536} \times \frac{1}{65,536} = \frac{1}{4,294,967,296}$ $\frac{1}{4,294,967,296} \times \frac{1}{4,294,967,296} = \frac{1}{18,446,744,073,709,551,616}$ </p>	<p> $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$ $\frac{1}{4} \times \frac{1}{4} = \frac{1}{16}$ $\frac{1}{16} \times \frac{1}{16} = \frac{1}{256}$ $\frac{1}{256} \times \frac{1}{256} = \frac{1}{65,536}$ $\frac{1}{65,536} \times \frac{1}{65,536} = \frac{1}{4,294,967,296}$ $\frac{1}{4,294,967,296} \times \frac{1}{4,294,967,296} = \frac{1}{18,446,744,073,709,551,616}$ </p>
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Of _____

Criminal Investigations Neighborhood Canvass Form

Incident # [REDACTED]

Detective: Haggerty

Date: 11/17/2025

	Name	# of Occ	Street Address	DOB	Home # & Cell	Remarks, suspicious cars, persons, etc.
1	Sarah Briedis		4271 Cider Mill		[REDACTED]	Heard 8 gunshots and then heard three gunshots
2	Janice Brice		4269 Cider Mill		[REDACTED]	Heard 3 gunshots
3	Kevin Bishop		4267 Cider Mill		[REDACTED]	Heard 6 gunshots @ 2130 hours
4	Greg Ross		4265 Cider Mill		[REDACTED]	Heard 6 gunshots
5			4263 Cider Mill			No answer, left business card
6	William Owen		4277 Cider Mill		[REDACTED]	Heard 3 gunshots
7	Sue Fancher		4276 Cider Mill		[REDACTED]	Heard 3-4 gunshots @ 2105 -2107 hours
8						
9						
10						

Criminal Investigations Neighborhood Canvass Form

Incident # [REDACTED]

Detective: Wilfert

Date: 11/17/2025

	Name	# of Occ	Street Address	DOB	Home # & Cell	Remarks, suspicious cars, persons, etc.
1	Phillip Greer Shannon Greer	2	4270 Cider Mill		[REDACTED]	Saw Officer on his Ring camera. Did not see what happened but heard gunshots.
2			4268 Cider Mill			No Answer, have Ring camera, Left business card
3			4266 Cider Mill			No answer, have Ring camera and security camera. Left a business card
4	Bobby Sager Caroline Broscheid	3	4264 Cider Mill		[REDACTED]	Didn't see anything but heard 6 gunshots. Have Arlo camera system
5			4262 Cider Mill			No answer
6			4260 Cider Mill			No answer, Realink camera, left business card
7			4279 Cider Mill			No answer, no cameras
8						
9						
10						

Criminal Investigations Neighborhood Canvass Form

Incident #

Detective: Cooper

Date: 11/17/2025

	Name	# of Occ	Street Address	DOB	Home # & Cell	Remarks, suspicious cars, persons, etc.
1	David Feld		4273 Cider Mill	11/18/1952		Saw entire incident, heard 3 gunshots
2	Matthew Parker		4275 Cider Mill	10/15/1979		Heard gunshots, saw officers performing CPR
3	Harold R. Beach		4275 Cider Mill			Heard gunshots, saw officers performing CPR
4	Emerald Carl		4274 Cider Mill	9/27/1988		Has Ring camera but it didn't record incident.
5						
6						
7						
8						
9						
10						

ADMINISTRATIVE	AGENCY NAME Union Township Police Dept.				*INCIDENT NUMBER [REDACTED]							
	CALL NUMBER [REDACTED]		*GEOCODE 3A		*CLEARANCE [REDACTED]							
	TOA		<input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		<div><div><div><input type="checkbox"/> A Death of Suspect</div><div><input type="checkbox"/> B Prosecution Declined</div><div><input type="checkbox"/> C Extradition Denied</div><div><input type="checkbox"/> D Victim Refused to Coop.</div><div><input type="checkbox"/> E Juvenile/No Custody</div><div><input type="checkbox"/> F Arrest - Adult</div><div><input type="checkbox"/> Referred to another agency</div></div><div><div><input type="checkbox"/> G Arrest – Juvenile</div><div><input type="checkbox"/> H Warrant Issued</div><div><input checked="" type="checkbox"/> I Invest. Pending</div><div><input type="checkbox"/> J Closed</div><div><input type="checkbox"/> K Unfounded</div><div><input type="checkbox"/> U Unknown</div></div></div>							
	TOC				*CLEARANCE DATE: 11/21/2025 CLEARED BY: DISBENNETT, DE							
OHIO UNIFORM OFFENSE REPORT												
MONTH		*REPORT DATE/TIME DAY YEAR TIME		MONTH		*INCIDENT OCCURRED FROM DAY YEAR TIME		MONTH		*INCIDENT OCCURRED TO DAY YEAR TIME		
11		17 2025 2042		11		17 2025 2042		11		17 2025 2042		
INCIDENT LOCATION (Street, Apt., City, State, Zip) 4272 Cider Mill DR, Cincinnati, OH 45245												
OFFENSE	*OFFENSE		*OFFENSE CODE		*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY			
	1. Domestic Violence		1. 2919.25		C	M1			1. N 2. 3. (Enter up to three for each offense)			
	2. Aggravated Menacing		2. 2903.21		C	F5	N		1. N 2. 3.			
	3.		3.						1. 2. 3.			
	4.		4.						1. 2. 3.			
	5.		5.						1. 2. 3.			
									1. 2. 3.			
									1. 2. 3.			
									1. 2. 3.			
									1. 2. 3.			
*LOCATION OF OFFENSE (Enter up to two)												
<div><div><div>1. 01 2. 12 Jail/ Prison 13 Park ing Garage 14 Oth er Pub lic Access Build ings</div><div>RETAIL 26 Bar 27 Buy/Sell/ Trade Shop 28 Res taurant 29 Gas Station 30 Aut o Sales Lot 31 Jewelr y Store 32 Clot hing Store 33 Dru gstore 34 Liq uor Sto re 35 Shopp ing Mall 36 Spo rting Goods 37 Gro cery/ Superm arket 38 Vari ety/Con venience 39 De partme nt Sto re 40 Oth er Retail Store</div><div>41 Fac tory/Mill/Plant 42 Oth er Building OUTSIDE 43 Yard 44 Con structi on Site 45 Lak e/Water way 46 Field/ Woods 47 Str eet 48 Park ing Lot 49 Park /Playground 50 Ce metery 51 Publ ic Trans it V ehicle 52 Oth er Outs ide Location</div></div><div>*SUSPECTED OF USING <div><div><input type="checkbox"/> A ALCOHOL</div><div><input type="checkbox"/> D DRUGS</div><div><input type="checkbox"/> C COMPUTER EQUIPMENT</div><div><input type="checkbox"/> N NOT APPLICABLE</div></div></div><div>*TYPE WEAPON/FORCE USED 1. 2. 3.</div></div>												
*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"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>		ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>		ENTRY EXIT 1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>		
*NO. PREMISES ENTERED												
METHODS OF OPERATION												
VICTIM	*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				
	1	7										
	NAME (Last, First, Middle) NOBLE, MARILYN M											
	ADDRESS (Street, Apt., City, State, Zip) 4272 CIDER MILL DR, CINCINNATI, OH, 45245								PHONE [REDACTED] (Home)			
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)								PHONE			
	*AGE/ D.O.B.		96 YRS 10/14/1929	*SEX Female	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY N	HGT 5'03"	WGT 110	HAIR BRO	EYES BRO		
	OCCUPATION				SSN [REDACTED]		*RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST		3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT		5 <input type="checkbox"/> OTHER 6 <input type="checkbox"/> UNKNOWN	
	*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:									
	*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI – OTHER		*VICTIM/SUSPECT RELATIONSHIP 0. 1. PA 2. 3. 4. 5.				*VICTIM/OFFENSE LINK 2919.25			
	My signature verifies that the information on this report is accurate and true											
DATE												
REPORTING OFFICER Wilfert, Daniel				TITLE Detective				BADGE NO. 72		DATE 11/17/2025		
APPROVING OFFICER				TITLE				BADGE NO.		DATE		
FOLLOW-UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		If yes, follow-up Assignment: Wilfert, Daniel										
ADDITIONAL SUPPLEMENTS		<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> SUSPECT/ARRESTEE		<input type="checkbox"/> PROPERTY <input type="checkbox"/> NARRATIVE		<input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER		FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS		SPECIAL COPIES		
11/2005												

INCIDENT REPORT – PART 2

INCIDENT REPORT – PART 2										INCIDENT NUMBER																																																	
VICTIM										OFFENSE																																																	
NOBLE, MARILYN M										Domestic Violence																																																	
INCIDENT DATE AND TIME										11/17/2025 2042																																																	
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																																															
CHECK CATEGORIES										<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED																																																	
NO.										<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE		LIC		LIS		LIY		LIT		VIN/OAN		*VALUE																																					
VYR										VMA		VMO		VST		VCO TOP BOTTOM		VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N		KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N		HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N		RELEASE <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"/> RURAL		<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?										NCIC No.																																			
*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																																			
*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 :										VALUABLES										EQUIPMENT										26 Too ls										VEHICLES										STRUCTURES									
EXCHANGE MEDIUMS										08 Jewe lry/Prec ious Meta ls										15 Dr ug/Narcot ic Eq uip.										27 Ve hicle Parts/Accessor ies										35 Aircraft										46 S ingle Occ upancy									
01 Mo ney										09 Art Ob jects, A ntiques										16 Gamb ling Equipme nt										28 Sc hool Supplie s										36 A utomob ile s										47 Ot her Dwe llings									
02 Cred it/Deb it Card										10 Ot her Va luables										17 Comp uter Hardware/Soft.										29 Ot her Eq uipme nt										37 B icycle s										48 Commere ial/Busine ss									
03 Negot iable Instrum ents										PERSONAL EFFECTS										18 Off ice Eq uipme nt										CONSUMABLE ITEMS										38 B uses										49 Indus./Mfg.									
04 Ot her E xchange Med iums										11 C lothing/Furs										19 Stereo TV Eq uip.										30 Alcoh ol										39 Tr ucks										50 P ublic/Comm unity									
DOCUMENTS										12 P urses/Ha ndbags/ W allets										20 Record ings-Audio Visual										31 Dr ugs/Narcot ics										40 Tra ilers										51 Storage									
05 No n-Negot iable Instrum ents										13 Ot her Perso nal Effects										21 Sports Eq uipme nt										32 Co nsumab le Goods										41 Watercraft										52 Ot her Str ucture									
06 Perso nal Papers										HOUSEHOLD ITEMS										22 P hotograp hic Equipme nt										ANIMALS										42 Recreat ional Ve hicle										OTHER									
07 Ot her Doc uments										14 Ho usehold Items										23 Farm Eq uipme nt										33 Livestock										43 Ot her Motor Ve hicle										53 Merc handise									
																				24 Heavy Co nstruction/Industrial										34 Ho usehold Pets										WEAPONS										54 Ot her Property									
																				25 B uilding Supplie s-Co nst.																				44 F irearms										55 Pe nding Inventory									
																																								45 Ot her Weapo ns																			
NARRATIVE										On the listed date and time, Union Township Communications Center received a 911 call requesting assistance for a possible domestic violence incident.																																																	

SUSPECT/ARREST SUPPLEMENT										ARRESTING AGENCY					INCIDENT NUMBER				
VICTIM										OFFENSE					INCIDENT DATE				
NOBLE, MARILYN M										Domestic Violence					ND TIME 11/17/2025 2042				
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										<input type="checkbox"/> Y <input checked="" type="checkbox"/> N									
NAME (Last, First, Middle)										SS									
NOBLE, THOMAS MITCHELL										G									
ALIAS										C									
ADDRESS (Street, Apt., City, State, Zip)										PHONE									
4212 CIDER MILL DR, CINCINNATI, OH, 45245										513.528.2134 (Home)									
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)										PHONE									
PLACE OF BIRTH										OCCUPATION/SCHOOL									
OH																			
*AGE/ D.O.B. 37 YRS 07/17/1988										*SEX Male									
*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U										*ETHNICITY N									
*HEIGHT 507 To 507										*WEIGHT 124 To 124									
*HAIR BRO										*EYES BRO									
MARITAL STATUS Single										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 11 FIREARM 12 HANDGUN 12A AUTOMATIC HANDGUN 13 RIFLE 13A FULLY AUTOMATIC RIFLE										13B OTHER FULLY AUTOMATIC FIREARM 14 SHOTGUN 15 OTHER FIREARM 15A SEMI-AUTOMATIC SPORTING RIFLE 15B SEMI-AUTOMATIC ASSAULT FIREARM 15C MACHINE PISTOL									
16 IMITATION FIREARM 17 SIMULATED FIREARM 18 BB/PELLET GUN 20 KNIFE/CUTTING INSTRUMENT 30 BLUNT OBJECT										50 POISON 60 EXPLOSIVES 65 FIRE/INCENDIARY DEVICE 70 DRUGS/NARC/SLEEPING PILLS 80 OTHER WEAPON									
NAME										ADDRESS (Street, Apt., City, State, Zip)									
1.										1.									
2.										2.									
ARREST/OFFENSE DESCRIPTION										*ARREST/OFFENSE CODE									
1.										1.									
2.										2.									
3.										3.									
4.										4.									
5.										5.									
*ARREST DATE										TIME									
ARREST LOCATION (Street, Apt., City, State, Zip)																			
*INCIDENT TRACKING NUMBER										ARREST DISPOSITION									
MIRANDA WITNESSED BY:										BAIL									
FINGERPRINTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N										FINGERPRINT CARD NO.									
PHOTOS TAKEN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N										NO. TAKEN									
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 checked="" type="checkbox"/> N										DATE/TIME NOTIFIED									
NOTIFIED BY										*JUVENILE DISPOSITION <input type="checkbox"/> HANDLED WITHIN THE DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES									
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)										RELATIONSHIP									
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)										PHONE									
PREVIOUS RUN/MISS. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N										DATE OF LAST CONTACT									
DATE OF EMANCIPATION										NCIC #									
LAST SEEN WEARING										DATE/TIME ENTERED									
REPORTING OFFICER										BADGE NO.									
Wilfert, Daniel										72									
APPROVING OFFICER										DATE									
COURT										DATE									

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER [REDACTED]

VICTIM		OFFENSE		INCIDENT DATE	
NOBLE, MARILYN M		Domestic Violence		ND TIME 11/17/2025 2042	
*NO. 2	*TOTAL VICTIMS 7	*VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> UNKNOWN		
[REDACTED]					
ADDRESS (Street, Apt., City, State, Zip)				PHONE	
4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201				5137521230	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
*AGE/ D.O.B.	*SEX Male	*RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT
OCCUPATION		SSN 000-00-0000	*RESIDENT STATUS 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>	RESIDENT 3 <input type="checkbox"/> 4 <input type="checkbox"/>	MILITARY 5 <input type="checkbox"/> OTHER <input type="checkbox"/>
*VICTIM INJURED? <input checked="" type="checkbox"/>	IF INJURED, DESCRIBE INJURIES:				
*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK
	TYPE OF ACT. 01	ASSIGN. TYPE H	ORI - OTHER	0. 1. ST 2. 3. 4. 5.	2903.21
My signature verifies that the information on this report is accurate and true					
DATE _____					

VICTIM		OFFENSE		INCIDENT DATE	
3		7		11/17/2025 2042	
[REDACTED]					
ADDRESS (Street, Apt., City, State, Zip)				PHONE	
4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201				5137521230	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
*AGE/ D.O.B.	*SEX Male	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT
OCCUPATION		SSN	*RESIDENT STATUS 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/>	RESIDENT 3 <input type="checkbox"/> 4 <input type="checkbox"/>	MILITARY 5 <input type="checkbox"/> OTHER <input type="checkbox"/>
*VICTIM INJURED? <input checked="" type="checkbox"/>	IF INJURED, DESCRIBE INJURIES:				
*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK
	TYPE OF ACT. 01	ASSIGN. TYPE G	ORI - OTHER	0. 1. ST 2. 3. 4. 5.	2903.21
My signature verifies that the information on this report is accurate and true					
DATE _____					

WITNESS	NO. 1	NAME (Last, First, Middle) CARL, EMERALD ALTERRA	AGE/ D.O.B. 37 YRS 09/27/1988	SSN [REDACTED]
	ADDRESS (Street, Apt., City, State, Zip) 4274 CIDER MILL DR CINCINNATI, OH 45245		PHONE [REDACTED] (Mobile)	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		[REDACTED] (Mobile)	
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
WITNESS	NO. 2	NAME (Last, First, Middle) Feld, David A	AGE/ D.O.B. 72 YRS 11/18/1952	SSN [REDACTED]
	ADDRESS (Street, Apt., City, State, Zip) 4273 CIDER MILL DR CINCINNATI, OH 45245		PHONE [REDACTED] (Home)	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		[REDACTED] (Mobile)	
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
WITNESS	NO. 3	NAME (Last, First, Middle) PARKER, MATTHEW ROBERT	AGE/ D.O.B. 46 YRS 10/15/1979	SSN [REDACTED]
	ADDRESS (Street, Apt., City, State, Zip) 4275 CIDER MILL DR CINCINNATI, 45245		PHONE [REDACTED] (Home)	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		[REDACTED] (Mobile)	
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
WITNESS	NO. 4	NAME (Last, First, Middle) BEACH, HAROLD R	AGE/ D.O.B. 78 YRS 06/08/1947	SSN [REDACTED]
	ADDRESS (Street, Apt., City, State, Zip) 4275 CIDER MILL DR CINCINNATI, OH 45245		PHONE [REDACTED] (Home)	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		[REDACTED] (Mobile)	
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
WITNESS	NO.	NAME (Last, First, Middle)	AGE/ D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)		PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE	
	STATEMENTS OBTAINED <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 Wilfert, Daniel			BADGE NO. 72	DATE 11/17/2025
APPROVING OFFICER			BADGE NO.	DATE

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER [REDACTED]

VICTIM		NOBLE, MARILYN M		OFFENSE Domestic Violence		INCIDENT DATE 11/17/2025		2042				
*NO.	*TOTAL VICTIMS	*VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT		<input checked="" 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) [REDACTED]												
4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201								PHONE 5137521230				
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)								PHONE				
*AGE/ D.O.B.		*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U		ETHNICITY		HGT	WGT	HAIR	EYES	
Male		X W										
OCCUPATION				SSN 000-00-0000				STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN				
*VICTIM INJURED?		IF INJURED, DESCRIBE INJURIES:										
X N												
*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION				*VICTIM/SUSPECT RELATIONSHIP				*VICTIM/OFFENSE LINK		
		TYPE OF ACT.		ASSIGN. TYPE		ORI - OTHER		0. _____ 1. ST 2. _____ 3. _____ 4. _____ 5. _____		2903.21		
		01		G								
My signature verifies that the information on this report is accurate and true												
DATE _____												

VICTIM		5		7		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT		<input checked="" 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) [REDACTED]													
4312 GLENESTE WITHAMSVILLE RD, CINCINNATI, OH, 45245										PHONE 513.752.1230 (Home)			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)										PHONE			
*AGE/ D.O.B.		*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U		ETHNICITY		HGT	WGT	HAIR	EYES		
Male		X W											
OCCUPATION				SSN [REDACTED]				*RESIDENT STATUS 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN					
*VICTIM INJURED?		IF INJURED, DESCRIBE INJURIES:											
X N													
*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION				*VICTIM/SUSPECT RELATIONSHIP				*VICTIM/OFFENSE LINK			
		TYPE OF ACT.		ASSIGN. TYPE		ORI - OTHER		0. _____ 1. ST 2. _____ 3. _____ 4. _____ 5. _____		2903.21			
		01		G									
My signature verifies that the information on this report is accurate and true													
DATE _____													

WITNESS		1		CARL, EMERALD ALTERRA		AGE/ D.O.B. 37 YRS 09/27/1988		SSN [REDACTED]	
ADDRESS (Street, Apt., City, State, Zip) 4274 CIDER MILL DR CINCINNATI, OH 45245									
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) [REDACTED] (Mobile)									
STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER									
WITNESS		2		Feld, David A		AGE/ D.O.B. 72 YRS 11/18/1952		SSN [REDACTED]	
ADDRESS (Street, Apt., City, State, Zip) 4273 CIDER MILL DR CINCINNATI, OH 45245									
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) [REDACTED] (Home)									
STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER									
WITNESS		3		PARKER, MATTHEW ROBERT		AGE/ D.O.B. 46 YRS 10/15/1979		SSN [REDACTED]	
ADDRESS (Street, Apt., City, State, Zip) 4275 CIDER MILL DR CINCINNATI, 45245									
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) [REDACTED] (Home)									
STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER									
WITNESS		4		BEACH, HAROLD R		AGE/ D.O.B. 78 YRS 06/08/1947		SSN [REDACTED]	
ADDRESS (Street, Apt., City, State, Zip) 4275 CIDER MILL DR CINCINNATI, OH 45245									
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) [REDACTED] (Home)									
STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER									
WITNESS						AGE/ D.O.B.		SSN	
ADDRESS (Street, Apt., City, State, Zip)									
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)									
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 Wilfert, Daniel						BADGE NO. 72		DATE 11/17/2025	
APPROVING OFFICER						BADGE NO.		DATE	

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER [REDACTED]

VICTIM		OFFENSE		INCIDENT DATE	
NOBLE, MARILYN M		Domestic Violence		11/17/2025 2042	
*NO. 6	*TOTAL VICTIMS 7	*VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> UNKNOWN		
NAME (Last, First, Middle) SHAW, CAMERON					
ADDRESS (Street, Apt., City, State, Zip)				PHONE	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
*AGE/ D.O.B.	*SEX Male	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U	ETHNICITY	HGT	WGT
OCCUPATION		SSN 000-00-0000	*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 <input type="checkbox"/> UNKNOWN		
*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:				
*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK
	TYPE OF ACT. 01	ASSIGN. TYPE G	ORI - OTHER	0. 1. ST 2. 3. 4. 5.	2903.21
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DATE _____					

VICTIM

VICTIM

*NO. 7	*TOTAL VICTIMS 7	*VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL INSTITUTION <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> SOCIETY <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> UNKNOWN		
[REDACTED], Zip)					
4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201				PHONE 5137521230	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
*AGE/ D.O.B.	*SEX Male	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U	ETHNICITY	HGT	WGT
OCCUPATION		SSN 000-00-0000	*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 <input type="checkbox"/> UNKNOWN		
*VICTIM INJURED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:				
*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK
	TYPE OF ACT. 01	ASSIGN. TYPE G	ORI - OTHER	0. 1. ST 2. 3. 4. 5.	2903.21
My signature verifies that the information on this report is accurate and true					
DATE _____					

WITNESS

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WITNESS

NO. 1	NAME (Last, First, Middle) CARL, EMERALD ALTERRA	AGE/ D.O.B. 37 YRS 09/27/1988	SSN [REDACTED]
ADDRESS (Street, Apt., City, State, Zip) 4274 CIDER MILL DR CINCINNATI, OH 45245			(Mobile)
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			(Mobile)
STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO. 2	NAME (Last, First, Middle) Feld, David A	AGE/ D.O.B. 72 YRS 11/18/1952	SSN [REDACTED]
ADDRESS (Street, Apt., City, State, Zip) 4273 CIDER MILL DR CINCINNATI, OH 45245			(Home)
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			(Mobile)
STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO. 3	NAME (Last, First, Middle) PARKER, MATTHEW ROBERT	AGE/ D.O.B. 46 YRS 10/15/1979	SSN [REDACTED]
ADDRESS (Street, Apt., City, State, Zip) 4275 CIDER MILL DR CINCINNATI, 45245			(Home)
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			(Mobile)
STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
NO. 4	NAME (Last, First, Middle) BEACH, HAROLD R	AGE/ D.O.B. 78 YRS 06/08/1947	SSN [REDACTED]
ADDRESS (Street, Apt., City, State, Zip) 4275 CIDER MILL DR CINCINNATI, OH 45245			(Home)
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			(Mobile)
STATEMENTS OBTAINED <input type="checkbox"/> Y <input checked="" 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 Wilfert, Daniel		BADGE NO. 72	DATE 11/17/2025
APPROVING OFFICER		BADGE NO.	DATE

NARRATIVE SUPPLEMENT:		INCIDENT NUMBER
VICTIM		ME 11/17/2025 2042
OFFENSE		NARRATIVE DATE / TIME 11/17/2025
NARRATIVE TOPIC	OFFICER J. JACKSON (98)	BADGE NO.

11/17/2025 20:42:53 - 911 HANGUP
 11/17/2025 20:42:56 - NO ANSWER ON CALL BACK
 11/17/2025 20:47:45 - CALL BACK
 11/17/2025 20:48:00 - FML ADV ML HAS A GUN
 11/17/2025 20:48:17 - MARILYN NOBLE ADV HER SON HAS THE C40, TOMMY NOBLE
 11/17/2025 20:48:39 - CAN HEAR ML IN BACKGROUND SAYING HES HOLDING HER HOSTAGE AND WILL RELEASE HER WHEN OFFICERS GET THERE
 11/17/2025 20:49:01 - ML POSS ON 69 OR C24
 11/17/2025 20:49:13 - ML JUST TOOK PHONE FROM FML
 11/17/2025 20:49:26 - ML TELLING FML TO GET OF THE HOUSE THRU BACK DOOR
 11/17/2025 20:49:47 - ML SAYING HES GOING TO THE GARAGE, AND DOES NOT HAVE THE C40 NOW
 11/17/2025 20:49:54 - ADV FML KNOCKED THE C40 OUT OF HIS HANDS
 11/17/2025 20:50:25 - ML KEEP SAYING HE WILL SHOOT OFFICERS IF ANYONE COMES INSIDE THE HOUSE
 11/17/2025 20:51:11 - ML PUTTING PROPERTY OUTSIDE
 11/17/2025 20:52:09 - BASE ON 99
 11/17/2025 20:53:51 - U82 REQ MEDICS ON STANDBY
 11/17/2025 20:55:14 - ML KEEPS WANTING TO BE SHOT BY OFFICERS, 58A
 11/17/2025 20:56:02 - ML NOW ADV GIRLFRIEND IN THE HOUSE AS WELL AS MOTHER
 11/17/2025 20:56:38 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 20:56:38 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 20:56:38 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 20:57:40 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 20:57:40 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 20:57:40 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 20:58:09 - PS TRANSFERRED TO [REDACTED]
 11/17/2025 20:59:47 - [REDACTED] ADV ML IS LETTING A FM LEAVE THE RES
 11/17/2025 20:59:58 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 20:59:58 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 20:59:58 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:00:25 - M49 STAGED
 11/17/2025 21:01:16 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:01:16 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:01:16 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:02:55 - U82 REQ SRT BE CONTACTED AND TRANSPORTED TO HIS 19A
 11/17/2025 21:03:06 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:03:06 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:03:06 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:03:06 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:04:56 - [REDACTED] ADV ML POINTING C40 AT OFFICERS
 11/17/2025 21:05:53 - [REDACTED] ADV SHOTS FIRES/ REQ MEDIC
 11/17/2025 21:06:04 - SHOTS FIRED
 11/17/2025 21:06:14 - MAKING ENTRY
 11/17/2025 21:06:41 - GSW TO MIDSECTION ML SECURED PER [REDACTED]
 11/17/2025 21:06:56 - [REDACTED] REQ CONTACT U88
 11/17/2025 21:07:09 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:07:09 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:07:09 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:07:09 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:07:09 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:07:09 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:07:46 - U88 ADV
 11/17/2025 21:08:47 - [REDACTED] ADV NEEDING ADDITIONAL IN RES TO CLEAR
 11/17/2025 21:09:02 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati

NARRATIVE SUPPLEMENT:		
VICTIM		INCIDENT DATE / TIME 11/17/2025 2042
OFFENSE		NARRATIVE DATE / TIME 11/17/2025
NARRATIVE TOPIC	OFFICER J. JACKSON (98)	BADGE NO.

11/17/2025 21:09:02 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:09:02 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:09:02 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:09:02 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:09:03 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:09:54 - M49 ADV CPR IN PROGRESS
 11/17/2025 21:10:34 - U82 REQ ADDITIONAL TO CLEAR RES
 11/17/2025 21:11:24 - [REDACTED] REQ ADDITIONAL UNITS RESPOND IN
 11/17/2025 21:12:31 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:12:31 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:12:31 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:12:31 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:12:31 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:12:31 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:12:47 - NO CONTACT WITH U48
 11/17/2025 21:13:52 - U14 ENRT UNKN ETA
 11/17/2025 21:14:07 - U82 ADV RES CLEARED/ LOOKING FOR FM
 11/17/2025 21:15:49 - U39 UNAVAILABLE
 11/17/2025 21:16:29 - U49 ENRT
 11/17/2025 21:17:40 - [REDACTED] REQ ADDITIONAL MEDIC
 11/17/2025 21:18:12 - U40 ENRT FROM RES
 11/17/2025 21:20:26 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:20:26 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:20:26 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:20:26 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:20:27 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:20:27 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:23:39 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:23:39 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:23:39 - 21 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:23:39 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:23:39 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:23:39 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:23:39 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:27:57 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:27:57 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:27:57 - 21 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:27:57 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:27:57 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:27:57 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:27:57 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:31:01 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:31:02 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:31:02 - 21 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:31:02 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:31:02 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:31:02 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:31:02 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:34:52 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:34:52 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:34:52 - 21 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:34:52 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:34:52 - [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati

NARRATIVE SUPPLEMENT:			
VICTIM			
OFFENSE		11/17/2025 2042	
NARRATIVE TOPIC		NARRATIVE DATE / TIME 11/17/2025	
		BADGE NO.	
		OFFICER J. JACKSON (98)	

11/17/2025 21:34:52 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:34:52 - [REDACTED] - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:39:23 - U82 ADV 2ND CLEAR OF RES CHECKS OKAY
 11/17/2025 21:39:34 - BASE OFF 99
 11/17/2025 21:39:50 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:39:50 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:39:50 - 21 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:39:51 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:39:51 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:39:51 - 82 - Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:39:51 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:44:06 [REDACTED] Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 21:44:06 [REDACTED] Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 21:44:07 [REDACTED] Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 21:44:07 [REDACTED] Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 21:44:07 - 82 - Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 21:44:07 - 88 - Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 21:44:07 - 89 - Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 21:44:32 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:47:46 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:51:40 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:54:55 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 21:58:02 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:00:37 - 72 - Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 22:00:37 - 80 - Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 22:01:15 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:04:21 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:07:42 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:10:52 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:14:27 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:17:07 - 14 - Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 22:18:12 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:21:23 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:25:00 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:32:48 - 73 - Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 22:32:52 [REDACTED] Clear Time Check-4272 Cider Mill DR Cincinnati
 11/17/2025 22:37:25 [REDACTED] Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 23:14:35 - 49 - Cancel Checks-4272 Cider Mill DR Cincinnati
 11/17/2025 23:34:05 - 70 - Cancel Checks-4272 Cider Mill DR Cincinnati



Initial Notification and Response

On November 17, 2025, at 2111 hours, I was recalled to work by Sgt. Marshall. He requested that I respond to work and contact Det. Zimmerman to have him respond in as well. He advised that we had an officer-involved shooting. I contacted Det. Zimmerman and I responded to the station. Once on station, I was advised that the Ohio Bureau of Criminal Investigation (B.C.I.) had been contacted and would be the lead on the investigation. Sgt. Marshall requested that I begin gathering information about the involved subjects and download the 911 call and radio traffic. Sgt. Marshall contacted me back, requesting that I respond to Anderson Mercy Hospital, which is where the subject who was shot had been transported to. He requested that I deliver patient information to the hospital and take photographs of the patient. He advised that photos were not taken at the scene before he was transported. I was advised that the name of the subject was Thomas Noble. I obtained his BMV printout from communications prior to responding to Anderson Mercy Hospital. I asked C.S. Jackson, which medic unit transported the subject to Anderson Mercy, and he advised Medic 49 had transported with four crew members.

Anderson Mercy Hospital

Briefing from the Emergency Department Doctor

I arrived at Anderson Mercy Hospital at approximately 2228 hours. On arrival in the Emergency Department, I was directed to room #1, where Ofc. Hale was standing in front of. I requested Ofc. Hale to hold the room. He introduced me to Doctor Devin Patchell, the ER doctor who had just pronounced the patient deceased. Dr. Patchell advised that the time of death was 2213. Dr. Patchell gave me background on the care provided. He advised that the patient was transported in by EMS, who contacted the hospital while en route, advising a ten-minute ETA with [REDACTED]

[REDACTED] He advised that when EMS arrived, [REDACTED] he was pronounced. Dr. Patchell advised that the medical staff had [REDACTED]

[REDACTED] Dr. Patchell advised that hospital staff had [REDACTED]

I advised Dr. Patchell, I had the decedent's name and information. He inquired about next of kin notification, and I advised that the Next of Kin was at our station currently and we would handle the notification. I asked if I could enter the room, and he allowed. I compared the decedent to an Ohio BMV image of Thomas Noble, whose information I had been provided from communications, and it appeared to be the same subject.

Observations/ Photography of the Decedent

I took overall photographs of the room and noticed a brown paper bag taped shut with "belongings" written on it on the floor to the left of the bed. I folded down the sheet covering the decedent and took photographs. I did not touch or move the body. All of the male's clothes had been removed, and an intubation tube was still in place in the male's mouth. The decedent's hands and feet had been bagged



Investigative Narrative UTPD Report # [REDACTED]
Detective Taylor #73

before my arrival. I noticed wounds on the decedent's left bicep area and an orange tourniquet that was cinched above it. I observed tubes were placed in the decedent's legs below the knee. I held the room until a B.C.I. Agent arrived. S.A. Zint arrived at approximately 2335 hours. Hamilton County Coroner Investigator Lance Smith arrived a few minutes later. Once Investigator Smith began moving and photographing the body, I took some additional photographs, and also once Investigator Smith moved the body, we both took photos of the back of the body and observed a vented chest seal placed on the back of the deceased. Investigator Smith okayed the release of the belongings of the decedent to S.A. Zint. I was advised by hospital staff, and it was confirmed that R.N. Rhea Patel had bagged the belongings. Investigator Smith took possession of the decedent, and S.A. Zint and I awaited the arrival of S.A. Lauren Frazier for the interview and death notification of Marilyn Noble.

While I was awaiting B.C.I. and the Hamilton County Coroner's Office, I was advised that Marilyn Noble was being transported to Anderson Mercy Hospital by UTPD Medic for evaluation. She was placed in Emergency Room #20 and Officer A. Puckett followed the medic unit.

Interview of Marilyn Noble/ Death Notification (Deceased's Mother)

I asked to be present during the interview of Marilyn Noble by the Bureau of Criminal Investigation S.A., Lauren Frazier, and S.A. Sean Zint, and to audio record it. S.A. Frazier granted the request. I recorded the interview using the Axon Capture application on my department-issued cell phone.

The interview began at approximately 0140 hours. S.A. Frazier conducted the interview. Shae confirmed with Marilyn that she lived at 4272 Cider Mill Drive. She went over some background information. She advised she lived there with her son, Thomas (Tommy). She advised he is 37 and has lived with her for approximately ten years. She advised he drinks alcohol and Sunday he was totally drunk. She said yesterday she wasn't sure if he had taken anything, but his eyes looked like he had. Marilyn advised he had been hospitalized at Clermont (Mercy) for drinking too much. Marilyn advised Tommy had been upset over girlfriend issues on Sunday and he found out he was fired from his job as well. SA Frazier advised Tommy had shown her a gun but she wasn't sure if it was real. She described it as a small dark revolver. Marilyn then stated he didn't really show it to her. She stated he had knocked the TV to the floor and was out of it. She stated he was crying earlier in the day and was upset about his girlfriend, Ashely Remley. Marilyn advised that she had Ashley leave on Sunday.

Marilyn advised that she had called 911 at about eight thirty. She said that he (Thomas) talked to them, and he said they told her to leave, and she tried to leave through the garage, but he had dismantled the door opener. She said that she had called 911 originally because of how he was acting. She said he broke the TV, and he was banging stuff around in the kitchen. She stated he did grab her trying to get the phone, and motioned to her left arm. She said that he didn't want her to call 911. She said he had stated he wanted to be shot by the cops. S.A. Frazier asked if he was saying things while he was breaking things, and she said not really. She said she was more concerned that he was going to hurt himself rather than hurt her. She said she was trying to go to her room and get away from the living room when he grabbed her arm. She stated she pushed his chest and told him not to touch her. S.A. Frazier asked if she could take a picture, and Marilyn agreed. I asked if I could take some pictures as well, and she agreed. I photographed her and her left arm without and then with a scale. S.A. Frazier asked Marilyn if she saw what happened after the police arrived. She said not really, she advised that after he went outside, she locked the door. She said she thought the police were there for 15-20 minutes talking to Tommy, and she didn't remember what happened after. She said the police broke down the door. S.A.



Frazier asked if she remembered what the police told her, and she did not. She said that Tommy must have told them she (girlfriend) was in there, but she wasn't. S.A. Frazier asked when Tommy was talking to the police before he went outside, did he have the gun, and she advised that he did. She said she wasn't sure if it was real or not. She stated he is a felon and is not supposed to have a gun. I asked if something had happened that caused him to get the gun out, and she said I guess if you just got fired from a job, and the way he's been acting, and he had been in the hospital recently for being an alcoholic. SA Zint asked if Tommy was her biological son, and she advised that Tommy is her adopted son. S.A. Frazier asked if the car in the driveway was Tommy's car, and she advised it was. S.A. Zint notified her that Tommy was deceased at approximately 0208 hours. She said, "Well, he got what he wanted." S.A. Frazier advised her we would try to get a hold of her daughter to come be with her. She had the number for her daughter, Marsha Brashear [REDACTED] hospital staff had attempted to call her several times. I contacted Det. Zimmerman and asked him to search the phone number to attempt to locate an address on Robin Dr. in Mainville and have an officer sent to the house. Det. Zimmerman located the address as 7388 Robin Lane, Mainville, Ohio 45039. I requested him to have an officer sent to the address to make contact. A short time later, hospital staff advised that they had Marsha on the phone and S.A. Frazier spoke to her. After contact was made with her daughter, we left the hospital as Marilyn was being admitted.

Scene 4272 Cider Mill Drive

While leaving Anderson Mercy Hospital, I contacted Sgt. Marshall, who requested I respond to the scene to assist in searching for shell casings. Shortly after I arrived, the last casing was located by Det. Zimmerman on the rear windshield wiper of an SUV. The BCI Crime Scene Technician was notified who collected it. Once it was confirmed that BCI was finished with the scene, I assisted in removing the Crime Scene Tape and cleared the scene.

Once back at the station, I downloaded the photos taken at Anderson Mercy Hospital to the case file.

Autopsy- Hamilton County Coroner's Office 11/18/2025

On November 18th, 2025, S.A. Lauren Frazier, Lt. Blankenship, Sgt. Marshall, and I attended the Post Mortem Examination of Thomas Noble at the Hamilton County Coroner's Office located at 4477 Carver Woods Drive, Cincinnati, OH 45242. Sgt. Marshall and I arrived at approximately 0840 hours. The examination was conducted by Dr. Schott. We were shown the x-ray of the torso and left arm. We were present while Dr. Schott conducted the examination. At the conclusion, Dr. Schott provided a copy of the preliminary Coroner's report to S.A. Frazier and Sgt. Marshall.