



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]



















































## *Union Township Police Department*

# == Crime Scene Control Log ==

*Patrol Division*

***Location:***

1. **What is the primary purpose of the study?**

*Report #:*

[REDACTED]

Date:

1000

*Officer:*

1. *What is the primary purpose of the study?*

Page #:

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<br>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 |     | [REDACTED]    | No Answer, have Ring camera, Left business card                               |
| 3  |                                   |          | 4266 Cider Mill |     | [REDACTED]    | No answer, have Ring camera and security camera. Left a business card         |
| 4  | Bobby Sager<br>Caroline Broscheid | 3        | 4264 Cider Mill |     | [REDACTED]    | Didn't see anything but heard 6 gunshots. Have Arlo camera system             |
| 5  |                                   |          | 4262 Cider Mill |     | [REDACTED]    | No answer   |
| 6  |                                   |          | 4260 Cider Mill |     | [REDACTED]    | No answer, Realink camera, left business card                                 |
| 7  |                                   |          | 4279 Cider Mill |     | [REDACTED]    | No answer, no cameras   |
| 8  |                                   |          |                 |     | [REDACTED]    |   |
| 9  |                                   |          |                 |     | [REDACTED]    |   |
| 10 |                                   |          |                 |     | [REDACTED]    |   |

## Criminal Investigations Neighborhood Canvass Form

Incident # [REDACTED]

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 | [REDACTED]    | Saw entire incident, heard 3 gunshots          |
| 2  | Matthew Parker  |          | 4275 Cider Mill | 10/15/1979 | [REDACTED]    | Heard gunshots, saw officers performing CPR    |
| 3  | Harold R. Beach |          | 4275 Cider Mill |            | [REDACTED]    | Heard gunshots, saw officers performing CPR    |
| 4  | Emerald Carl    |          | 4274 Cider Mill | 9/27/1988  | [REDACTED]    | Has Ring camera but it didn't record incident. |
| 5  |                 |          |                 |            |               |  |
| 6  |                 |          |                 |            |               |  |
| 7  |                 |          |                 |            |               |  |
| 8  |                 |          |                 |            |               |  |
| 9  |                 |          |                 |            |               |  |
| 10 |                 |          |                 |            |               |  |

|  |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|--|---|--|--|--|---|---|--|--|---|----------------|--------------------------------|---|--------|-------------------------------------|--------------------------|---------------------------------|--------------------------|--|--------------------------|-----------------------------------|--------------------------|--|----------------------------------|---|--------------------------|----------------------------------|--------------------------|-------------------------------------|--------------------------|--|--|----------------------------------|--------------------------|--|------------------------|-------------------------------------|-------------------------|---------|---|----------------------|--|----------------|---------|----------------------------|--|----------------|-----------------------|-------------------------|--|-------------------|--------------------|-----------------|--|------------------|-----------------|------------------------|--|--|--|--|--|--|--|--|--|----------------------|-----------------|-------------------|------------|------------------------|-------------------------|---------------|---------------------|------------|---------------------------|-------------------|-------------|-------------|---------------------|-------------------|--------------|------------|-----------------------------|-------------------|------------------------------|--------------|----------------------|--------------------------|------------------------------|--|------------------------------|---------------------------|----------|--|------------------------------------|------------------------|--|
| ADMINISTRATIVE   | AGENCY NAME<br><b>Union Township Police Dept.</b>   |  |  |  |   |   |  | *INCIDENT NUMBER<br>[REDACTED]   |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | CALL NUMBER<br>[REDACTED]   |  | *GEOCODE<br>3A   |  | *CLEARA<br>[REDACTED]   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | TOA<br>[REDACTED]   |  | <input type="checkbox"/> INCIDENT (NON-CRIMINAL)<br><input checked="" type="checkbox"/> OFFENSE<br><input type="checkbox"/> SUPPLEMENT |  | <input type="checkbox"/> Death of Suspect<br><input type="checkbox"/> Prosecution Declined<br><input type="checkbox"/> Extradition Denied<br><input type="checkbox"/> Victim Refused to Coop.<br><input type="checkbox"/> Juvenile/No Custody<br><input type="checkbox"/> Arrest - Adult<br><input type="checkbox"/> Referred to another agency |   | <input type="checkbox"/> Arrest - Juvenile<br><input type="checkbox"/> Warrant Issued<br><input type="checkbox"/> Invest. Pending<br><input type="checkbox"/> Closed<br><input type="checkbox"/> Unfounded<br><input type="checkbox"/> Unknown |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | TOC<br>[REDACTED]   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| <b>OHIO UNIFORM OFFENSE REPORT</b>   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| *REPORT DATE/TIME<br>MONTH <input type="text" value="11"/> DAY <input type="text" value="17"/> YEAR <input type="text" value="2025"/> TIME <input type="text" value="2042"/>   |   |  |  | *INCIDENT OCCURRED FROM<br>MONTH <input type="text" value="11"/> DAY <input type="text" value="17"/> YEAR <input type="text" value="2025"/> TIME <input type="text" value="2042"/> |   |   |  | *INCIDENT OCCURRED TO<br>MONTH <input type="text" value="11"/> DAY <input type="text" value="17"/> YEAR <input type="text" value="2025"/> TIME <input type="text" value="2042"/> |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| INCIDENT LOCATION (Street, Apt., City, State, Zip)<br><b>4272 Cider Mill DR, Cincinnati, OH 45245</b>  |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| OFFENSE  | *OFFENSE  |  | *OFFENSE CODE  |  | *A/C  | F/M & DEGREE  | *HATE/BIAS   | *LARCENY   | * TYPE CRIMINAL ACTIVITY  |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | 1. Domestic Violence  |  | 1. 2919.25   |  | C   | M1  |  |  | 1. <input type="checkbox"/> N 2. <input type="checkbox"/> 3. <input type="checkbox"/> (Enter up to three for each offense)  |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | 2. Aggravated Menacing  |  | 2. 2903.21   |  | C   | F5  | N  |  | B- BUYING/RECEIVING<br>C- CULTIVATING/MFG./PUB.<br>D- DISTRIBUTING/SELLING<br>E- EXPLOITING CHILDREN<br>O- OPER/PROPOTING/ASSIST.<br>P- POSSESSING/CONCEALING<br>T- TRANSP/TRANSMITTING<br>U- USING/CONSUMING<br>G- OTHER GANG ACTIVITY<br>J- JUVENILE GANG ACTIVITY<br>N- NO GANG ACTIVITY |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | 3.  |  | 3.   |  |   |   |  |  | 1. <input type="checkbox"/> N 2. <input type="checkbox"/> 3. <input type="checkbox"/>   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | 4.  |  | 4.   |  |   |   |  |  | 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | 5.  |  | 5.   |  |   |   |  |  | 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | *LOCATION OF OFFENSE (Enter up to two)  |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | <table border="0"> <tr> <td>1. <input type="checkbox"/> 01</td> <td>2. <input type="checkbox"/> 12 Jail/ Prison</td> <td>RETAIL</td> <td>41 Factory/Mill/Plant</td> <td colspan="3">*SUSPECTED OF USING</td> </tr> <tr> <td></td> <td>13 Park ing Garage</td> <td>26 Bar</td> <td>42 Oth er Building</td> <td>A <input type="checkbox"/> ALCOHOL</td> <td>D <input type="checkbox"/> DRUGS</td> <td>C <input type="checkbox"/> COMPUTER EQUIPMENT</td> </tr> <tr> <td colspan="10">RESIDENTIAL STRUCTURE</td> </tr> <tr> <td>01 Sing le Family Home</td> <td>14 Oth er Pub lic Access Build ings</td> <td>27 Bu y/Sell/Trade Shop</td> <td>OUTSIDE</td> <td>N <input type="checkbox"/> NOT APPLICABLE</td> </tr> <tr> <td>02 Multiple Dwelling</td> <td></td> <td>28 Res taurant</td> <td>43 Yard</td> </tr> <tr> <td>03 Res identi al Faci lity</td> <td></td> <td>29 Gas Station</td> <td>44 Con struction Site</td> </tr> <tr> <td>04 Oth er Res identi al</td> <td></td> <td>30 Auto Sales Lot</td> <td>45 Lake /Water way</td> </tr> <tr> <td>05 Gar age/Shed</td> <td></td> <td>31 Jewelry Store</td> <td>46 Field/ Woods</td> </tr> <tr> <td colspan="10">PUBLI C ACC ESS BLDGS.</td> </tr> <tr> <td>06 Transit Faci lity</td> <td>18 Hotel /Motel</td> <td>32 Clothing Store</td> <td>47 Str eet</td> </tr> <tr> <td>07 G overnment Offi ce</td> <td>19 Dry Cleaners/Laundry</td> <td>33 Dru gstore</td> <td>48 Park /Playground</td> </tr> <tr> <td>08 Sch ool</td> <td>20 Pro fessi onal Offi ce</td> <td>34 Liq uor Sto re</td> <td>49 Park ety</td> </tr> <tr> <td>09 Coll ege</td> <td>21 Doc tor's Ofi ce</td> <td>35 Sh opping Mall</td> <td>50 Ce metery</td> </tr> <tr> <td>10 Chu rch</td> <td>22 Oth er Bus iness Offi ce</td> <td>36 Spo ring Goods</td> <td>51 Pub lic Transi t V ehicle</td> </tr> <tr> <td>11 Hos pital</td> <td>23 Amu sement Center</td> <td>37 Gro cery/Superm arket</td> <td>52 Oth er Outs ide Locati on</td> </tr> <tr> <td></td> <td>24 Ren tal Storage Faci lity</td> <td>38 Vari ety/Con veni ence</td> <td>77 Other</td> </tr> <tr> <td></td> <td>25 Oth er Co mmercial Service Loc.</td> <td>39 De partme nt Sto re</td> <td></td> </tr> </table> |  |  |  |   |   |  |  |   |                | 1. <input type="checkbox"/> 01 | 2. <input type="checkbox"/> 12 Jail/ Prison | RETAIL | 41 Factory/Mill/Plant               | *SUSPECTED OF USING      |                                 |                          |  | 13 Park ing Garage       | 26 Bar                            | 42 Oth er Building       | A <input type="checkbox"/> ALCOHOL               | D <input type="checkbox"/> DRUGS | C <input type="checkbox"/> COMPUTER EQUIPMENT | RESIDENTIAL STRUCTURE    |                                  |                          |                                     |                          |  |  |                                  |                          |  | 01 Sing le Family Home | 14 Oth er Pub lic Access Build ings | 27 Bu y/Sell/Trade Shop | OUTSIDE | N <input type="checkbox"/> NOT APPLICABLE | 02 Multiple Dwelling |  | 28 Res taurant | 43 Yard | 03 Res identi al Faci lity |  | 29 Gas Station | 44 Con struction Site | 04 Oth er Res identi al |  | 30 Auto Sales Lot | 45 Lake /Water way | 05 Gar age/Shed |  | 31 Jewelry Store | 46 Field/ Woods | PUBLI C ACC ESS BLDGS. |  |  |  |  |  |  |  |  |  | 06 Transit Faci lity | 18 Hotel /Motel | 32 Clothing Store | 47 Str eet | 07 G overnment Offi ce | 19 Dry Cleaners/Laundry | 33 Dru gstore | 48 Park /Playground | 08 Sch ool | 20 Pro fessi onal Offi ce | 34 Liq uor Sto re | 49 Park ety | 09 Coll ege | 21 Doc tor's Ofi ce | 35 Sh opping Mall | 50 Ce metery | 10 Chu rch | 22 Oth er Bus iness Offi ce | 36 Spo ring Goods | 51 Pub lic Transi t V ehicle | 11 Hos pital | 23 Amu sement Center | 37 Gro cery/Superm arket | 52 Oth er Outs ide Locati on |  | 24 Ren tal Storage Faci lity | 38 Vari ety/Con veni ence | 77 Other |  | 25 Oth er Co mmercial Service Loc. | 39 De partme nt Sto re |  |
|  | 1. <input type="checkbox"/> 01  | 2. <input type="checkbox"/> 12 Jail/ Prison  | RETAIL   | 41 Factory/Mill/Plant  | *SUSPECTED OF USING   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  |   | 13 Park ing Garage   | 26 Bar   | 42 Oth er Building   | A <input type="checkbox"/> ALCOHOL  | D <input type="checkbox"/> DRUGS  | C <input type="checkbox"/> COMPUTER EQUIPMENT  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| RESIDENTIAL STRUCTURE  |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 01 Sing le Family Home   | 14 Oth er Pub lic Access Build ings   | 27 Bu y/Sell/Trade Shop  | OUTSIDE  | N <input type="checkbox"/> NOT APPLICABLE  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 02 Multiple Dwelling   |   | 28 Res taurant   | 43 Yard  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 03 Res identi al Faci lity   |   | 29 Gas Station   | 44 Con struction Site  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 04 Oth er Res identi al  |   | 30 Auto Sales Lot  | 45 Lake /Water way   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 05 Gar age/Shed  |   | 31 Jewelry Store   | 46 Field/ Woods  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| PUBLI C ACC ESS BLDGS.   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 06 Transit Faci lity   | 18 Hotel /Motel   | 32 Clothing Store  | 47 Str eet   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 07 G overnment Offi ce   | 19 Dry Cleaners/Laundry   | 33 Dru gstore  | 48 Park /Playground  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 08 Sch ool   | 20 Pro fessi onal Offi ce   | 34 Liq uor Sto re  | 49 Park ety  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 09 Coll ege  | 21 Doc tor's Ofi ce   | 35 Sh opping Mall  | 50 Ce metery   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 10 Chu rch   | 22 Oth er Bus iness Offi ce   | 36 Spo ring Goods  | 51 Pub lic Transi t V ehicle   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 11 Hos pital   | 23 Amu sement Center  | 37 Gro cery/Superm arket   | 52 Oth er Outs ide Locati on   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | 24 Ren tal Storage Faci lity  | 38 Vari ety/Con veni ence  | 77 Other   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  | 25 Oth er Co mmercial Service Loc.  | 39 De partme nt Sto re   |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| *METHOD OF ENTRY   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 1 <input type="checkbox"/> FORCE   |   | 01 <input type="checkbox"/> Motor Running/Keys in Car                                |  | 06 <input type="checkbox"/> Hot Wire   |   | ENTRY   |  | 1 <input type="checkbox"/> DOOR  | 1 <input type="checkbox"/> FRONT  |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 2 <input type="checkbox"/> NO FORCE  |   | 02 <input type="checkbox"/> Unlocked   |  | 07 <input type="checkbox"/> Slim Jim/Coat Hanger   |   | EXIT  |  | 2 <input type="checkbox"/> WINDOW  | 2 <input type="checkbox"/> SIDE   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| *NO. PREMISES ENTERED  |   | 03 <input type="checkbox"/> Duplicate Key Used                                       |  | 08 <input type="checkbox"/> Tumblers Removed   |   |   |  | 3 <input type="checkbox"/> GARAGE  | 3 <input type="checkbox"/> REAR   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  |   | 04 <input type="checkbox"/> Window Broken  |  | 09 <input type="checkbox"/> Column Peeled  |   |   |  | 4 <input type="checkbox"/> SKYLIGHT  | 4 <input type="checkbox"/> ROOF   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  |   | 05 <input type="checkbox"/> Towed  |  | 10 <input type="checkbox"/> Ignition Peeled  |   |   |  | 5 <input type="checkbox"/> OTHER   | 5 <input type="checkbox"/> OTHER  |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| *METHOD OF ENTRY – BURGLARY/B&E  |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| <table border="0"> <tr> <td>ENTRY</td> <td>EXIT</td> <td>ENTRY</td> <td>EXIT</td> </tr> <tr> <td>1 <input type="checkbox"/> BASEMENT</td> <td><input type="checkbox"/></td> <td>1 <input type="checkbox"/> DOOR</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2 <input type="checkbox"/> 1<sup>ST</sup> FLOOR</td> <td><input type="checkbox"/></td> <td>2 <input type="checkbox"/> WINDOW</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3 <input type="checkbox"/> 2<sup>ND</sup> FLOOR</td> <td><input type="checkbox"/></td> <td>3 <input type="checkbox"/> GARAGE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4 <input type="checkbox"/> OTHER</td> <td><input type="checkbox"/></td> <td>4 <input type="checkbox"/> SKYLIGHT</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5 <input type="checkbox"/> OTHER</td> <td><input type="checkbox"/></td> </tr> </table> |   |  |  |  |   |   |  |  |   | ENTRY          | EXIT                           | ENTRY                                       | EXIT   | 1 <input type="checkbox"/> BASEMENT | <input type="checkbox"/> | 1 <input type="checkbox"/> DOOR | <input type="checkbox"/> | 2 <input type="checkbox"/> 1 <sup>ST</sup> FLOOR | <input type="checkbox"/> | 2 <input type="checkbox"/> WINDOW | <input type="checkbox"/> | 3 <input type="checkbox"/> 2 <sup>ND</sup> FLOOR | <input type="checkbox"/>         | 3 <input type="checkbox"/> GARAGE             | <input type="checkbox"/> | 4 <input type="checkbox"/> OTHER | <input type="checkbox"/> | 4 <input type="checkbox"/> SKYLIGHT | <input type="checkbox"/> |  |  | 5 <input type="checkbox"/> OTHER | <input type="checkbox"/> |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| ENTRY  | EXIT  | ENTRY  | EXIT   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 1 <input type="checkbox"/> BASEMENT  | <input type="checkbox"/>  | 1 <input type="checkbox"/> DOOR  | <input type="checkbox"/>   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 2 <input type="checkbox"/> 1 <sup>ST</sup> FLOOR   | <input type="checkbox"/>  | 2 <input type="checkbox"/> WINDOW  | <input type="checkbox"/>   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 3 <input type="checkbox"/> 2 <sup>ND</sup> FLOOR   | <input type="checkbox"/>  | 3 <input type="checkbox"/> GARAGE  | <input type="checkbox"/>   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 4 <input type="checkbox"/> OTHER   | <input type="checkbox"/>  | 4 <input type="checkbox"/> SKYLIGHT  | <input type="checkbox"/>   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  |   | 5 <input type="checkbox"/> OTHER   | <input type="checkbox"/>   |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| METHODS OF OPERATION   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| *NO.   | *TOTAL VICTIMS  | *VICTIM TYPE   | I <input checked="" type="checkbox"/> INDIVIDUAL   | F <input type="checkbox"/> FINANCIAL INSTITUTION   | P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)   | S <input type="checkbox"/> SOCIETY  | O <input type="checkbox"/> OTHER   |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 1  | 7   | B <input type="checkbox"/> BUSINESS  | G <input type="checkbox"/> GOVERNMENT  | R <input type="checkbox"/> RELIGIOUS ORGANIZATION  |   | U <input type="checkbox"/> UNKNOWN  |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| NAME (Last, First, Middle)<br><b>NOBLE, MARILYN M</b>  |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| ADDRESS (Street, Apt., City, State, Zip)<br><b>4272 CIDER MILL DR, CINCINNATI, OH, 45245</b>   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| *AGE/ D.O.B.   |   | *SEX   | *RACE  | B <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/> N   | ETHNICITY   | HGT   | WGT  | HAIR   | EYES  |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| 96 YRS 10/14/1929  |   | Female   | X W  |  |   | 5'03"   | 110  | BRO  | BRO   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| OCCUPATION   |   | SSN  |  | *RESIDENT STATUS   |   | 1 <input checked="" type="checkbox"/> RESIDENT                                | 3 <input type="checkbox"/> MILITARY  | 5 <input type="checkbox"/> OTHER   |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  |   |  |  | 2 <input type="checkbox"/> TOURIST   | 4 <input type="checkbox"/> STUDENT  |   | U <input type="checkbox"/> UNKNOWN   |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| *VICTIM <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  |  |  | INCIDENT NUMBER   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| TYPE OF ACT.   |   | ASSIGN. TYPE   | ORI - OTHER  | 0. <input type="checkbox"/> 1. <input type="checkbox"/> PA   | 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>   | 2919.25   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| My signature verifies that the information on this report is accurate and true   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| DATE   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| REPORTING OFFICER<br><b>Wilfert, Daniel</b><br>APPROVING OFFICER<br><b>Wilfert, Daniel</b>   |   |  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| FOLLOW- UP? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N   |   | If yes, follow-up Assignment:  |  |  |   |   |  |  |   |                |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
| ADDITIONAL SUPPLEMENTS   |   | <input type="checkbox"/> VICTIM/WITNESS<br><input type="checkbox"/> SUSPECT/ARRESTEE |  | <input type="checkbox"/> PROPERTY<br><input type="checkbox"/> NARRATIVE<br><input type="checkbox"/> OTHER  |   | <input type="checkbox"/> STATEMENTS<br><input type="checkbox"/> INVESTIGATION |  | <input type="checkbox"/> INTELLIGENCE<br><input type="checkbox"/> RECORDS  |   | SPECIAL COPIES |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |
|  |   |  |  |  |   |   |  |  |   | 11/2005        |                                |   |        |                                     |                          |                                 |                          |  |                          |                                   |                          |  |                                  |   |                          |                                  |                          |                                     |                          |  |  |                                  |                          |  |                        |                                     |                         |         |   |                      |  |                |         |                            |  |                |                       |                         |  |                   |                    |                 |  |                  |                 |                        |  |  |  |  |  |  |  |  |  |                      |                 |                   |            |                        |                         |               |                     |            |                           |                   |             |             |                     |                   |              |            |                             |                   |                              |              |                      |                          |                              |  |                              |                           |          |  |                                    |                        |  |

# INCIDENT REPORT – PART 2

INCIDENT NUMBER XXXXXXXXXX

INCIDENT DATE AND TIME 11/17/2025 2042

|  |  |  |                                     |  |  |  |  |  |
|--|--|--|-------------------------------------|--|--|--|--|--|
| VICTIM<br><b>NOBLE, MARILYN M.</b>   |  |  | OFFENSE<br><b>Domestic Violence</b> |  |  | INCIDENT DATE AND TIME<br><b>11/17/2025 2042</b> |  |  |
| 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"/> TAPE <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 VEHICLE <input type="checkbox"/> Y KEYS IN <input type="checkbox"/> Y HOLD <input type="checkbox"/> Y RELEASE <input type="checkbox"/> Y<br>TOP <input type="checkbox"/> N VEHICLE <input type="checkbox"/> N VEHICLE <input type="checkbox"/> N CONTENTS <input type="checkbox"/> N<br>BOTTOM   |  |  |                                     |  |  |  |  |  |
| VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N TOWED BY OWNERSHIP <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE<br>VERIFIED BY: <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER  |  |  |                                     |  |  |  |  |  |
| STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <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. 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   |  |  |                                     |  |  |  |  |  |
| PROPER TY CODES : VALUABLES EQUIPMENT 26 Too ls VEHICLES STRUCTURES<br>EXCHANGE MEDIUMS 08 Jewe lry/Precious Meta ls 15 Dr ug/Narcotic Eq uip. 27 Ve hicle Parts/Accessories 35 Aircraft 46 Single Occupancy<br>01 Mo ney 09 Art Obj ects, Antiques 16 Gamb ling Eq uipme nt 28 Sc hool Supplies 36 Automob ilies 47 Other Dwellings<br>02 Cred it/Debit Card 10 Ot her Va luables 17 Comp uter Hardware/Soft. 29 Ot her Eq uipment 37 Bicycles 48 Commercial/Business<br>03 Negot iable Instru ments 11 C lothing/Furs 18 Off ice Eq uipment 30 Alcohol 38 Buses 49 Indust./Mfg.<br>04 Ot her Exchange Med iums 12 Pur ses/Ha ndbags/ Wallets 19 Stereo TV Eq uip. 20 Record ings-A udio Visual 31 Dr ugs/Narcot ics 39 Trucks 50 Public/Community<br>DOCUMENTS 13 Ot her Perso nal Effects 21 Sports Eq uipment 22 Photog raphic Eq uipment 32 Consumab le Goods 40 Trailers 51 Storage<br>05 Non-Negot iable Instru ments 14 Ho usehold Items 23 Farm Eq uipment 24 Heavy Co nstruction/Industrial 33 Livestock 41 W atercraft 52 Other Structure<br>06 Perso nal Papers 15 Ho usehold Items 25 Building Supplies-Co nst. 34 Ho usehold Pets 42 Recreat ional Vehicle OTHER<br>07 Ot her Doc uments |  |  |                                     |  |  |  |  |  |
| NARRATIVE<br><br>On the listed date and time, Union Township Communications Center received a 911 call requesting assistance for a possible domestic violence incident.  |  |  |                                     |  |  |  |  |  |
| 07/2002  |  |  |                                     |  |  |  |  |  |

## SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY

INCIDENT NUMBER

VICTIM

NOBLE, MARILYN M

OFFENSE

Domestic Violence

INCIDENT DATE

ND TIME

11/17/2025

2042

NO. 1 ADULT  JUVENILE  UNKNOWN 

CHECK APPROPRIATE CATEGORY

 SUSPECT  ARRESTEE  SUSPECT/ARRESTEE  RUNAWAY  MISSING  OTHERCHARGES FILED?  Y  N

NAME (Last, First, Middle)

NOBLE, THOMAS MITCHELL

ALIAS

SS

G

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

4212 CIDER MILL DR, CINCINNATI, OH, 45245

PHONE

513.528.2134 (Home)

EMPLOYER NAME AND

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

PHONE

PLACE OF BIRTH

[REDACTED]

OCCUPATION/SCHOOL

OH

\*AGE/ \*SEX \*RACE \*THNICITY \*HEIGHT \*WEIGHT \*HAIR \*EYES  
D.O.B. 37 YRS 07/17/1988 Male X W I U N 507 To 507 124 To 124 BRO BRO

MARITAL STATUS Single SCARS, MARKS, TATOOS

ADDITIONAL DESCRIPTIVES

SUSPECTED OF USING  ALCOHOL  DRUGS POTENTIAL INJURIES?\*RESIDENT STATUS 1  RESIDENT 2  TOURIST 3  MILITARY 4  STUDENT 5  OTHER (explain) \_\_\_\_\_ U  UNKNOWN

\*ARRESTEE WAS ARMED WITH

ARRESTEE ARMED WITH 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_

|     |                       |     |                                |    |                          |    |                           |
|-----|-----------------------|-----|--------------------------------|----|--------------------------|----|---------------------------|
| 99  | NONE                  | 13B | OTHER FULLY AUTOMATIC FIREARM  | 16 | IMITATION FIREARM        | 50 | POISON                    |
| 11  | FIREARM               | 14  | SHOTGUN                        | 17 | SIMULATED FIREARM        | 60 | EXPLOSIVES                |
| 12  | HANDGUN               | 15  | OTHER FIREARM                  | 18 | BB/PELLET GUN            | 65 | FIRE/INCENDIARY DEVICE    |
| 12A | AUTOMATIC HANDGUN     | 15A | SEMI-AUTOMATIC SPORTING RIFLE  | 20 | KNIFE/CUTTING INSTRUMENT | 70 | DRUGS/NARC/SLEEPING PILLS |
| 13  | RIFLE                 | 15B | SEMI-AUTOMATIC ASSAULT FIREARM | 30 | BLUNT OBJECT             | 80 | OTHER WEAPON              |
| 13A | FULLY AUTOMATIC RIFLE | 15C | MACHINE PISTOL                 |    |                          |    |                           |

## ASSOC. PERSONS

| NAME | ADDRESS (Street, Apt., City, State, Zip) | PHONE |
|------|--|-------|
| 1.   | 1.                                       | 1.    |
| 2.   | 2.                                       | 2.    |

## ARREST INFORMATION

| ARREST/OFFENSE DESCRIPTION | *ARREST/OFFENSE CODE | 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. |
|                            |                      |              |           | 23H                  | THEFT OF MOTOR VEHICLE   |
|                            |                      |              |           |                      | OTHER: _____             |

\*ARREST DATE TIME ARREST LOCATION (Street, Apt., City, State, Zip)

\*INCIDENT TRACKING NUMBER ARREST DISPOSITION BAIL

MIRANDA WITNESSED BY: TIME READ

FINGERPRINTED  Y  N FINGERPRINT CARD NO. PHOTOS TAKEN  Y  N NO. TAKEN PHOTO ID NO. FBI/BCI#\*MULTIPLE ARRESTEE SEGMENTS INDICATOR \*ARREST 1  COMPLAINT 3  WARRANT 5  ORDER OF PROTECTION  
□ COUNT ARRESTEE 2  IN-PROGRESS 4  SUMMONS 9  OTHER

## JUVENILE

|   |                    |             |                       |  |
|---|--------------------|-------------|-----------------------|--|
| 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 PHONE

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

## RUNAWAYS /MISSING

PREVIOUS  Y DATE OF DATE/TIME ENTERED  
RUN/MISS.  N LAST CONTACT DATE OF EMANCIPATION NCIC #

LAST SEEN WEARING

|                                      |                 |                    |
|--------------------------------------|-----------------|--------------------|
| REPORTING OFFICER<br>Wilfert, Daniel | BADGE NO.<br>72 | DATE<br>11/17/2025 |
| APPROVING OFFICER                    | BADGE NO.       | DATE               |
| COURT                                |                 | DATE               |

# VICTIM/WITNESS SUPPLEMENT

|                 |  |
|-----------------|--|
| INCIDENT NUMBER |  |
|-----------------|--|

|   |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|---|---|--|--------------------------------|---|---|---|--|--|---|---|--|--|-----------|------|---------|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|---------|--------------------------------------|---|-----------|---|-----------|-----------------|----------------------|-------------------|---|------------|--|--------------------|-----------|------|---------|--|---|--|---|--|---|--|--------------------------------|--|---|--|--|--|--|----------------------------------|--|--------------------|-------|--|--|--|----------------------|----------------|----------------------|-------------------|--|--------------|-------------|-----------------------------------|---|---------|--|--|--|--|--|--|--|--|--|--|---|--|------------|--|--|--|--|--|-------|---|--|--|---------|----------------|---|-------------------|---|---|--|--|----------------------------------|---|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|---|--|--|---------|-----|----------------------------|--|--|-----------------|---|-----------|---|-----------|----------------|----------------------|-------------------|---|------------|--|---|--|--|--|--|---|--|---|--|---|--|--------------------------------|--|---|--|--|---------|--------------------------------------|----------------------------------|--|--------------------|-------|--|--------------------|-------------------|----------------------|----------------|----------------------|-------------------|--|--------------|-------------|-----------------------------------|---|---------|--|--|--|--|--|--|--|--|--|--|---|--|------------|--|--|--|--|--|-------|---|--|--|---------|----------------|---|-------------------|--|--|----------------|----------------------|-------------------|---|--|--|---|--|--|--|--|---|--|--|---|--|--|--|--|---|--|--|---------|-----|----------------------------|--|--|-------|---|-----|--|--|----------------|----------------------|-------------------|---|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|---------|--------------------------------------|--|--|--|-------|--|--------------------|-------------------|--|----------------|----------------------|-------------------|--|------|---------|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|-------|---|--|--|--|----------------|----------------------|-------------------|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---------|-----|----------------------------|--|--|--|----------------|-----|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|--------------------------------------|--|--|--|--|-----------------|--------------------|-------------------|--|--|--|--|-----------|------|---------|--|--|--|--|--|--|
| VICTIM<br>NOBLE, MARILYN M  |   | OFFENSE<br>Domestic Violence                         |                                |   |   | INCIDENT DATE<br>ND TIME  | 11/17/2025   | 2042                                     |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| VICTIM  | *NO. 2  | *TOTAL VICTIMS 7                                     | *VICTIM TYPE                   | I <input type="checkbox"/> INDIVIDUAL<br>B <input type="checkbox"/> BUSINESS  | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT | P <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN                                 | O <input type="checkbox"/> OTHER         | [REDACTED]  |   |  |  |           |      |         |   | ADDRESS (Street, Apt., City, State, Zip)<br>4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201 |  |  |  |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |  |  |  |  |  |  |         | *AGE/<br>D.O.B.                      |   | *SEX Male | *RACE <input type="checkbox"/> B<br><input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U            | ETHNICITY | HGT             | WGT                  | HAIR              | EYES  | OCCUPATION |  | SSN<br>000-00-0000 |           |      |         | *RESIDENT STATUS<br>1 <input checked="" type="checkbox"/> RESIDENT<br>2 <input type="checkbox"/> TOURIST |   |  | 3 <input type="checkbox"/> MILITARY<br>4 <input type="checkbox"/> STUDENT | 5 <input type="checkbox"/> OTHER<br>U <input type="checkbox"/> UNKNOWN | *VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | IF INJURED, DESCRIBE INJURIES: |  |   |  |  |  |  | *AGG. ASSAULT/<br>HOMICIDE CIRC. |  | *LEOKA INFORMATION |       | *VICTIM/SUSPECT RELATIONSHIP                         |  |  | *VICTIM/OFFENSE LINK |                |                      | TYPE OF ACT.      |  | ASSIGN. TYPE | ORI - OTHER | 0. <input type="checkbox"/> 1. ST | 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> | 2903.21 |  |  | My signature verifies that the information on this report is accurate and true |  |  |  |  |  |  |  |   |  | DATE _____ |  |  |  |  |  |       |   |  |  | VICTIM  | *NO. 3         | *TOTAL VICTIMS 7                                    | *VICTIM TYPE      | I <input checked="" type="checkbox"/> INDIVIDUAL<br>B <input type="checkbox"/> BUSINESS | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT | P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN | O <input type="checkbox"/> OTHER | [REDACTED]  |  |  |   |  |  |  |  | ADDRESS (Street, Apt., City, State, Zip)<br>4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201 |  |  |   |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |  |  |         |     |                            |  |  | *AGE/<br>D.O.B. |   | *SEX Male | *RACE <input type="checkbox"/> B<br><input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U | ETHNICITY | HGT            | WGT                  | HAIR              | EYES  | OCCUPATION |  | SSN   |  |  |  | *RESIDENT STATUS<br>1 <input checked="" type="checkbox"/> RESIDENT<br>2 <input type="checkbox"/> TOURIST |   |  | 3 <input type="checkbox"/> MILITARY<br>4 <input type="checkbox"/> STUDENT | 5 <input type="checkbox"/> OTHER<br>U <input type="checkbox"/> UNKNOWN   | *VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | IF INJURED, DESCRIBE INJURIES: |  |   |  |  |         |                                      | *AGG. ASSAULT/<br>HOMICIDE CIRC. |  | *LEOKA INFORMATION |       | *VICTIM/SUSPECT RELATIONSHIP                         |                    |                   | *VICTIM/OFFENSE LINK |                |                      | TYPE OF ACT.      |  | ASSIGN. TYPE | ORI - OTHER | 0. <input type="checkbox"/> 1. ST | 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> | 2903.21 |  |  | My signature verifies that the information on this report is accurate and true |  |  |  |  |  |  |  |   |  | DATE _____ |  |  |  |  |  |       |   |  |  | WITNESS | NO. 1          | NAME (Last, First, Middle)<br>CARL, EMERALD ALTERRA |                   |  |  | AGE/<br>D.O.B. | 37 YRS<br>09/27/1988 | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4274 CIDER MILL DR CINCINNATI, OH 45245 |  |  |   |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) |  |  |   |  |  |  |  | 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)<br>Feld, David A |     |  |  | AGE/<br>D.O.B. | 72 YRS<br>11/18/1952 | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4273 CIDER MILL DR CINCINNATI, OH 45245 |  |  |   |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) |  |  |  |  |  |  |  | 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)<br>PARKER, MATTHEW ROBERT |                    |                   |  | AGE/<br>D.O.B. | 46 YRS<br>10/15/1979 | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDER MILL DR CINCINNATI, 45245 |      |         |  |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) |  |  |  |  |  |  |  | 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)<br>BEACH, HAROLD R |  |  |  | AGE/<br>D.O.B. | 78 YRS<br>06/08/1947 | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDERMILL DR CINCINNATI, OH 45245 |  |  |  |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) |  |  |  |  |  |  |  | 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/<br>D.O.B. | SSN | ADDRESS (Street, Apt., City, State, Zip) |  |  |  |  |  |  |  | EMPLOYER NAME AND<br>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 |  |  |  |  |  |  |  | WITNESS | REPORTING OFFICER<br>Wilfert, Daniel |  |  |  |  | BADGE NO.<br>72 | DATE<br>11/17/2025 | APPROVING OFFICER |  |  |  |  | BADGE NO. | DATE | 11/2005 |  |  |  |  |  |  |
|   | *NO. 2  | *TOTAL VICTIMS 7                                     | *VICTIM TYPE                   | I <input type="checkbox"/> INDIVIDUAL<br>B <input type="checkbox"/> BUSINESS  | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT | P <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN                                 | O <input type="checkbox"/> OTHER         |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | [REDACTED]  |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | ADDRESS (Street, Apt., City, State, Zip)<br>4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201  |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | *AGE/<br>D.O.B.   |  | *SEX Male                      | *RACE <input type="checkbox"/> B<br><input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U            | ETHNICITY   | HGT   | WGT  | HAIR                                     | EYES  |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | OCCUPATION  |  | SSN<br>000-00-0000             |   |   |   | *RESIDENT STATUS<br>1 <input checked="" type="checkbox"/> RESIDENT<br>2 <input type="checkbox"/> TOURIST |  |   | 3 <input type="checkbox"/> MILITARY<br>4 <input type="checkbox"/> STUDENT | 5 <input type="checkbox"/> OTHER<br>U <input type="checkbox"/> UNKNOWN |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | *VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |  | IF INJURED, DESCRIBE INJURIES: |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | *AGG. ASSAULT/<br>HOMICIDE CIRC.  |  | *LEOKA INFORMATION             |   | *VICTIM/SUSPECT RELATIONSHIP  |   |  | *VICTIM/OFFENSE LINK                     |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | TYPE OF ACT.  |  | ASSIGN. TYPE                   | ORI - OTHER   | 0. <input type="checkbox"/> 1. ST   | 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>                 | 2903.21  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| My signature verifies that the information on this report is accurate and true  |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| DATE _____  |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| VICTIM  | *NO. 3  | *TOTAL VICTIMS 7                                     | *VICTIM TYPE                   | I <input checked="" type="checkbox"/> INDIVIDUAL<br>B <input type="checkbox"/> BUSINESS   | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT | P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION            | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN                                 | O <input type="checkbox"/> OTHER         | [REDACTED]  |   |  |  |           |      |         |   | ADDRESS (Street, Apt., City, State, Zip)<br>4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201 |  |  |  |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |  |  |  |  |  |  |         | *AGE/<br>D.O.B.                      |   | *SEX Male | *RACE <input type="checkbox"/> B<br><input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U | ETHNICITY | HGT             | WGT                  | HAIR              | EYES  | OCCUPATION |  | SSN                |           |      |         | *RESIDENT STATUS<br>1 <input checked="" type="checkbox"/> RESIDENT<br>2 <input type="checkbox"/> TOURIST |   |  | 3 <input type="checkbox"/> MILITARY<br>4 <input type="checkbox"/> STUDENT | 5 <input type="checkbox"/> OTHER<br>U <input type="checkbox"/> UNKNOWN | *VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | IF INJURED, DESCRIBE INJURIES: |  |   |  |  |  |  | *AGG. ASSAULT/<br>HOMICIDE CIRC. |  | *LEOKA INFORMATION |       | *VICTIM/SUSPECT RELATIONSHIP                         |  |  | *VICTIM/OFFENSE LINK |                |                      | TYPE OF ACT.      |  | ASSIGN. TYPE | ORI - OTHER | 0. <input type="checkbox"/> 1. ST | 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> | 2903.21 |  |  | My signature verifies that the information on this report is accurate and true |  |  |  |  |  |  |  |   |  | DATE _____ |  |  |  |  |  |       |   |  |  | WITNESS | NO. 1          | NAME (Last, First, Middle)<br>CARL, EMERALD ALTERRA |                   |   |   | AGE/<br>D.O.B.   | 37 YRS<br>09/27/1988   | SSN<br>[REDACTED]                | ADDRESS (Street, Apt., City, State, Zip)<br>4274 CIDER MILL DR CINCINNATI, OH 45245 |  |  |   |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                                    |  |  |   |  |  |  |  | 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)<br>Feld, David A |           |   |           | AGE/<br>D.O.B. | 72 YRS<br>11/18/1952 | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4273 CIDER MILL DR CINCINNATI, OH 45245 |            |  |   |  |  |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) |  |   |  |   |  |                                |  | 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)<br>PARKER, MATTHEW ROBERT |                    |                   |                      | AGE/<br>D.O.B. | 46 YRS<br>10/15/1979 | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDER MILL DR CINCINNATI, 45245 |              |             |                                   |   |         |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                  |  |  |  |  |  |  |  | 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)<br>BEACH, HAROLD R |  |  |         | AGE/<br>D.O.B. | 78 YRS<br>06/08/1947                                | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDERMILL DR CINCINNATI, OH 45245 |  |                |                      |                   |   |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) |  |  |  |  |   |  |  | 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/<br>D.O.B.                              | SSN | ADDRESS (Street, Apt., City, State, Zip) |  |                |                      |                   |   |  |  | EMPLOYER NAME AND<br>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 |  |  |  |  |   |  |  | WITNESS | REPORTING OFFICER<br>Wilfert, Daniel |  |  |  |       | BADGE NO.<br>72                                      | DATE<br>11/17/2025 | APPROVING OFFICER |  |                |                      |                   | BADGE NO.  | DATE | 11/2005 |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | *NO. 3  | *TOTAL VICTIMS 7                                     | *VICTIM TYPE                   | I <input checked="" type="checkbox"/> INDIVIDUAL<br>B <input type="checkbox"/> BUSINESS   | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT | P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION            | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN                                 | O <input type="checkbox"/> OTHER         |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | [REDACTED]  |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | ADDRESS (Street, Apt., City, State, Zip)<br>4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201  |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | *AGE/<br>D.O.B.   |  | *SEX Male                      | *RACE <input type="checkbox"/> B<br><input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U | ETHNICITY   | HGT   | WGT  | HAIR                                     | EYES  |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | OCCUPATION  |  | SSN                            |   |   |   | *RESIDENT STATUS<br>1 <input checked="" type="checkbox"/> RESIDENT<br>2 <input type="checkbox"/> TOURIST |  |   | 3 <input type="checkbox"/> MILITARY<br>4 <input type="checkbox"/> STUDENT | 5 <input type="checkbox"/> OTHER<br>U <input type="checkbox"/> UNKNOWN |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | *VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |  | IF INJURED, DESCRIBE INJURIES: |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | *AGG. ASSAULT/<br>HOMICIDE CIRC.  |  | *LEOKA INFORMATION             |   | *VICTIM/SUSPECT RELATIONSHIP  |   |  | *VICTIM/OFFENSE LINK                     |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | TYPE OF ACT.  |  | ASSIGN. TYPE                   | ORI - OTHER   | 0. <input type="checkbox"/> 1. ST   | 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>                 | 2903.21  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| My signature verifies that the information on this report is accurate and true  |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| DATE _____  |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| WITNESS   | NO. 1   | NAME (Last, First, Middle)<br>CARL, EMERALD ALTERRA  |                                |   |   | AGE/<br>D.O.B.  | 37 YRS<br>09/27/1988   | SSN<br>[REDACTED]                        | ADDRESS (Street, Apt., City, State, Zip)<br>4274 CIDER MILL DR CINCINNATI, OH 45245 |   |  |  |           |      |         |   | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                                    |  |  |  |  |  |  |  | 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)<br>Feld, David A |           |   |           | AGE/<br>D.O.B.  | 72 YRS<br>11/18/1952 | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4273 CIDER MILL DR CINCINNATI, OH 45245 |            |  |                    |           |      |         |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) |  |   |  |   |  |                                |  | 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)<br>PARKER, MATTHEW ROBERT |  |  |                      | AGE/<br>D.O.B. | 46 YRS<br>10/15/1979 | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDER MILL DR CINCINNATI, 45245 |              |             |                                   |   |         |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                  |  |  |  |  |  |  |  | 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)<br>BEACH, HAROLD R |  |  |         | AGE/<br>D.O.B. | 78 YRS<br>06/08/1947                                | SSN<br>[REDACTED] | ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDERMILL DR CINCINNATI, OH 45245      |   |  |  |                                  |   |  |  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip) |  |  |  |  |  |  |  | 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/<br>D.O.B.                              | SSN       | ADDRESS (Street, Apt., City, State, Zip)  |           |                |                      |                   |   |            |  | EMPLOYER NAME AND<br>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 |   |  |                                |  |   |  |  | WITNESS | REPORTING OFFICER<br>Wilfert, Daniel |                                  |  |                    |       | BADGE NO.<br>72                                      | DATE<br>11/17/2025 | APPROVING OFFICER |                      |                |                      |                   | BADGE NO.  | DATE         | 11/2005     |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | NO. 1   | NAME (Last, First, Middle)<br>CARL, EMERALD ALTERRA  |                                |   |   | AGE/<br>D.O.B.  | 37 YRS<br>09/27/1988   | SSN<br>[REDACTED]                        |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | ADDRESS (Street, Apt., City, State, Zip)<br>4274 CIDER MILL DR CINCINNATI, OH 45245   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | 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)<br>Feld, David A          |                                |   |   | AGE/<br>D.O.B.  | 72 YRS<br>11/18/1952   | SSN<br>[REDACTED]                        |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | ADDRESS (Street, Apt., City, State, Zip)<br>4273 CIDER MILL DR CINCINNATI, OH 45245   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | 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)<br>PARKER, MATTHEW ROBERT |                                |   |   | AGE/<br>D.O.B.  | 46 YRS<br>10/15/1979   | SSN<br>[REDACTED]                        |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDER MILL DR CINCINNATI, 45245  |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| 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)<br>BEACH, HAROLD R   |  |                                |   | AGE/<br>D.O.B.  | 78 YRS<br>06/08/1947  | SSN<br>[REDACTED]  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDERMILL DR CINCINNATI, OH 45245  |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| 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/<br>D.O.B.  | SSN  | ADDRESS (Street, Apt., City, State, Zip) |   |   |  |  |           |      |         | EMPLOYER NAME AND<br>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 |   |  |  |  |  |  |  | WITNESS | REPORTING OFFICER<br>Wilfert, Daniel |   |           |   |           | BADGE NO.<br>72 | DATE<br>11/17/2025   | APPROVING OFFICER |   |            |  |                    | BADGE NO. | DATE | 11/2005 |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | NO.   | NAME (Last, First, Middle)                           |                                |   |   | AGE/<br>D.O.B.  | SSN  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | ADDRESS (Street, Apt., City, State, Zip)  |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | EMPLOYER NAME AND<br>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            |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| WITNESS   | REPORTING OFFICER<br>Wilfert, Daniel  |  |                                |   |   | BADGE NO.<br>72   | DATE<br>11/17/2025   | APPROVING OFFICER                        |   |   |  |  | BADGE NO. | DATE | 11/2005 |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | REPORTING OFFICER<br>Wilfert, Daniel  |  |                                |   |   | BADGE NO.<br>72   | DATE<br>11/17/2025   |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
|   | APPROVING OFFICER   |  |                                |   |   | BADGE NO.   | DATE   |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |
| 11/2005   |   |  |                                |   |   |   |  |  |   |   |  |  |           |      |         |   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |         |                                      |   |           |   |           |                 |                      |                   |   |            |  |                    |           |      |         |  |   |  |   |  |   |  |                                |  |   |  |  |  |  |                                  |  |                    |       |  |  |  |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |   |   |  |  |                                  |   |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |                 |   |           |   |           |                |                      |                   |   |            |  |   |  |  |  |  |   |  |   |  |   |  |                                |  |   |  |  |         |                                      |                                  |  |                    |       |  |                    |                   |                      |                |                      |                   |  |              |             |                                   |   |         |  |  |  |  |  |  |  |  |  |  |   |  |            |  |  |  |  |  |       |   |  |  |         |                |   |                   |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |   |  |  |  |  |   |  |  |         |     |                            |  |  |       |   |     |  |  |                |                      |                   |   |  |  |   |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |         |                                      |  |  |  |       |  |                    |                   |  |                |                      |                   |  |      |         |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |       |   |  |  |  |                |                      |                   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |         |     |                            |  |  |  |                |     |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |         |                                      |  |  |  |  |                 |                    |                   |  |  |  |  |           |      |         |  |  |  |  |  |  |

# VICTIM/WITNESS SUPPLEMENT

|                 |  |  |
|-----------------|--|--|
| INCIDENT NUMBER |  |  |
|-----------------|--|--|

|   |                                |   |   |  |  |                                  |
|---|--------------------------------|---|---|--|--|----------------------------------|
| VICTIM<br>NOBLE, MARILYN M  |                                | OFFENSE<br>Domestic Violence  |   | INCIDENT DATE<br>ND TIME   | 11/17/2025   | 2042                             |
| *NO. 4  | *TOTAL VICTIMS 7               | *VICTIM TYPE<br><input checked="" type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/> BUSINESS                                   | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT | P <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION  | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN | O <input type="checkbox"/> OTHER |
| NAME (Last, First, Middle)<br>[REDACTED]<br>4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201  |                                |   |   |  |  |                                  |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |                                |   |   |  |  |                                  |
| *AGE/ D.O.B.  | *SEX Male                      | *RACE <input type="checkbox"/> B<br><input checked="" type="checkbox"/> W<br><input type="checkbox"/> I<br><input type="checkbox"/> U | ETHNICITY   | HGT  | WGT  | HAIR EYES                        |
| OCCUPATION  |                                | SSN 000-00-0000   |   | STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN  |  |                                  |
| *VICTIM INJURED? <input checked="" 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 _____  |                                |   |   |  |  |                                  |
| *NO. 5  | *TOTAL VICTIMS 7               | *VICTIM TYPE<br><input type="checkbox"/> INDIVIDUAL<br><input checked="" type="checkbox"/> BUSINESS                                   | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT | P <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION  | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN | O <input type="checkbox"/> OTHER |
| NAME (Last, First, Middle)<br>[REDACTED]<br>pt., City, State, Zip)  |                                |   |   |  |  |                                  |
| 4312 GLENESTE WITHAMSVILLE RD, CINCINNATI, OH, 45245  |                                |   |   |  |  |                                  |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |                                |   |   |  |  |                                  |
| *AGE/ D.O.B. [REDACTED]   | *SEX Male                      | *RACE <input type="checkbox"/> B<br><input type="checkbox"/> W<br><input type="checkbox"/> I<br><input type="checkbox"/> U            | ETHNICITY   | HGT  | WGT  | HAIR EYES                        |
| OCCUP [REDACTED]  |                                | SSN [REDACTED]  |   | *RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER<br>STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN |  |                                  |
| *VICTIM INJURED? <input checked="" 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   | NO. 1                          | NAME (Last, First, Middle)<br>CARL, EMERALD ALTERRA   |   |  | AGE/ D.O.B. 37 YRS 09/27/1988  | SSN [REDACTED]                   |
| ADDRESS (Street, Apt., City, State, Zip)<br>4274 CIDER MILL DR CINCINNATI, OH 45245   |                                |   |   |  |  |                                  |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |                                |   |   |  |  |                                  |
| 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)<br>Feld, David A   |   |  | AGE/ D.O.B. 72 YRS 11/18/1952  | SSN [REDACTED]                   |
| ADDRESS (Street, Apt., City, State, Zip)<br>4273 CIDER MILL DR CINCINNATI, OH 45245   |                                |   |   |  |  |                                  |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |                                |   |   |  |  |                                  |
| 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)<br>PARKER, MATTHEW ROBERT  |   |  | AGE/ D.O.B. 46 YRS 10/15/1979  | SSN [REDACTED]                   |
| ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDER MILL DR CINCINNATI, 45245  |                                |   |   |  |  |                                  |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |                                |   |   |  |  |                                  |
| 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)<br>BEACH, HAROLD R   |   |  | AGE/ D.O.B. 78 YRS 06/08/1947  | SSN [REDACTED]                   |
| ADDRESS (Street, Apt., City, State, Zip)<br>4275 CIDERMILL DR CINCINNATI, OH 45245  |                                |   |   |  |  |                                  |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)   |                                |   |   |  |  |                                  |
| 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. [REDACTED]                 | NAME (Last, First, Middle)<br>[REDACTED]  |   |  | AGE/ D.O.B. [REDACTED]   | SSN [REDACTED]                   |
| ADDRESS (Street, Apt., City, State, Zip)  |                                |   |   |  |  |                                  |
| EMPLOYER NAME AND<br>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<br>Wilfert, Daniel  |                                |   |   |  | BADGE NO. 72   | DATE 11/17/2025                  |
| APPROVING OFFICER   |                                |   |   |  | BADGE NO. [REDACTED]   | DATE [REDACTED]                  |

# VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER

|  |  |   |   |   |   |  |  |   |      |   |
|--|--|---|---|---|---|--|--|---|------|---|
| VICTIM<br>NOBLE, MARILYN M   |  | OFFENSE<br>Domestic Violence                                |   | INCIDENT DATE<br>ND TIME  | 11/17/2025  | 2042   |  |   |      |   |
| VICTIM   | *NO. 6   | *TOTAL VICTIMS 7  | *VICTIM TYPE<br><input checked="" type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/> BUSINESS | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT   | P <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN   |  |   |      |   |
|  | NAME (Last, First, Middle)<br><b>SHAW, CAMERON</b>                                   |   |   |   |   |  |  |   |      |   |
|  | ADDRESS (Street, Apt., City, State, Zip)   |   |   |   |   |  | PHONE  |   |      |   |
|  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                        |   |   |   |   |  | PHONE  |   |      |   |
|  | *AGE/<br>D.O.B.  |   | *SEX Male   | *RACE <input type="checkbox"/> B<br><input checked="" type="checkbox"/> W<br><input type="checkbox"/> I<br><input type="checkbox"/> U | ETHNICITY   | HGT  | WGT  | HAIR  | EYES |   |
|  | OCCUPATION   |   | SSN<br>000-00-0000  |   |   | *RESIDENT STATUS<br>1 <input checked="" type="checkbox"/> RESIDENT<br>2 <input type="checkbox"/> TOURIST                           |  |   |      | 3 <input type="checkbox"/> MILITARY<br>4 <input type="checkbox"/> STUDENT<br>5 <input type="checkbox"/> OTHER<br>U <input type="checkbox"/> UNKNOWN |
|  | *VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N    |   | IF INJURED, DESCRIBE INJURIES:  |   |   |  |  |   |      |   |
|  | *AGG. ASSAULT/<br>HOMICIDE CIRC.   |   | *LEOKA INFORMATION<br>TYPE OF ACT. 01   |   | *VICTIM/SUSPECT RELATIONSHIP<br>ASSIGN. TYPE G  |  |  | *VICTIM/OFFENSE LINK<br>ORI - OTHER 1. ST     |      |   |
|  | 0. ____ 2. ____ 3. ____ 4. ____ 5. ____  |   |   |   |   |  |  |   |      | 2903.21   |
|  | My signature verifies that the information on this report is accurate and true       |   |   |   |   |  |  |   |      | DATE _____  |
| VICTIM   | *NO. 7   | *TOTAL VICTIMS 7  | *VICTIM TYPE<br><input type="checkbox"/> INDIVIDUAL<br><input checked="" type="checkbox"/> BUSINESS | F <input type="checkbox"/> FINANCIAL INSTITUTION<br>G <input type="checkbox"/> GOVERNMENT   | P <input checked="" type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY)<br>R <input type="checkbox"/> RELIGIOUS ORGANIZATION | S <input type="checkbox"/> SOCIETY<br>U <input type="checkbox"/> UNKNOWN   |  |   |      |   |
|  | _____, Zip)<br><b>4312 Gleneste-Withamsville RD Cincinnati, Ohio 45201</b>           |   |   |   |   |  | PHONE<br><b>5137521230</b>   |   |      |   |
|  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                        |   |   |   |   |  | PHONE  |   |      |   |
|  | *AGE/<br>D.O.B.  |   | *SEX Male   | *RACE <input type="checkbox"/> B<br><input checked="" type="checkbox"/> W<br><input type="checkbox"/> I<br><input type="checkbox"/> U | ETHNICITY   | HGT  | WGT  | HAIR  | EYES |   |
|  | OCCUPATION   |   | SSN<br>000-00-0000  |   |   | *RESIDENT STATUS<br>1 <input checked="" type="checkbox"/> RESIDENT<br>2 <input type="checkbox"/> TOURIST                           |  |   |      | 3 <input type="checkbox"/> MILITARY<br>4 <input type="checkbox"/> STUDENT<br>5 <input type="checkbox"/> OTHER<br>U <input type="checkbox"/> UNKNOWN |
|  | *VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N    |   | IF INJURED, DESCRIBE INJURIES:  |   |   |  |  |   |      |   |
|  | *AGG. ASSAULT/<br>HOMICIDE CIRC.   |   | *LEOKA INFORMATION<br>TYPE OF ACT. 01   |   | *VICTIM/SUSPECT RELATIONSHIP<br>ASSIGN. TYPE G  |  |  | *VICTIM/OFFENSE LINK<br>ORI - OTHER 1. ST     |      |   |
|  | 0. ____ 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)<br><b>CARL, EMERALD ALTERRA</b>  |   |   |  | AGE/<br>D.O.B. 37 YRS<br>09/27/1988  | SSN<br>_____<br>(Mobile)<br>_____<br>(Mobile) |      |   |
| ADDRESS (Street, Apt., City, State, Zip)<br><b>4274 CIDER MILL DR CINCINNATI, OH 45245</b> |  |   |   |   |   |  |  |   |      |   |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                              |  |   |   |   |   |  |  |   |      |   |
| 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)<br><b>Feld, David A</b>          |   |   |   | AGE/<br>D.O.B. 72 YRS<br>11/18/1952  | SSN<br>_____<br>Home)<br>_____<br>Mobile)  |   |      |   |
| ADDRESS (Street, Apt., City, State, Zip)<br><b>4273 CIDER MILL DR CINCINNATI, OH 45245</b> |  |   |   |   |   |  |  |   |      |   |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                              |  |   |   |   |   |  |  |   |      |   |
| 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)<br><b>PARKER, MATTHEW ROBERT</b> |   |   |   | AGE/<br>D.O.B. 46 YRS<br>10/15/1979  | SSN<br>_____<br>(Home)<br>_____<br>(Mobile)  |   |      |   |
| ADDRESS (Street, Apt., City, State, Zip)<br><b>4275 CIDER MILL DR CINCINNATI, 45245</b>    |  |   |   |   |   |  |  |   |      |   |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                              |  |   |   |   |   |  |  |   |      |   |
| 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)<br><b>BEACH, HAROLD R</b>                                 |   |   |   | AGE/<br>D.O.B. 78 YRS<br>06/08/1947   | SSN<br>_____<br>PH _____<br>Home)<br>_____<br>Mobile)  |  |   |      |   |
| ADDRESS (Street, Apt., City, State, Zip)<br><b>4275 CIDERMILL DR CINCINNATI, OH 45245</b>  |  |   |   |   |   |  |  |   |      |   |
| EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                              |  |   |   |   |   |  |  |   |      |   |
| 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/<br>D.O.B.   | SSN  |   |      |   |
|  | ADDRESS (Street, Apt., City, State, Zip)   |   |   |   |   |  | PHONE  |   |      |   |
|  | EMPLOYER NAME AND<br>ADDRESS (Street, Apt., City, State, Zip)                        |   |   |   |   |  | PHONE  |   |      |   |
|  | 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 |   |      |   |
| REPORTING OFFICER<br><b>Wilfert, Daniel</b>  |  |   |   |   |   |  | BADGE NO.<br><b>72</b>   | DATE<br><b>11/17/2025</b>                     |      |   |
|  | APPROVING OFFICER  |   |   |   |   |  | BADGE NO.  | DATE  |      |   |
|  |  |   |   |   |   |  |  |   |      |   |

|                              |                                     |                               |
|------------------------------|-------------------------------------|-------------------------------|
| <b>NARRATIVE SUPPLEMENT:</b> |                                     | INCIDENT NUMBER<br>[REDACTED] |
| VICTIM                       | ME<br>11/17/2025 2042               |                               |
| OFFENSE                      | NARRATIVE DATE / TIME<br>11/17/2025 |                               |
| NARRATIVE TOPIC              | OFFICER<br><b>J. JACKSON (98)</b>   | 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

|                              |                                   |  |
|------------------------------|-----------------------------------|--|
| <b>NARRATIVE SUPPLEMENT:</b> |                                   |  |
| VICTIM                       |                                   | INCIDENT DATE / TIME<br><b>11/17/2025 2042</b> |
| OFFENSE                      |                                   | NARRATIVE DATE / TIME<br><b>11/17/2025</b>     |
| NARRATIVE TOPIC              | OFFICER<br><b>J. JACKSON (98)</b> | 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

|                              |  |           |
|------------------------------|--|-----------|
| <b>NARRATIVE SUPPLEMENT:</b> |  |           |
| VICTIM                       | 11/17/2025 2042                            |           |
| OFFENSE                      | NARRATIVE DATE / TIME<br><b>11/17/2025</b> |           |
| NARRATIVE TOPIC              | OFFICER<br><b>J. JACKSON (98)</b>          | BADGE NO. |

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



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 UTFD 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. She 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 18<sup>th</sup>, 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.