# Person History Report MARK E EVERS

Clearcreek Township Police Department

7593 Bunnell Hill Road Springboro OH 45066 937-748-1267

Description

Race: White

5

DOB:

June 22, 1957

Height:

510

Sex:

Male

**Marital Status:** 

Weight:

195

Hair Color:

Brown

Resident: Hair Length

Hair Style: Skin Type:

Green

Facial Hair:

Build: Ethnicity

Eye Color: Glasses:

False

Moniker:

SSN:

DL Number:



DL State:

OH

Occupation

Address

Residence/Last Known Address 5945 N STATE ROUTE 48

Labanan Oll 02

Lebanon, OH 03 513-256-1136 Place of Work

Scars, Marks, Tattoos

None

Mode of Operation (MO)

Description

None

## Person History Report MARK E EVERS

Clearcreek Township Police Department

7593 Bunnell Hill Road Springboro OH 45066 937-748-1267

Aliases

MARK E EVERS

Gang

Name

None

Gang Colors

**Known Associates** 

Name - First Middle Last

Address

None

Alerts

Title

Description

None

Warrants

Warrant #

Type of Warrant

**Date Served** 

Served By

None

Case Involvement

Jurisdiction

Case Number

Case Number

Case Description

Involvement Type

Jurisdiction

Case Number

Case Description

Involvement Type

Jurisdiction

Case Number
Case Description

Involvement Type

OH0831600

LLP060517003066

VANDALISM/CRIMINAL DAMAGING

VICTIM

OH0831600

LLP070318001406

OFFENSE

VICTIM

OH0831600

LLP081018005031

OFFENSE

VICTIM

**Victims** 

None

	Cle	ENCY NA earcre LL NUME	ek Towns	hip Police	Department	4						051	7003066				
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				eet, Apt., City, St								$\perp$	***		2000	14.0	
_		5 N S	ST RT 48	LEBANON	45036	I *OFF	ENSE CODE	*A/C	F/M & DEGRE	E HATE	LARCEN	17 ×	TYPE CRIMINAL /	ACTIVITY			
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	5.					5.						1.	2. 3.	-	T- TRANSI U- USING/ G- OTHER N- NO GAN	P/TRANSN CONSUMI GANG AC	NG TIVITY
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OFFENSE	01 02 03 04 05 PUBL 06 07 08 09	Single F Multiple Resider Other R Garage/ IC ACCI Transit I	ESS BLDGS. Facility ment Office	COMMERCIA 15 Auto Sh 16 Financia 17 Barber/I 18 Hotel/IM 19 Dry Clea 20 Professi 21 Doctor's 22 Other Bi 23 Amusen 24 Rental S	al Institution Beauty Shop otel aners/Laundry onal Office office usiness Office nent Center storage Facility		27 Buy/Sell/TI 28 Restauran 29 Gas Statio 30 Auto Sales 31 Jewelry St 32 Clothing S 33 Drugstore 44 Liquor Stor 35 Shopping I 36 Sporting G 37 Grocery/St 38 Variety/Col 39 Departmer	Lot ore fore wall oods uperman	OUTSIDE 43 Yard 44 Cons 45 Laker 46 Field 47 Stree 48 Park/ 50 Ceme ket 51 Publii	t ng Lot Playground	d ehicle		D		ER EQUIP		
	11	Hospital	110	25 Other Co	ommercial Service	Loc, 4	10 Other Reta	il Store	77 Other		i i	1	2		3		-
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	*AGG.	ASSAU CIDE CIP	LT/		VICTIM/SUSPECT	RELATIO	ONSHIP 3.	4	5.	*VICTIM	/OFFENSE	LIN	К			_	NUMBE
			erifies that the				80%			1			DATE				1 1
7	REPO	RTING C	OFFICER										BADGE NO.	DA	ATE.		1
			M. DILLE OFFICER	K								$\overline{}$	371 BADGE NO.	DA	TE		- 1
ŀ	FOLLO	W-UP?										_1		-57.			11/2005
ŀ	ADDIT	IONAL	Assignmen  VICTIM	WITNESS	☐ PROPERTY	☐ STA	TEMENTS	ORM	RECEIVED BY:	☐ INTE	LLIGENCE	Isi	PECIAL	-			1 1
	SUPPL	EMENT	S SUSPE	CT/ARRESTEE	☐ NARRATIVE	□ OTH	IER		VESTIGATION			C	OPIES				1 1

#### **OHIO UNIFORM INCIDENT REPORT PART 2**

1516	SUPPLIE AU II	inen.													
INC	NO.		0605170030 ast, First, Middle)				IN	CIDENT D	ATE AND TIME	05 AGE/	17	20	006 SSN	3:45:00	PM
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į	2	ER NAME AI											PHONE		
	7	S (Street, Ap	t., City, State, Zip	<u> </u>									FHONE		
_	-	NTS OBTAI		□ N □ RECO			N ☐ ORAL		ED  OTHER SUSPECT'S VEH	IICLE VICT	TIM'S VEHICLE	= 110	NAUTHORI	ZED USE	☐ ABANDONE
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	Incident			Criminal	Damage	no/En	danasan	e 1'01	Code : 290						
	[v] one	ibe cou	c . 2707.00,	Cilmina	Daniagi	rig/ car	dangeru	g, ccr	_Code : 290						
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NARRATIVE															
ARR															
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## OHIO NARRATIVE

INCIDENT NUMBERLL P060517003066	INCIDENT DATE AN	D TIME 05	17	2006	3:45:00 PM
Incident Narrative			11	2000	J.H.J.OM. P.M.
	armera al I				
On May 17, 2006 at 1830 hours I was dispatched to a c	riminai damaging	complaint - N	OELLE	M DILLER	
REASON CLEARED A DEATH OF OFFENDER D VICTIM REFU	ISED TO COOP OF	ADDEST HEATAN	1 [7 6]	OPED IDATE O	LEADED
B ☐ PROSECUTION DECLINED E ☐ JUVENILE/NO		ARREST - JUVENILE WARRANT ISSUED		FOUNDED DATE C	LEARED
C ☐ EXTRADITION DENIED F ☐ ARREST - AD	OULT I	INVEST. PENDING	U U UN	IKNOWN	
REPORTING OFFICER NOELLE M. DILLER				ADGE NO. 371	DATE
PPROVING OFFICER			BA	ADGE NO.	DATE
					1

OHIO NARRATIVE INCIDENT NUMBER LL P06051700306	6	INCIDENT DATE AND TIME	05	17	2006 3	:45:00 PM
ncident Narrative						
On May 17, 2006 at 1830 hours	I was dispatched to a	criminal damaging comp	daint - NOI	LLE M. DI	LLER	
	• • • • • • • • • • • • • • • • • • • •					
ASON CLEARED A ☐ DEATH OF OFF B ☐ PROSECUTION		FUSED TO COOP. G ARRES		CLOSED	DATE CL	EARED
C   EXTRADITION				C □ UNFOUND J □ UNKNOWN		
PORTING OFFICER NOELLE M. DI		, 1117201		BADGE N		

APPROVING OFFICER

DATE

BADGE NO.

	AGENCY NAME Clearcreek Township Police Department			*INCIDENT NUMBER LLP070318001406	
ADMINISTRATIVE	TOD GEOCODE  TOD GEOCODE  TOD GEOCODE  TOD GEOCODE  TOD GEOCODE  TOD GEOCODE  TOC GEOCODE			*CLEARANCES  A	I  Invest Pending
NIM	OHIO UNIFORM INC	IDENT REPOR		*CLEARANCE	CLEARED
A	*REPORT DATE/TIME		OCCURRED FROM		BY: CIDENT OCCURRED TO
	MONTH DAY YEAR TIME 03 18 2007 8:05:02	MONTH DAY	YEAR 2007 8:0	TIME MONTH 5:00 03 18	DAY YEAR TIME 2007 8:32:00
	INCIDENT LOCATION (Street, Apt., City, State, Zip)	Passa Passa			
_	5945 N ST RT 48 LEBANON OH 45036 *OFFENSE	*OFFENSE CODE   *A/C   F/	/M & DEGREE *HATE/	"LARCENY "TYPE CRIMINAL AC	CTIVITY
	1.	1.	BIAS	1. 2. 3.	<i>I</i>
	2.	2.		1. 2. 3.	(Enter up to three for each offense) B- BUYING/RECEIVING C- CULTIVATING/MFG /PUB
	3	3		1 2 3	D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN
					O- OPER/PROMOTING/ASSIST.
	4.	4.		1, 2, 3,	P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING
	5.	5.		1. 2. 3.	U- USING/CONSUMING G- OTHER GANG ACTIVITY
	*LOCATION OF OFFENSE (Enter up to two)				N- NO GANG ACTIVITY
	1. 2 12 Jail/Prison 13 Parking Garage 14 Other Public Access Building	RETAIL. 26 Bar 27 Buy/Sell/Trade Shop	41 Factory/Mill/Plant 42 Other Building	*SUS	SPECTED OF USING
SE		28 Restaurant 29 Gas Station	OUTSIDE 43 Yard	A 🗀 AL	COHOL
OFFENSE	02 Multiple Dwelling 03 Residential Facility 04 Other Residential	30 Auto Sales Lot 31 Jewelry Store	44 Constuction Site 45 Lake/Waterway	D DF	RUGS
OF	io i iotomiotor	32 Clothing Store 33 Drugstore	46 Field/Woods 47 Street		
	PUBLIC ACCESS BLDGS. 06 Transit Facility 20 Professional Office 21 Doctor's Office	34 Liquor Store 35 Shopping Mall 36 Sporting Goods	48 Parking Lot 49 Park/Playground 50 Cemetery	C 🗆 cc	OMPUTER EQUIPMENT
	07 Government Öffice 08 School 09 College 22 Other Business Office 23 Amusement Center	37 Grocery/Supermarke 38 Variety/Convenience	et 51 Public Transit Vel		WEAPON/FORCE USED
	10 Church 24 Rental Storage Facility 11 Hospital 25 Other Commercial Service Lo	39 Department Store c. 40 Other Retail Store	77 Other	1 2.	3
		MOTOR VEHICLE THEFT		*METHOD OF ENTRY -	BURGLARY/B&E
	1 FORCE 01 Motor Running/Keys in Car 2 NO FORCE 02 Unlocked	06 ☐ Hot Wire  07 ☐ Slim Jim/Coat	Hanger ENTRY	ENTRY EXIT   1 DOOR	EXIT ENTRY EXIT
	*NO. PREMISES ENTERED 03 Duplicate Key Used 04 Window Broken	08 Tumblers Rem	noved 1 🗆 BAS	FLOOR ☐ 2 ☐ WINDOW	
	05 ☐ Towed	10 Ignition Peeled		FLOOR 4 SKYLIGH	1T □ 4 □ ROOF □
	METHODS OF OPERATION		4 1 011	HER 5 OTHER	L S LI OIMER LI
	*NO.   *TOTAL 0   *VICTIM       INDIVI			CE OFFICER (IN THE LINE OF D	
ŀ	VICTIMS TYPE B ☐ BUSIN  NAME (Last, First, Middle)	ESS G□ GOVERNMEN	II R LIRELI	GIOUS ORGANIZATION	U   UNKNOWN
-	ADDRESS (Street, Apt., City, State, Zip)				PHONE
ŀ	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE
5	*AGE/	☐ B ☐ A ETHNICITY	HGT	WGT	HAIR EYES
VICTIM	OCCUPATION SS	OI OU		*RESIDENT 1  RESIDEN	
	VICTIM Y IF INJURED, DESCRIBE			STATUS 2 TOURIST	4 STUDENT U UNKNOWN
ŀ	INJURED? N INJURIES:  *AGG, ASSAULT/ I*VICTIM/SUSPECT R	ELATIONSHIP	[*VICTIM/	OFFENSE LINK	NUMBE
	HOMICIDE CIRC.	2 3 4	_ 5		
	My signature verifies that the information on this report is accurate and true			DATE	
+	REPORTING OFFICER			BADGE NO.	DATE
	RYAN L VANDEGRIFT APPROVING OFFICER			578 BADGE NO.	DATE
t	FOLLOW-UP? If yes, follow-up    Y				18000
t	ADDITIONAL   VICTIM/WITNESS   PROPERTY	STATEMENTS FORM RE			
$\perp$	SUPPLEMENTS   SUSPECT/ARRESTEE   NARRATIVE	→ OTHER □ INVE	ESTIGATION 🗆 RECO	ORDS COPIES	

### **OHIO UNIFORM INCIDENT REPORT PART 2**

INC	DENT NUM	BER LLP	0703180014	106			INC	CIDENT DA	TE AND TIME	03	18	20	007 8	:05:00	PM
11	NO.		ast, First, Middle							AGE/ D.O.B.			SSN		
RTE	ADDRESS	(Street, Apl	t., City, State, Zip	2)									PHONE		
FPO	EMPLOYE ADDRESS	R NAME AN (Street, Apl	ND t., City, State, Zip	p)									PHONE		
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щ								TOP BOTTOM		LOCKED	☐ N KEYS	ICLE		E □ N	
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VE	STOLEN MO VEHICLE O		STOLEN ARE	A STOLEN BUSINESS	☐ RESID										SERVICE SERVIC
		URER NAMI	E (Company) AD										PHONE		
	MOTOR VE RECOVER		NO. RECOVERE	DIDATE REC.		Y 🗆 N	R JURISDICT								
	TYPE PRO LOSS/ETC.		1 N es below) 2 B		COUNTERFE DESTOYED/				STOLEN/ETC SEIZED		ECOVERED NKNOWN	P PH E EV	OTO IDENCE	**************************************	
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	RELATED OFFENSE			SERIAL NUMBER				CIC UMBER				OTHER NUMBER	₹		
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	RELATED OFFENSE			SERIAL NUMBER				CIC UMBER				OTHER NUMBER	₹		
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	[x] Offer		es e: 2911.21.	41, Crimii	nal Tresp	xass_la	nd prem	uses of	another, U	CR_Cod	e : 90J-5				
NARRATIVE															

OHIO NAR	LLP070318001406		INCIDENT DATE	AND TIME	03 1	8 200	7 8	:05:00 PM
Incident Narra						20000		
	at approximately 2005 ho	urs. I responded t	to 5945 Nort	h State Rout	e 48 in Clea	rcreek Tox	nchin	for a report
of trespassers	on private property RY	AN L VANDEGR	JFT	II State NOAC	c ao mi cieu	deteck 101	тыпр,	tor a report
	on property.							
EARON OLEANO	A CL DEATH OF OFFICE	B. [] . # 2 = 1 = 1	D TO COO.	П			Ta	
REASON CLEARED	A ☐ DEATH OF OFFENDER  B ☐ PROSECUTION DECLINED	D ☐ VICTIM REFUSEI E ☐ JUVENILE/NO CL		☐ ARREST - JU		CLOSED	DATE CL	EARED
	C EXTRADITION DENIED	F ☐ ARREST - ADULT		☐ INVEST. PEN		UNFOUNDED UNKNOWN		
EPORTING OFFICER	RYAN L VANDEGRIFT				0 🗆	BADGE NO. 5	78	DATE
								120/2019/2019
PPROVING OFFICER	₹					BADGE NO.		DATE

HIO NAR	LLP070318001406	INCIDENT D	ATE AND TIME	03 18	8 200	07 8	:05:00 PM
cident Narra							
n 03/18/07,	at approximately 2005 ho	urs, I responded to 5945 No	orth State Route	48 in Clea	rcreek Tov	vnship.	for a report
f trespassers	on private property RY	AN VANDEGRIFT					
ASON CLEARED	A DEATH OF OFFENDER	D VICTIM REFUSED TO COOP.	G ARREST - JU		CLOSED	DATE CL	EARED
	B ☐ PROSECUTION DECLINED C ☐ EXTRADITION DENIED	E ☐ JUVENILE/NO CUSTODY F ☐ ARREST - ADULT	H ☐ WARRANT IS I ☐ INVEST, PEN		UNFOUNDED UNKNOWN		
		T LI AKKEGT - ADOLT	I LJ INVEST, FERN	DING U LI			DATE
ORTING OFFICER	RYAN I. VANDEGRIET				BAUGE NO E	78	DATE
PORTING OFFICER	RYAN L VANDEGRIFT				BADGE NO. 5	78	DATE

ADMINISTRATIVE	TOD TOA TOC OHI  MONTH REPORT D DAY	YEAR TIME 2008 11:31:03	*INCIE	PORT PAF	LLP081  *CLEARAI  A □ B □ C □ D □ E □ F □  *CLEARAI  DATE:	Death of Suspect Prosecution Declined Extradition Denied Victim Refused to Coop Juvenile/No Custody Arrest - Adult	K Unfounded U Unknown  CLEARED BY:  ENT OCCURRED TO Y YEAR	sued nding
	INCIDENT LOCATION (Street, 5945 N ST RT 48 LI	Apt., City, State, Zip) EBANON OH 45036	1.0555405.0051					
	*OFFENSE		*OFFENSE CODE	A/C F/M & DEGRE	BIAS *LARGEN	1. 2. 3.	ITY	
	-						_ (Enter up to three for eac B- BUYING/RECEIVIN	ch offense)
	2		2.			1. 2, 3,	C- CULTIVATING/MF0 D- DISTRIBUTING/SE	G./PUB. ELLING
	3.		3.			1. 2. 3.	E- EXPLOITING CHIL  O-  OPER/PROMOTING//	
	4.		4.			1, 2, 3,	P- POSSESSING/CONC	
	5.		5.	-		1. 2. 3.	T- TRANSP/TRANSM U- USING/CONSUMIN	NG
	*LOCATION OF OFFENSE (En	ster up to two)					G- OTHER GANG ACTIVITY N- NO GANG ACTIVITY	
	1. 2.	12 Jail/Prison 13 Parking Garage	RETAIL 26 Bar	41 Factory/l		*SUSPE	CTED OF USING	
Ж	RESIDENTIAL STRUCTURE 01 Single Family Home	14 Other Public Access Building	28 Restaurant	OUTSIDE		A $\square$ ALCO	HO!	
OFFENSE	02 Multiple Dwelling 03 Residential Facility	COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution	29 Gas Station 30 Auto Sales Lo 31 Jewelry Store		uction Site Naterway			
OF	04 Other Residential 05 Garage/Shed	17 Barber/Beauty Shop 18 Hotel/Motel	32 Clothing Store 33 Drugstore			D DRUG		
	PUBLIC ACCESS BLDGS. 06 Transit Facility	19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office	34 Liquor Store 35 Shopping Mai 36 Sporting Good		Playground	C C COMP	PUTER EQUIPMENT	
	07 Government Office 08 School 09 College	22 Other Business Office 23 Amusement Center	37 Grocery/Supe 38 Variety/Conve	rmarket 51 Public	Transit Vehicle Outside Location	*TYPE WEA	PON/FORCE USED	
	10 Church 11 Hospital	24 Rental Storage Facility 25 Other Commercial Service Lo	39 Department S 40 Other Retail S	tore		1. 2.	3.	
1	*METHOD OF ENTRY	*METHOD OF ENTRY -	MOTOR VEHICLE THE	FT		METHOD OF ENTRY - BUI	RGLARY/B&E	
ĺ		Motor Running/Keys in Car	06 Hot Wir	e n/Coat Hanger	ENTRY E		EXIT ENTRY	EXIT
		Duplicate Key Used Window Broken		rs Removed	1 BASEMENT D			
	922	5 🗆 Towed	10 Ignition		3 □ 2 <sup>ND</sup> FLOOR □	] 4 ☐ SKYLIGHT [		
	METHODS OF OPERATION				- LOINER L	5 DOTHER L	a   5 LI OTHER	tul.
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ŀ	NAME (Last, First, Middle)	1r BD 8081k	ILOS GLI GUVER	ANAICIA I	V THEFIGIOUS OF	NOMINIZATION	∩ □ nnknown	
ŀ	ADDRESS (Street, Apt., City, St.	tale, Zip)				PH	ONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, Str	ate Zin)				Pi	HONE	
_	*AGE/ DOB	*SEX *RACE	□B □A ETHN	IICITY HGT	WG	T HA	IR EYES	
	OCCUPATION		SN GO		*RES	SIDENT 1 RESIDENT		
1	*VICTIM  Y IF INJURED.	, DESCRIBE			J51A	TUS 2 ☐ TOURIST	4 ☐ STUDENT U ☐ UN	INCIDEN
ŀ	*AGG. ASSAULT/	*VICTIM/SUSPECT F	ELATIONSHIP		*VICTIM/OFFENSE	LINK		NUMBE
	HOMICIDE CIRC	01	2 3 ·	4 5				
	My signature verifies that the info on this report is accurate and true	ormation ee				DATE		
_	REPORTING OFFICER NICOLE A CORDERO	0				BADGE NO. 683	DATE	7 I
	APPROVING OFFICER					BADGE NO.	DATE	11/2005
	FOLLOW-UP? If yes, follow-u	ip						1

### **OHIO UNIFORM INCIDENT REPORT PART 2**

INC	IDENT NUM	MRER TIT	2001010000	2021				NCIDENT	DATE AND TIME						
	NO.	The second second second	208101 <b>800</b> 5 .ast, First, Middl					NUIDENT	DATE AND TIME	AGE/	18	20	08 1	10:00:0	0 AM
1	ADDRESS	S (Street, Ap	ot., City, State, Z	(ip)						D.O.B.			PHONE		
0		ER NAME AI										-	PHONE		
0	r	NTS OBTAI	INED Y	ZIP)	TYPE []	WRITTEN	CLORA	LITA	PED   OTHER						
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1	VEHICLE A		VEHICLE W/ VICTIN		VEHICLE TOWED		OWED Y	воттом		OWN	NERSHIP	☐ TA	G RECEIPT L OF SALE	г 🗆	TITLE OTHER
7	STOLEN M VEHICLE C		STOLEN AR	EA STOLEN  BUSINESS	☐ RESID	D. ADDITIO							E OF GALL		OTHER
		SURER NAM ot., City, State	IE (Company) A e, Zip)	DDRESS									PHONE		
	MOTOR VI RECOVER		NO. RECOVERI	ED DATE REC		EN IN YOUR									
_	TYPE PRO	PERTY	1	NONE 3	COUNTERF		RE RECOV	VERED?	5 STOLEN/ETC	7 RE	COVERED	P PHO	OTO	TOTAL	VALUE
	*LOSS	QUANTIT	es below) 2 Y DESCRIF		DESTOYED	/DAMAGED/	VANDALI	ZED	6 SEIZED	U UN	KNOWN	E EVII	PROP	\$0.00	
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			es le : 2903.22	, Menacin	ig, UCR_0	Code : 13	3C								
NARRATIVE															

ICIDENT NUMBER	RRATIVE RLLP081018005031		INCIDENT DAT	E AND TIME	10	18	20	08 1	0:00:00 AM
ncident Narra					10			00	0.00.00
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ASON CLEARED	A DEATH OF OFFENDER	D VICTIM REFUSE		G 🗆 ARREST - J			CLOSED	DATE CL	EARED
	B ☐ PROSECUTION DECLINED C ☐ EXTRADITION DENIED	E ☐ JUVENILE/NO CO F ☐ ARREST - ADULT		H WARRANT	ISSUED		JNFOUNDED		
ORTING OFFICE	RNICOLE A CORDERO	F LI AKKEST - ADOL	1	I 🔲 INVEST. PE	ENDING		JNKNOWN BADGE NO. 6	100	DATE
							SAUGE 140. P	583	DATE
PROVING OFFICER				$\overline{}$		_	BADGE NO.		DATE

	10:00:00 AM - NICOLE A
Route 48.	- NICOLE A
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