

Person History Report

MARK E EVERS

Clearcreek Township Police Department
7593 Bunnell Hill Road
Springboro OH 45066
937-748-1267

Description

Race: White	DOB: June 22, 1957
Height: 510	Sex: Male
Marital Status:	Weight: 195
Hair Color: Brown	Resident:
	Hair Length:
Hair Style:	Facial Hair:
Skin Type:	Build:
Eye Color: Green	Ethnicity:
Glasses: False	Moniker:
SSN: [REDACTED]	
DL Number: [REDACTED]	DL State: OH
Occupation:	

Address

Residence/Last Known Address
5945 N STATE ROUTE 48

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

None

Address

Alerts

Title

None

Description

Warrants

Warrant #

None

Type of Warrant

Date Served

Served By

Case Involvement

Jurisdiction	OH0831600
Case Number	LLP060517003066
Case Description	VANDALISM/CRIMINAL DAMAGING
Involvement Type	VICTIM
Jurisdiction	OH0831600
Case Number	LLP070318001406
Case Description	OFFENSE
Involvement Type	VICTIM
Jurisdiction	OH0831600
Case Number	LLP081018005031
Case Description	OFFENSE
Involvement Type	VICTIM

Victims

None

ADMINISTRATIVE

AGENCY NAME
Clearcreek Township Police Department
 CALL NUMBER _____ *GEOCODE _____
 TOD _____
 TOA _____
 TOC _____

INCIDENT (NON-CRIMINAL)
 OFFENSE

*INCIDENT NUMBER
 LLP060517003066
 *CLEARANCES
 A Death of Suspect G Arrest - Juvenile
 B Prosecution Declined H Warrant Issued
 C Extradition Denied I Invest. Pending
 D Victim Refused to Coop. J Closed
 E Juvenile/No Custody K Unfounded
 F Arrest - Adult U Unknown

OHIO UNIFORM INCIDENT REPORT PART 1

*CLEARANCE DATE: _____ CLEARED BY: _____

*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
05	17	2006	4:12:09	05	17	2006	3:45:00	05	17	2006	4:00:00

INCIDENT LOCATION (Street, Apt., City, State, Zip)
3525 N ST RT 48 LEBANON 45036

OFFENSE

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1. _____	1. _____					1. _____ 2. _____ 3. _____ (Enter up to three for each offense) B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROMOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY N- NO GANG ACTIVITY
2. _____	2. _____					1. _____ 2. _____ 3. _____
3. _____	3. _____					1. _____ 2. _____ 3. _____
4. _____	4. _____					1. _____ 2. _____ 3. _____
5. _____	5. _____					1. _____ 2. _____ 3. _____

*LOCATION OF OFFENSE (Enter up to two)

1. _____ 2. _____	12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings	RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store	41 Factory/Mill/Plant 42 Other Building OUTSIDE 43 Yard 44 Constuction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other	*SUSPECTED OF USING A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT
RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed				*TYPE WEAPON/FORCE USED 1. _____ 2. _____ 3. _____
COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service Loc.				
PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital				

*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B&E				
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE	01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed	06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled	ENTRY	EXIT	ENTRY	EXIT
*NO. PREMISES ENTERED			1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>		1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>	1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>

METHODS OF OPERATION

*NO. _____ *TOTAL VICTIMS _____ *VICTIM TYPE _____
 INDIVIDUAL FINANCIAL INSTITUTION POLICE OFFICER (IN THE LINE OF DUTY) SOCIETY OTHER
 BUSINESS GOVERNMENT RELIGIOUS ORGANIZATION UNKNOWN

NAME (Last, First, Middle) _____

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

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

VICTIM

*AGE/DOB _____ *SEX _____ *RACE B A W I U ETHNICITY _____ HGT _____ WGT _____ HAIR _____ EYES _____

OCCUPATION _____ SSN _____ *RESIDENT 1 RESIDENT 3 MILITARY 5 OTHER STATUS 2 TOURIST 4 STUDENT U UNKNOWN

*VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES: _____

*AGG. ASSAULT/HOMICIDE CIRC. _____ *VICTIM/SUSPECT RELATIONSHIP _____ *VICTIM/OFFENSE LINK _____
 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

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

REPORTING OFFICER: **NOELLE M. DILLER** BADGE NO. 371 DATE _____
 APPROVING OFFICER: _____ BADGE NO. _____ DATE _____

FOLLOW-UP? Y N If yes, follow-up Assignment: _____

ADDITIONAL SUPPLEMENTS VICTIM/WITNESS PROPERTY STATEMENTS FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES
 SUSPECT/ARRESTEE NARRATIVE OTHER INVESTIGATION RECORDS

OHIO UNIFORM INCIDENT REPORT PART 2

INCIDENT NUMBER **L.P.060517003066** INCIDENT DATE AND TIME **05 17 2006 3:45:00 PM**

REPORTER	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 Y N TYPE WRITTEN ORAL TAPED OTHER

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

VEHICLE	NO.	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE	
	<input type="checkbox"/> THEFT FROM VEHICLE								
	VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE CONTENTS <input type="checkbox"/> Y <input type="checkbox"/> N
	VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT	<input type="checkbox"/> TITLE		
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	<input type="checkbox"/> RESID.	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 Y N WHERE RECOVERED?

TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED U UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE \$0.00

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

PROPERTY CODES: VALUABLES EQUIPMENT 26 Tools 27 Vehicle 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons

EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents

PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items

VEHICLES 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons

STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory

INCIDENT OFFENSES

[x] Offense Code : 2909.06, Criminal Damaging/Endangering, UCR_Code : 290

NARRATIVE	
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OHIO NARRATIVE

INCIDENT NUMBER **LLP060517003066**

INCIDENT DATE AND TIME **05 17 2006 3:45:00 PM**

Incident Narrative

On May 17, 2006 at 1830 hours I was dispatched to a criminal damaging complaint. - NOELLE M. DILLER

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	

REPORTING OFFICER **NOELLE M. DILLER**

BADGE NO. **371**

DATE

APPROVING OFFICER

BADGE NO.

DATE

OHIO NARRATIVE

INCIDENT NUMBER LLP060517003066

INCIDENT DATE AND TIME 05 17 2006 3:45:00 PM

Incident Narrative

On May 17, 2006 at 1830 hours I was dispatched to a criminal damaging complaint - NOELLE M. DILLER

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	

REPORTING OFFICER NOELLE M. DILLER

BADGE NO. 371

DATE

APPROVING OFFICER

BADGE NO.

DATE

AGENCY NAME
Clearcreek Township Police Department
CALL NUMBER *GEOCODE

*INCIDENT NUMBER
LLP070318001406

TOD
TOA
TOC
 INCIDENT (NON-CRIMINAL)
 OFFENSE

*CLEARANCES
A Death of Suspect G Arrest - Juvenile
B Prosecution Declined H Warrant Issued
C Extradition Denied I Invest. Pending
D Victim Refused to Coop. J Closed
E Juvenile/No Custody K Unfounded
F Arrest - Adult U Unknown

OHIO UNIFORM INCIDENT REPORT PART 1

*CLEARANCE DATE: CLEARED BY:

MONTH *REPORT DATE/TIME DAY YEAR TIME MONTH *INCIDENT OCCURRED FROM DAY YEAR TIME MONTH *INCIDENT OCCURRED TO DAY YEAR TIME
03 18 2007 8:05:02 03 18 2007 8:05:00 03 18 2007 8:32:00

INCIDENT LOCATION (Street, Apt., City, State, Zip)
5945 N ST RT 48 LEBANON OH 45036

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1.	1.					1. 2. 3. (Enter up to three for each offense) B- BUYING/RECEIVING C- CULTIVATING/MFG /PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROMOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY N- NO GANG ACTIVITY
2.	2.					1. 2. 3.
3.	3.					1. 2. 3.
4.	4.					1. 2. 3.
5.	5.					1. 2. 3.

*LOCATION OF OFFENSE (Enter up to two)

- | | | | |
|-------------------|---|---|---|
| 1. _____ 2. _____ | 12 Jail/Prison
13 Parking Garage
14 Other Public Access Buildings | RETAIL
26 Bar
27 Buy/Sell/Trade Shop
28 Restaurant
29 Gas Station
30 Auto Sales Lot
31 Jewelry Store
32 Clothing Store
33 Drugstore
34 Liquor Store
35 Shopping Mall
36 Sporting Goods
37 Grocery/Supermarket
38 Variety/Convenience
39 Department Store
40 Other Retail Store | 41 Factory/Mill/Plant
42 Other Building

OUTSIDE
43 Yard
44 Constuction Site
45 Lake/Waterway
46 Field/Woods
47 Street
48 Parking Lot
49 Park/Playground
50 Cemetery
51 Public Transit Vehicle
52 Other Outside Location
77 Other |
|-------------------|---|---|---|

*SUSPECTED OF USING
A ALCOHOL
D DRUGS
C COMPUTER EQUIPMENT

*TYPE WEAPON/FORCE USED
1. _____ 2. _____ 3. _____

*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B&E
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE <input type="checkbox"/> NO PREMISES ENTERED	01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed	06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled
		ENTRY EXIT ENTRY EXIT ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/> 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/> 1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>

METHODS OF OPERATION

*NO. *TOTAL VICTIMS *VICTIM TYPE I INDIVIDUAL B BUSINESS F FINANCIAL INSTITUTION G GOVERNMENT P POLICE OFFICER (IN THE LINE OF DUTY) R RELIGIOUS ORGANIZATION S SOCIETY U UNKNOWN O OTHER

NAME (Last, First, Middle)

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

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

*AGE/DOB *SEX *RACE B W A I U ETHNICITY HGT WGT HAIR EYES

OCCUPATION SSN *RESIDENT STATUS 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER U UNKNOWN

*VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES:

*AGG. ASSAULT/HOMICIDE CIRC. *VICTIM/SUSPECT RELATIONSHIP 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ *VICTIM/OFFENSE LINK

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

REPORTING OFFICER RYAN L VANDEGRIFT BADGE NO. 578 DATE APPROVING OFFICER BADGE NO. DATE

FOLLOW-UP? Y N If yes, follow-up Assignment: ADDITIONAL SUPPLEMENTS VICTIM/WITNESS SUSPECT/ARRESTEE PROPERTY NARRATIVE STATEMENTS OTHER FORM RECEIVED BY: INTELLIGENCE INVESTIGATION RECORDS SPECIAL COPIES

ADMINISTRATIVE

OFFENSE

VICTIM

OHIO UNIFORM INCIDENT REPORT PART 2

INCIDENT NUMBER **LLP070318001406** INCIDENT DATE AND TIME **03 18 2007 8:05:00 PM**

REPORTEE	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 Y N TYPE WRITTEN ORAL TAPED OTHER

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE	
VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y CONTENTS <input type="checkbox"/> N

VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? Y N TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE BILL OF SALE OTHER

STOLEN MOTOR NO. STOLEN VEHICLE ONLY AREA STOLEN BUSINESS RURAL RESID. 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 Y N WHERE RECOVERED?

TYPE PROPERTY LOSS/ETC. (enter codes below)	1 NONE	2 BURNED	3 COUNTERFEITED/FORGED	4 DESTROYED/DAMAGED/VANDALIZED	5 STOLEN/ETC.	6 SEIZED	7 RECOVERED	P PHOTO EVIDENCE	TOTAL VALUE
									\$0.00

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	
RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	
RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	
RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	
RELATED OFFENSE		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

PROPERTY CODES:	EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 07 Other Documents	VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items	EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft 18 Office Equipment 19 Stereo TV Equip. 20 Recordings-Audio Visual 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies-Const.	26 Tools 27 Vehicle Parts/Accessories 28 School Supplies 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods ANIMALS 33 Livestock 34 Household Pets	VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Vehicle 43 Other Motor Vehicle WEAPONS 44 Firearms 45 Other Weapons	STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Business 49 Indus./Mfg. 50 Public/Community 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory
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Incident Offenses

[x] Offense Code : 2911.21A1, Criminal Trespass _ land premises of another, UCR_Code : 90J-5

11/2005

OHIO NARRATIVE

INCIDENT NUMBER LLP070318001406

INCIDENT DATE AND TIME 03 18 2007 8:05:00 PM

Incident Narrative

On 03/18/07, at approximately 2005 hours, I responded to 5945 North State Route 48 in Clearcreek Township, for a report of trespassers on private property. - RYAN L VANDEGRIFT

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	

REPORTING OFFICER RYAN L VANDEGRIFT

BADGE NO. 578

DATE

APPROVING OFFICER

BADGE NO.

DATE

OHIO NARRATIVE

INCIDENT NUMBER **LLP070318001406**

INCIDENT DATE AND TIME **03 18 2007 8:05:00 PM**

Incident Narrative

On 03/18/07, at approximately 2005 hours, I responded to 5945 North State Route 48 in Clearcreek Township, for a report of trespassers on private property. - RYAN VANDEGRIFT

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	

REPORTING OFFICER **RYAN L VANDEGRIFT**

BADGE NO. **578**

DATE

APPROVING OFFICER

BADGE NO.

DATE

AGENCY NAME
Clearcreek Township Police Department

CALL NUMBER _____ *GEOCODE _____

TOD _____

TOA _____

TOC _____

INCIDENT (NON-CRIMINAL)
 OFFENSE

*INCIDENT NUMBER
LLP081018005031

*CLEARANCES

A Death of Suspect G Arrest - Juvenile
B Prosecution Declined H Warrant Issued
C Extradition Denied I Invest. Pending
D Victim Refused to Coop. J Closed
E Juvenile/No Custody K Unfounded
F Arrest - Adult U Unknown

ADMINISTRATIVE

OHIO UNIFORM INCIDENT REPORT PART 1

*CLEARANCE DATE: _____ CLEARED BY: _____

*REPORT DATE/TIME				*INCIDENT OCCURRED FROM				*INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
10	18	2008	11:31:03	10	18	2008	10:00:00	10	18	2008	11:42:00

INCIDENT LOCATION (Street, Apt., City, State, Zip)
5945 N ST RT 48 LEBANON OH 45036

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1. _____	1. _____					1. _____ 2. _____ 3. _____ (Enter up to three for each offense) B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROMOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY N- NO GANG ACTIVITY
2. _____	2. _____					1. _____ 2. _____ 3. _____
3. _____	3. _____					1. _____ 2. _____ 3. _____
4. _____	4. _____					1. _____ 2. _____ 3. _____
5. _____	5. _____					1. _____ 2. _____ 3. _____

*LOCATION OF OFFENSE (Enter up to two)

1. _____ 2. _____ 12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings	RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store 40 Other Retail Store	41 Factory/Mill/Plant 42 Other Building OUTSIDE 43 Yard 44 Constuction Site 45 Lake/Waterway 46 Field/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 77 Other	*SUSPECTED OF USING A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT
RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed	COMMERCIAL LOCATIONS 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service Loc.		*TYPE WEAPON/FORCE USED 1. _____ 2. _____ 3. _____
PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital			

*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B&E
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE	01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed	06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled
*NO. PREMISES ENTERED		ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>
		ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>
		ENTRY EXIT 1 <input type="checkbox"/> FRONT <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> REAR <input type="checkbox"/> 4 <input type="checkbox"/> ROOF <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>

METHODS OF OPERATION

*NO. _____ *TOTAL () VICTIMS _____

*VICTIM TYPE: I INDIVIDUAL F FINANCIAL INSTITUTION P POLICE OFFICER (IN THE LINE OF DUTY) S SOCIETY O OTHER
B BUSINESS G GOVERNMENT R RELIGIOUS ORGANIZATION U UNKNOWN

NAME (Last, First, Middle) _____

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

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

*AGE/DOB _____ *SEX _____ *RACE B A W I U ETHNICITY _____ HGT _____ WGT _____ HAIR _____ EYES _____

OCCUPATION _____ SSN _____ *RESIDENT 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER 6 UNKNOWN

*VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES: _____

*AGG. ASSAULT/HOMICIDE CIRC. _____ *VICTIM/SUSPECT RELATIONSHIP _____ *VICTIM/OFFENSE LINK _____

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

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

REPORTING OFFICER: NICOLE A CORDERO BADGE NO. 683 DATE _____

APPROVING OFFICER: _____ BADGE NO. _____ DATE _____

FOLLOW-UP? Y N If yes, follow-up Assignment: _____

ADDITIONAL SUPPLEMENTS: VICTIM/WITNESS PROPERTY STATEMENTS FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES
 SUSPECT/ARRESTEE NARRATIVE OTHER INVESTIGATION RECORDS

OHIO UNIFORM INCIDENT REPORT PART 2

INCIDENT NUMBER **LLP081018005031** INCIDENT DATE AND TIME **10 18 2008 10:00:00 AM**

REPORTEE	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 Y N TYPE WRITTEN ORAL TAPED OTHER

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. <input type="checkbox"/> DAMAGE TO VEHICLE LIC LIS LIY LIT VIN/OAN *VALUE	<input type="checkbox"/> THEFT FROM VEHICLE
VYR VMA VMO VST VCO TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N RELEASE CONTENTS <input type="checkbox"/> Y <input type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N TOWED BY OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE <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?	

TYPE PROPERTY 1 NONE 3 COUNTERFEITED/FORGED 5 STOLEN/ETC. 7 RECOVERED P PHOTO TOTAL VALUE
 LOSS/ETC. (enter codes below) 2 BURNED 4 DESTROYED/DAMAGED/VANDALIZED 6 SEIZED U UNKNOWN E EVIDENCE \$0.00

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE
VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
RELATED OFFENSE SERIAL NUMBER NCIC NUMBER OTHER NUMBER
*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE
VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
RELATED OFFENSE SERIAL NUMBER NCIC NUMBER OTHER NUMBER
*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE
VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
RELATED OFFENSE SERIAL NUMBER NCIC NUMBER OTHER NUMBER
*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE
VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED
RELATED OFFENSE SERIAL NUMBER NCIC NUMBER OTHER NUMBER

PROPERTY	PROPERTY CODES:	EXCHANGE MEDIUMS	DOCUMENTS	VALUABLES	PERSONAL EFFECTS	HOUSEHOLD ITEMS	EQUIPMENT	CONSUMABLE ITEMS	ANIMALS	VEHICLES	WEAPONS	STRUCTURES	OTHER																																									
	01 Money	02 Credit/Debit Card	03 Negotiable Instruments	04 Other Exchange Mediums	05 Non-Negotiable Instruments	06 Personal Papers	07 Other Documents	08 Jewelry/Precious Metals	09 Art Objects, Antiques	10 Other Valuables	11 Clothing/Furs	12 Purses/Handbags/Wallets	13 Other Personal Effects	14 Household Items	15 Drug/Narcotic Equip.	16 Gambling Equipment	17 Computer Hardware/Soft	18 Office Equipment	19 Stereo TV Equip.	20 Recordings-Audio Visual	21 Sports Equipment	22 Photographic Equipment	23 Farm Equipment	24 Heavy Construction/Industrial	25 Building Supplies-Const.	26 Tools	27 Vehicle Parts/Accessories	28 School Supplies	29 Other Equipment	30 Alcohol	31 Drugs/Narcotics	32 Consumable Goods	33 Livestock	34 Household Pets	35 Aircraft	36 Automobiles	37 Bicycles	38 Buses	39 Trucks	40 Trailers	41 Watercraft	42 Recreational Vehicle	43 Other Motor Vehicle	44 Firearms	45 Other Weapons	46 Single Occupancy	47 Other Dwellings	48 Commercial/Business	49 Indus /Mfg	50 Public/Community	51 Storage	52 Other Structure	53 Merchandise	54 Other Property

Incident Offenses
 [x] Offense Code : 2903.22, Menacing, UCR_Code : 13C

NARRATIVE

OHIO NARRATIVE

INCIDENT NUMBER LLP081018005031 INCIDENT DATE AND TIME 10 18 2008 10:00:00 AM

Incident Narrative

On 10/18/08 at approximately 1142 hours I was dispatched to a threats complaint at 5945 N. State Route 48. - NICOLE A CORDERO

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	

REPORTING OFFICER NICOLE A CORDERO

BADGE NO. 683

DATE

APPROVING OFFICER

BADGE NO.

DATE

OHIO NARRATIVE

INCIDENT NUMBER: LP081018005031

INCIDENT DATE AND TIME: 10 18 2008 10:00:00 AM

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	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	

REPORTING OFFICER: NICOLE A CORDERO

BADGE NO. 683

DATE

APPROVING OFFICER:

BADGE NO.

DATE