



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



2025-1049

Officer Involved Critical Incident – Interstate 275 / State Route  
32, OH, 45245 (Clermont County) (L)

**Investigative Activity:** Records Received, Review of Records

**Involves:** [REDACTED] (S), Sergeant Derek Disbennett (W), Officer  
Tyler Hale (W), Officer Alex Puckett (W), Kelsey L Hildal (S)

**Date of Activity:** 04/03/2025

**Author:** SA Lauren Frazier, #129

**Narrative:**

On April 4–29, 2025, Ohio Bureau of Criminal Investigation (BCI) Special Agent Lauren Frazier received the requested records from UTPD Lt. Scott Blankenship. As a result of the request, the following items were received and reviewed:

- UTPD Crime Scene Access Log (attachments #01–02)
- UTPD Incident Report# [REDACTED] (attachment #03)
- Union Township Fire Department Incident Report# 25–0014903 (attachment #04)
- Requested any history of previous contact with the subject – No records located
- Witness statement collected by Sgt. Disbennett (attachment #05)
- Zipped folder containing photographs taken by Officer Hale (attachment #06)

**References:**

No references.

**Attachments:**

Attachment # 01: 2025–04–02 UTPD Crime Scene Control Log – Original  
Attachment # 02: 2024–04–02 UTPD Crime Scene Control Log – Typed  
Attachment # 03: Union Township Police Incident Report# [REDACTED]  
Attachment # 04: Union Township Fire Department Incident Report# 25–0014903  
Attachment # 05: 2025–04–01 Joshua Reese Witness Statement  
Attachment # 06: UTPD Photos Taken by Officer Hale

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Union Township Police Department

# Crime Scene Control Log

Patrol Division



Location:

E275 SB Overpass @ SR 32

Report #:



	Name	Reason for Entry	Time In	Time Out	
OSP	[Redacted]	retrieve evidence	0020	0024	AP
Dog warden	Pappas	retrieve evidence	0020	0023	AP
OSP	Combs	retrieve evidence	0020	0024	AP
CFO	Samal/xx	Bomb tech	0020	0025	AP
UT	Disbennett	retrieve evidence	0020	0025	AP
OSP	Byron	Video CFO Bomb Squad	0041	0042	AP
CFO	Samalack	Video CFO Bomb Squad	0041	0042	AP
UT	Sgt D. Stennet	video CFO Bomb Squad	0041	0042	AP
miar	Heintzelman	Bomb dog search	0109	0112	AP
OSP	Byron	Video CFO Miami Jup Bomb dog	0109	0112	AP
CFO	Samalack	Video Miami Jup Bomb dog	0109	0112	AP
UT	Disbennett	video Miami Jup Bomb dog	0109	0112	AP
UT	Wilfert	Investigation	0128	0132	AP
UT	Blankenship	Investigation	0128	0132	AP
BCI	Amy Corey	Investigation	0128	0128	AP
Dog warden	Pappas	Retrieve cat	0155	0157	AP
UT	Sgt Disbennett	Video Dog Warden	0155	0158	AP
BCI	Smith	Investigation	0153	0210	AP
BCI	Frazier	Investigation	0153	0210	AP

Officer:

Baker, Puckett Tyms

Date:

4/2/25

Page #:

1 of 3



Union Township Police Department

**Crime Scene Control Log**

Patrol Division



Location:

I-275 SB Overpass @ SR32

Report #:



Name	Reason for Entry	Time In	Time Out	
Mullis	Investigation	0154	0235	JT
Pappas	Investigation	0200	0202	AP
<del>Amy Coret</del> Frazier	Investigator	0214	0220	JT
Amy Cruey	Investigator	0231	0235	JT
CJ Mullis	Coroner Transporter	0232	0333	JT
Ken Mullis	Coroner	0246	0338	JT
Amy Cruey	Investigator	0246	0252	JT
Amy Cruey	Inv.	0259	0301	JT
Amy Cruey	Inv.	0303	0306	JT
Steve Seitzman	Inv.	0306	0334	JT
Amy Cruey	Inv.	0307	0312	JT
Amy Cruey	Inv.	0314	0317	JT
Amy Cruey	Inv.	0318	0323	JT
Amy Cruey	Inv.	0323	0405	JT
Chris Krantz	Reconstruction / Forensic Mapping	0325	0331	JT
Det. Zimmerman	Inv.	0335	0338	JT
Chris Krantz	Mapping	0336	0415	JT
Det. Zimmerman	Inv.	0340	0341	JT
Amy Cruey	Inv.	0405	0431	JT

Officer:

Puckett / Tuma

Date:

4/12/25

Page #:

2

of

3



Union Township Police Department

# **Crime Scene Control Log**

Patrol Division



Location:

I-275 SB Overpass @ SR32

Report #:



	Name	Reason for Entry	Time In	Time Out	
BCI	Steve Seitzman	Inv.	0420	0428	JT
BCI	Sarah Taylor Frazier	Inv.	0422	0428	JT
BCI	Ken Smith	Inv.	0424	0428	JT
BCI	Amy Cruey	Inv.	0433	0447	JT
	Sarah Taylor	Inv.	0433	0508	JT
	Amy Cruey	Inv.	0450	0529	JT
BCI	Lauren Frazier	Inv.	0454	0506	JT
	Steve Seitzman	Inv.	0454	0507	JT
OSP	Mike Butler	Evidence Processing	0510	0527	JT
	Steve Seitzman	Inv.	0510	0529	JT
	Sarah Taylor	Inv.	0510	0512	JT
	Lauren Frazier	Inv.	0510	0529	JT
	Sarah Taylor	Inv.	0513	0529	JT
	Mike Butler	Crime Scene opened	0542	0542	JL

Date:

4/21/2025

Officer:

Tyma, Long

Page #:

3 of 3



Union Township Police Department  
**Crime Scene Control Log**  
 Patrol Division



Location:

I-275 SB Overpass @SR 32

Report #:

Name	Reason for Entry	Time In	Time Out
OSP- <input type="text"/>	Retrieve Evidence	0020	0024
Dog Warden - Pappas	Retrieve Evidence	0020	0023
OSP-Combs	Retrieve Evidence	0020	0024
CFD-Samalack	Bomb Tech	0020	0025
UT-Disbennett	Retrieve Evidence	0020	0025
OSP-Byron	Video CFD Bomb Squad	0041	0042
CFD-Samalack	Video CFD Bomb Squad	0041	0042
UT-Sgt. Disbennett	Video CFD Bomb Squad	0041	0042
Miami-Heintzelman	Bomb Dog Search	0109	0112
OSP-Byron	Video Miami Twp Bomb Dog	0109	0112
CFD-Samalack	Video Miami Twp Bomb Dog	0109	0112
UT-Disbennett	Video Miami Twp Bomb Dog	0109	0112
UT-Wilfert	Investigation	0128	0132
UT-LT Blankenship	Investigation	0128	0132
BCI-Amy Curey	Investigation	0128	0228
Dog Warden-Pappas	Retrieve Cat	0155	0157
UT-Sgt. Disbennett	Video Dog Warden	0155	0158
BCI-Smith	Investigation	0153	0210
BCI-Frazier	Investigation	0153	0210

Officer:

Hale, Puckett, Tyma

Date:

4/21/25

Page #:

1

of

3



Union Township Police Department

# Crime Scene Control Log

Patrol Division



Location:

I-275 SB Overpass @ SR 32

Report #:



Name	Reason for Entry	Time In	Time Out
Coroners Office- Mullis	Investigation	0154	0235
Dog Warden-Pappas	Investigation	0200	0202
BCI-Frazier	Investigator	0214	0220
BCI-Amy Cruey	Investigator	0231	0235
Coroner-CJ Mullis	Coroner Transporter	0232	0333
Coroner-Ken Mullis	Coroner	0246	0338
BCI-Amy Cruey	Investigator	0246	0252
BCI-Amy Cruey	Inv.	0259	0301
BCI-Amy Cruey	Inv.	0303	0306
BCI-Steve Seitzman	Inv.	0306	0334
BCI-Amy Cruey	Inv.	0307	0312
BCI-Amy Cruey	Inv.	0314	0317
BCI-Amy Cruey	Inv.	0318	0323
Amy Cruey	Inv.	0323	0405
OSP-Chris Krantz	Reconstruction/Forensic Mapping	0325	0331
UT-Det. Zimmerman	Inv.	0335	0338
OSP-Chris Krantz	Mapping	0336	0415
UT-Det. Zimmerman	Inv.	0340	0341
Amy Cruey	Inv.	0405	0431

Officer:

Puckett/Tyma

Date:

4/2/25

Page #:

2

of

3



Union Township Police Department

# Crime Scene Control Log

Patrol Division



Location:

I-275 SB Overpass @ SR 32

Report #:



Name	Reason for Entry	Time In	Time Out
BCI-Steve Seitzman	Inv.	0420	0428
BCI-Sarah Taylor	Inv.	0422	0428
BCI-Ken Smith	Inv.	0424	0428
BCI-Amy Cruey	Inv.	0433	0447
Sarah Taylor	Inv.	0433	0508
Amy Cruey	Inv.	0450	0529
BCI-Lauren Frazier	Inv.	0454	0506
Steve Seitzman	Inv.	0454	0507
OSP-Mike Butler	Evidence Processing	0510	0527
Steve Seitzman	Inv.	0510	0529
Sarah Taylor	Inv.	0510	0512
Lauren Frazier	Inv.	0510	0529
Sarah Taylor	Inv.	0513	0529
Mike Butler	Crime Scene Opened	0542	0542

Officer:

Tyma, Long

Date:

4/2/2025

Page #:

3

of 3

ADMINISTRATIVE	AGENCY NAME Union Township Police Dept.						*INCIDENT NUMBER [REDACTED]						
	CALL NUMBER 1-25-014900			*GEOCODE 11			*CLEARANCES						
	TOD 23:10:51			<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT			A <input type="checkbox"/> Death of Suspect B <input type="checkbox"/> Prosecution Declined C <input type="checkbox"/> Extradition Denied D <input type="checkbox"/> Victim Refused to Coop. E <input type="checkbox"/> Juvenile/No Custody F <input type="checkbox"/> Arrest - Adult <input type="checkbox"/> Referred to another agency						
	TOA 23:18:05						G <input type="checkbox"/> Arrest – Juvenile H <input type="checkbox"/> Warrant Issued I <input type="checkbox"/> Invest. Pending J <input type="checkbox"/> Closed K <input type="checkbox"/> Unfounded U <input type="checkbox"/> Unknown						
TOC 06:26:29						*CLEARANCE DATE: CLEARED BY:							
OHIO UNIFORM INCIDENT REPORT													
MONTH 4				*REPORT DATE/TIME DAY 1		YEAR 2025		TIME 2309		MONTH 4			
										DAY 1			
										YEAR 2025			
										TIME 2309			
INCIDENT LOCATION (Street, Apt., City, State, Zip) 611 275 North, Cincinnati, OH 45245													
OFFENSE	*OFFENSE			*OFFENSE CODE		*A/C	F/M & DEGREE		*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY		
	1.			1.							(Enter up to three for each offense) 1. _____ 2. _____ 3. _____ B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROPOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY J- JUVENILE GANG ACTIVITY N- NO GANG ACTIVITY		
	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 Park ing Garage 14 Oth er Pub lic Access Build ings RETAIL 26 Bar 27 Buy/Sell/Trade Shop 28 Res taurant 29 Gas Station 30 Aut o Sales Lot 31 Jewelry Store 32 Clot hing Store 33 Dru gstore 34 Liq uor Sto re 35 Sh opping Mall 36 Spo rting Goods 37 Gro cery/Superm arket 38 Vari ety/Convenience 39 De partme nt Sto re 40 Oth er Ret ail Store 41 Fac tory/Mill/Plan t 42 Oth er Bui ding OUTSIDE 43 Yard 44 Con structi on Site 45 Lak e/Water way 46 Field/ Woods 47 Street 48 Park ing Lot 49 Park /Playground 50 Ce metery 51 Publ ic Transit V ehicle 52 Oth er Outs ide Location												
	RESID ENTIAL S TRUC TURE 01 Sing le Family Home 02 Multiple Dwelling 03 Res idential Faci lity 04 Oth er Res idential 05 Gar age/Shed COMMERCIAL LOCATIONS 15 Aut o Shop 16 Fin ancial Institut ion 17 Bar ber/Beauty Shop 18 Hote l/Motel 19 Dry Cleaners/Laundry 20 Pro fessio nal Off ice 21 Doc tor's Of fice 22 Oth er Bus iness Office 23 Amu seme nt Cen ter 24 Ren tal Storage Faci lity 25 Oth er Co mmercia l Service Loc. PUBLI C ACCESS BLDGS. 06 Trans it Faci lity 07 G overnm ent Off ice 08 Sc hool 09 Coll ege 10 Chu rch 11 Hos pital												
	*SUSPECTED OF USING A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE												
*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			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 <sup>ST</sup> FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 <sup>ND</sup> 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"/>						
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METHODS OF OPERATION X													
VICTIM	*NO.	*TOTAL VICTIMS		*VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER				
	NAME (Last, First, Middle)												
	ADDRESS (Street, Apt., City, State, Zip)											PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)											PHONE	
	*AGE/ D.O.B.		*SEX	*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR	EYES			
	OCCUPATION				SSN				*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST	3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN		
	*VICTIM INJURED? <input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:											
	*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI – OTHER		*VICTIM/SUSPECT RELATIONSHIP 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____				*VICTIM/OFFENSE LINK					
	My signature verifies that the information on this report is accurate and true												
	DATE _____												
REPORTING OFFICER [REDACTED]						TITLE [REDACTED]			BADGE NO. [REDACTED]		DATE 04/02/2025		
APPROVING OFFICER [REDACTED]									BADGE NO. [REDACTED]		DATE		
FOLLOW-UP? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, follow-up Assignment: Zimmerman, ROBERT												
ADDITIONAL SUPPLEMENTS	<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> PROPERTY <input type="checkbox"/> NARRATIVE	<input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER	FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS	SPECIAL COPIES							



# INCIDENT REPORT – PART 2

		INCIDENT NUMBER																																																																																		
VICTIM		OFFENSE		INCIDENT DATE AND TIME																																																																																
				04/01/2025 2309																																																																																
REPORTER	NO.	NAME (Last, First, Middle)			AGE/ D.O.B.																																																																															
	ADDRESS (Street, Apt., City, State, Zip)				PHONE																																																																															
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	ADDITIONAL DESCRIPTION																																																																																			
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PROPERTY	*TYPE PROPERTY LOSS/ETC. (enter codes below)																																																																																			
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	SERIAL NUMBER			NCIC NUMBER	OTHER NUMBER																																																																															
	<b>PROPER TY CODES :</b> <table border="0"> <tr> <td>EXCHANGE MEDIUMS</td> <td>01 Mo ney</td> <td>02 Cred it/Deb it Card</td> <td>03 Negot iable Instru ments</td> <td>04 Ot her Exchange Med iums</td> <td>DOCUMENTS</td> <td>05 No n-Negot iable Instru ments</td> <td>06 Perso nal Papers</td> <td>07 Ot her Doc u ments</td> </tr> <tr> <td>VALUABLES</td> <td>08 Jewe lry/Prec ious Meta ls</td> <td>09 Art Ob jects, A ntiques</td> <td>10 Ot her Va luables</td> <td>PERSONAL EFFECTS</td> <td>11 Clothing/F urs</td> <td>12 Purses/Ha ndbags/ Wall ets</td> <td>13 Ot her Perso nal Effects</td> <td>HOUSEHOLD ITEMS</td> <td>14 Ho usehold Items</td> </tr> <tr> <td>EQUIPMENT</td> <td>15 Dr ug/Narcot ic Eq uip.</td> <td>16 Gamb ling Eq uipme nt</td> <td>17 Comp uter Hardware/Soft.</td> <td>18 Off ice Eq uipme nt</td> <td>19 Stereo TV Eq uip.</td> <td>20 Record ings-Audio Visual</td> <td>21 Sports Eq uipme nt</td> <td>22 P hotograp hic Eq uipme nt</td> <td>23 Farm Eq uipme nt</td> </tr> <tr> <td></td> <td>24 Heavy Co nstruction/Industrial</td> <td>25 B uilding Supplies-Co nst.</td> <td>26 Too ls</td> <td>27 Ve hicle Parts/Accessor ies</td> <td>28 Sc hool Suppl ies</td> <td>29 Ot her Eq uipme nt</td> <td>CONSUMABLE ITEMS</td> <td>30 Al cohol</td> <td>31 Dr ugs/Narcot ics</td> </tr> <tr> <td></td> <td>32 Co nsumab le Goods</td> <td>ANIMALS</td> <td>33 Livestock</td> <td>34 Ho usehold Pets</td> <td>VEHICLES</td> <td>35 Aircraft</td> <td>36 A utomob iles</td> <td>37 Bicyc les</td> <td>38 B uses</td> </tr> <tr> <td></td> <td>39 Tr ucks</td> <td>40 Tra ilers</td> <td>41 Watercraft</td> <td>42 Recreat ional Vehicle</td> <td>43 Ot her Motor Ve hicle</td> <td>WEAPONS</td> <td>44 F irearms</td> <td>45 Ot her Weapo ns</td> <td>STRUCTURES</td> </tr> <tr> <td></td> <td>46 Single Occ upancy</td> <td>47 Ot her Dwe llings</td> <td>48 Commerc ial/Business</td> <td>49 Indus./Mfg.</td> <td>50 P ublic/Comm unity</td> <td>51 Storage</td> <td>52 Ot her Str ucture</td> <td>OTHER</td> <td>53 Merc handise</td> </tr> <tr> <td></td> <td>54 Ot her Property</td> <td>55 Pe nding Inventory</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						EXCHANGE MEDIUMS	01 Mo ney	02 Cred it/Deb it Card	03 Negot iable Instru ments	04 Ot her Exchange Med iums	DOCUMENTS	05 No n-Negot iable Instru ments	06 Perso nal Papers	07 Ot her Doc u ments	VALUABLES	08 Jewe lry/Prec ious Meta ls	09 Art Ob jects, A ntiques	10 Ot her Va luables	PERSONAL EFFECTS	11 Clothing/F urs	12 Purses/Ha ndbags/ Wall ets	13 Ot her Perso nal Effects	HOUSEHOLD ITEMS	14 Ho usehold Items	EQUIPMENT	15 Dr ug/Narcot ic Eq uip.	16 Gamb ling Eq uipme nt	17 Comp uter Hardware/Soft.	18 Off ice Eq uipme nt	19 Stereo TV Eq uip.	20 Record ings-Audio Visual	21 Sports Eq uipme nt	22 P hotograp hic Eq uipme nt	23 Farm Eq uipme nt		24 Heavy Co nstruction/Industrial	25 B uilding Supplies-Co nst.	26 Too ls	27 Ve hicle Parts/Accessor ies	28 Sc hool Suppl ies	29 Ot her Eq uipme nt	CONSUMABLE ITEMS	30 Al cohol	31 Dr ugs/Narcot ics		32 Co nsumab le Goods	ANIMALS	33 Livestock	34 Ho usehold Pets	VEHICLES	35 Aircraft	36 A utomob iles	37 Bicyc les	38 B uses		39 Tr ucks	40 Tra ilers	41 Watercraft	42 Recreat ional Vehicle	43 Ot her Motor Ve hicle	WEAPONS	44 F irearms	45 Ot her Weapo ns	STRUCTURES		46 Single Occ upancy	47 Ot her Dwe llings	48 Commerc ial/Business	49 Indus./Mfg.	50 P ublic/Comm unity	51 Storage	52 Ot her Str ucture	OTHER	53 Merc handise		54 Ot her Property	55 Pe nding Inventory						
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NARRATIVE	On the listed date and time, the listed person was involved in the listed incident. The Ohio State Highway Patrol has requested that the Ohio BCI investigate this incident.																																																																																			

# VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER [REDACTED]

VICTIM		OFFENSE		INCIDENT DATE ND TIME 04/01/2025 2309	
*NO.	*TOTAL VICTIMS	*VICTIM TYPE	I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT	P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION
				S <input type="checkbox"/> SOCIETY U <input type="checkbox"/> UNKNOWN	O <input type="checkbox"/> OTHER
NAME (Last, First, Middle)					
ADDRESS (Street, Apt., City, State, Zip)					PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
*AGE/ D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> W	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY HGT WGT HAIR EYES
OCCUPATION		SSN		*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST	3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
*VICTIM INJURED? <input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:				
*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI – OTHER		*VICTIM/SUSPECT RELATIONSHIP 0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		*VICTIM/OFFENSE LINK
My signature verifies that the information on this report is accurate and true					
DATE _____					

  

VICTIM		OFFENSE		INCIDENT DATE ND TIME 04/01/2025 2309	
*NO.	*TOTAL VICTIMS	*VICTIM TYPE	I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT	P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION
				S <input type="checkbox"/> SOCIETY U <input type="checkbox"/> UNKNOWN	O <input type="checkbox"/> OTHER
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ADDRESS (Street, Apt., City, State, Zip)					PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
*AGE/ D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> W	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY HGT WGT HAIR EYES
OCCUPATION		SSN		*RESIDENT STATUS 1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST	3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
*VICTIM INJURED? <input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:				
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My signature verifies that the information on this report is accurate and true					
DATE _____					

  

WITNESS	NO.	NAME (Last, First, Middle)		AGE/ D.O.B.	SSN
	1	DRURY, JOSHUA ANDREW		39 YRS 04/25/1985	Redacted
	ADDRESS (Street, Apt., City, State, Zip)				
	3424 CRAIG AVE CINCINNATI, OH 452115714				
	EMPLOYER NAME AND 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/ D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)				
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				

  

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	ADDRESS (Street, Apt., City, State, Zip)				
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	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				
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	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	BADGE NO.	DATE
[REDACTED]	[REDACTED]	04/02/2025
AP	BAD	DATE

<b>NARRATIVE SUPPLEMENT:</b>		INCIDENT NUMBER [REDACTED]
VICTIM		INCIDENT DATE / TIME <b>4/01/2025 2309</b>
OFFENSE		NARRATIVE DATE / TIME <b>04/01/2025</b>
NARRATIVE TOPIC	OFFICER <b>A. DUNN (104)</b>	BADGE NO.

04/01/2025 23:09:53 - CALLER ADV VEH HEADED THE WRONG DIRECTION  
 04/01/2025 23:09:56 - UNK TYPE VEH  
 04/01/2025 23:10:17 - SB IN THE NB LANE  
 04/01/2025 23:10:58 - NEW CALLER/ MAKAYLA MONDAY [REDACTED] POSS RED FORD SUV OLDER MODEL  
 04/01/2025 23:11:10 - CAN SEE IT NOW THEY ARE TRYING TO TURN AROUND NOW  
 04/01/2025 23:11:24 - PASSING EASTGATE BLVD EXIT  
 04/01/2025 23:11:31 - LP JVV3278  
 04/01/2025 23:11:50 - OSP UNIT GETTING BEHIND THE VEH  
 04/01/2025 23:12:51 - NOW DRIVING THE CORRECT DIRECTION  
 04/01/2025 23:13:20 - OSP UNIT PULLED OFF/ AND THE SUSPECT VEH IS STILL DRIVING  
 04/01/2025 23:14:15 - SUSPECT VEH IS PULLED OVER ON RIGHT SHOULDER BEFORE THE BEECHMONT EXIT  
 04/01/2025 23:15:04 - CALLER CAN NO LONGER SEE THE VEH  
 04/01/2025 23:15:13 - 64. VEH NB IN SB LANES  
 04/01/2025 23:15:29 - 84 ADV NB AT THE 64  
 04/01/2025 23:15:30 - NB AT 64 TROOPER BEHIND IT  
 04/01/2025 23:15:34 - RED FORD ESCAPE  
 04/01/2025 23:15:34 - RED FORD ESCAPE  
 04/01/2025 23:16:30 - PHYSICAL CONTACT WITH SUBJECT SUBJECT HAS 63.4 POST WITH A GUN  
 04/01/2025 23:16:32 - BASE ON 99  
 04/01/2025 23:16:51 - 15 SB AT 32 EXIT  
 04/01/2025 23:17:12 - SUSPECT IS COMPLAINT DROPPED THE 61  
 04/01/2025 23:17:33 - 15 ADV 275 RIGHT OVER 32  
 04/01/2025 23:17:38 - [REDACTED] OUT POST  
 04/01/2025 23:17:41 - [REDACTED] OUT WITH POST  
 04/01/2025 23:17:42 - 84 - SHOTS FIRED  
 04/01/2025 23:17:47 - 15 BLOCK TRAFFIC  
 04/01/2025 23:18:47 - POST - SUSPECT INJURY - ADVISED MEDICS ENRT  
  
 04/01/2025 23:19:29 - 275 SB SHUT DOWN NOW  
 04/01/2025 23:19:35 - 15 SHUT DOWN AT THE RAMP  
 04/01/2025 23:19:40 - NEED RAMP SHUT DOWN  
 04/01/2025 23:20:58 - [REDACTED] SEND MEDICS ENRT ADVD TO STEP IT UP  
 04/01/2025 23:24:21 - U88 ADVD ON PS  
 04/01/2025 23:24:26 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:27:44 - 84 -U87 88 ADVD  
 04/01/2025 23:28:19 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:28:19 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:28:19 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:28:19 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:28:19 - 52 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:28:20 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:28:21 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:38:25 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:38:26 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:38:26 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:38:26 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:38:26 - 52 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:38:27 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:38:28 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
 04/01/2025 23:40:57 - PER U84 OPEN CHANNEL 99 TRAFFIC LIFTED  
  
 04/01/2025 23:45:21 - [REDACTED] CONTACT ANIMAL CONTROL K9 NEEDS ASSISTANCE  
 04/01/2025 23:47:45 - [REDACTED] - CONTACT MADE WITH ANIMAL CONTROL ENRT - ON CALL ANIMAL CONTROL 513 430 4464

<b>NARRATIVE SUPPLEMENT:</b>			
VICTIM		INCIDENT DATE / TIME <b>4/01/2025 2309</b>	
OFFENSE		NARRATIVE DATE / TIME <b>04/01/2025</b>	
NARRATIVE TOPIC		OFFICER <b>A. DUNN (104)</b>	
		BADGE NO.	

04/01/2025 23:48:34 - 15/21 HAS THE EXIT RAMP BLOCKED AT SB 275 AT 32

04/01/2025 23:49:51 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/01/2025 23:49:52 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/01/2025 23:49:52 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/01/2025 23:49:52 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/01/2025 23:49:53 - 52 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/01/2025 23:49:53 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/01/2025 23:49:53 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:00:18 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:00:18 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:00:19 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:00:19 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:00:19 - 52 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:00:20 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:00:20 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:05:28 - ANIMAL CONTROL UNIT ENRT TO SCENE VIA COUNTY RADIO

04/02/2025 00:05:37 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:05:38 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:05:38 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:05:38 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:05:39 - 52 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:05:39 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:05:39 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:15:47 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:15:47 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:15:48 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:15:48 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:15:48 - 52 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:15:48 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:15:49 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:19:48 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:19:48 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:19:48 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:19:49 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:19:49 - 52 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:19:49 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:19:50 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:21:55 - [REDACTED] - CHECK WITH MIAMI TOWNSHIP REF TO BOMB DOG AVAILABLE

04/02/2025 00:29:56 - MIAMI TWN K9 ER 25-35 MIN ETA

04/02/2025 00:30:00 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:30:00 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:30:01 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:30:01 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:30:02 - 52 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:30:02 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:30:02 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:40:43 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:40:43 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:40:43 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:40:43 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:40:44 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:40:44 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

04/02/2025 00:50:43 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

<b>NARRATIVE SUPPLEMENT:</b>			
VICTIM		INCIDENT DATE / TIME <b>4/01/2025 2309</b>	
OFFENSE		NARRATIVE DATE / TIME <b>04/01/2025</b>	
NARRATIVE TOPIC		OFFICER <b>A. DUNN (104)</b>	BADGE NO.

04/02/2025 00:50:43 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 00:50:44 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 00:50:44 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 00:50:44 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 00:50:44 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:00:57 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:00:57 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:00:57 - 47 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:00:57 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:00:58 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:00:58 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:05:43 - 47 ON SCENE SETTING UP ROAD CLOSE SIGNS  
04/02/2025 01:11:17 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:11:17 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:11:17 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:11:17 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:11:18 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:21:57 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:21:57 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:21:57 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:21:57 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:21:57 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:32:11 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:32:11 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:32:12 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:32:12 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:32:12 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:33:56 - PE [REDACTED] - CAT IN SUSPECT VEH - SEND ANIMAL CONTROL - REF SEARCH WARRANT ON VEH  
04/02/2025 01:36:07 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:36:07 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:36:08 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:36:08 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:36:08 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:46:26 - 15 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:46:26 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:46:26 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:46:27 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:46:27 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:53:02 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:53:02 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:53:03 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 01:53:03 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:03:46 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:03:46 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:03:47 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:03:47 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:14:04 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:14:04 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:14:04 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:14:05 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:24:19 - 21 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:24:19 - 49 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:24:19 - [REDACTED] - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

<b>NARRATIVE SUPPLEMENT:</b>			
VICTIM		INCIDENT DATE / TIME <b>4/01/2025 2309</b>	
OFFENSE		NARRATIVE DATE / TIME <b>04/01/2025</b>	
NARRATIVE TOPIC	OFFICER <b>A. DUNN (104)</b>	BADGE NO.	

04/02/2025 02:24:20 - 84 - Clear Time Check-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:28:09 - 21 - Cancel Checks-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:28:09 - 49 - Cancel Checks-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:28:09 - 52 - Cancel Checks-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:28:09 - [REDACTED] - Cancel Checks-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 02:28:10 - 84 - Cancel Checks-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 05:22:21 - 30 - Cancel Checks-(I 275 NORTH @us 50) 61 I 275 North Cincinnati  
04/02/2025 06:16:31 - 30 - Cancel Checks-(I 275 NORTH @us 50) 61 I 275 North Cincinnati

**Union Township Fire Department**

Patient Care Record

Name: HILDAL, KELSEY

Incident #: 25-0014903

Date: 04/01/2025

Patient 1 of 1

Patient Information				Clinical Impression	
Last	HILDAL	Address	4707 Alpine Ave	Primary Impression	
First	KELSEY	Address 2		Secondary Impression	
Middle		City	Blue Ash	Protocols Used	
Gender	Female	State	OH	Local Protocol Provided Care Level	
DOB	12/23/1990	Zip	45242	Anatomic Position	
Age	34 Yrs, 3 Months, 9 Days	Country	US	Onset Time	23:10:00 04/01/2025
Weight		Tel	Unable to Obtain - Other Reason	Last Known Well	
Height		Physician		Chief Complaint	
Pedi Color		Phys. Tel		Duration	Units
SSN		Ethnicity	Not Hispanic or Latino	Secondary Complaint	
Race	White			Duration	Units
Advance Directives				Patient's Level of Distress	
Resident Status		Not a Resident Within EMS Service Area		Signs & Symptoms	
Patient Resides in Service Area				Injury	
Temporary Residence Type				Additional Injury	
				Mechanism of Injury	
				Medical/Trauma	
				Barriers of Care	
				Alcohol/Drugs	
				Pregnancy	
				Initial Patient Acuity	
				Final Patient Acuity	
				Patient Activity	

Medications/Allergies/History/Immunizations	
Medications	
Allergies	
History	
Immunizations	
Last Oral Intake	

Vital Signs																	
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS

Flow Chart			
Time	Treatment	Description	Provider

Assessment Time: 04/01/2025 23:24:00

**Union Township Fire Department**

Patient Care Record

Name: HILDAL, KELSEY

Incident #: 25-0014903

Date: 04/01/2025

Patient 1 of 1

Category	Comments	Subcategory		
Mental Status		Mental Status		
Skin		Skin		
HEENT		Head		
		Face		
		Eyes		
		Neck		
Chest		Chest		
Abdomen		Heart Sounds		
		Lung Sounds		
Back		General		
Pelvis/GU/GI		Back		
Extremities		Pelvis/GU/GI		
		Left Arm		
		Right Arm		
		Left Leg		
Neurological		Right Leg		
		Neurological		
Neonatal				

**Assessments**

Assessment Time: 04/01/2025 23:27:00

Category	Comments	Subcategory		
Mental Status		Mental Status		
Skin		Skin		
HEENT		Head		
		Face		
		Eyes		
		Neck		
Chest		Chest		
Abdomen		Heart Sounds		
		Lung Sounds		
Back		General		
Pelvis/GU/GI		Back		
		Pelvis/GU/GI		



**Union Township Fire Department**

Patient Care Record

Name: HILDAL, KELSEY

Incident #: 25-0014903

Date: 04/01/2025

Patient 1 of 1

**Assessments**

Assessment Time: 04/01/2025 23:27:00

Category	Comments	Subcategory	
Extremities		Left Arm	
		Right Arm	
		Left Leg	
		Right Leg	
		Pulse	
Neurological		Neurological	
Neonatal			

**Narrative****Specialty Patient - CPR**

Cardiac Arrest		Prearrival CPR Instructions		In Field Pronouncement	
Cardiac Arrest Etiology		First Defibrillated By		Expired	Yes
Estimated Time of Arrest		Time of First Defib		Time	23:31
Est Time Collapse to 911		Initial ECG Rhythm		Date	04/01/2025
Est Time Collapse to CPR		Rhythm at Destination		Physician	Dr. Tiseo
Arrest Witnessed By		Hypothermia			
CPR Initiated By		End of Event			
Tme 1st CPR		ROSC			
CPR Feedback		ROSC Time			
ITD Used		ROSC Occured			
Applied AED		Resuscitation Discontinued			
Applied By		Discontinued Reason			
Defibrillated		Resuscitation			
CPR Type					

Incident Details		Destination Details		Incident Times	
Location Type	Street or Highway	Disposition		PSAP Call	
Location		Unit Disposition	Patient Contact Made	Dispatch Notified	

**Union Township Fire Department**

Patient Care Record

Name: HILDAL, KELSEY

Incident #: 25-0014903

Date: 04/01/2025

Patient 1 of 1

Incident Details		Destination Details		Incident Times	
Address	63 I 275 South	Patient Evaluation and/or Care Disposition		Call Received	04/01/2025 23:17:40
Address 2		Crew Disposition	Back in Service, No Care or Support Services Required	Dispatched	04/01/2025 23:18:09
Mile Marker		Transport Disposition	Transport by Another EMS Unit	En Route	04/01/2025 23:19:38
City	Cincinnati	Transport Mode		Staged	
County	Clermont	Reason for Refusal or Release		Resp on Scene	
State	OH	Transport Mode Descriptors		On Scene	04/01/2025 23:23:26
Zip	45245	Transport Due To		At Patient	04/01/2025 23:24:00
Country	US	Transported To		Care Transferred	
Medic Unit	M49	Requested By	Law Enforcement	Depart Scene	
Medic Vehicle	M-17	Transferred To		At Destination	
Run Type	Emergency Response (Primary Response Area)	Transferred Unit		Pt. Transferred	
Response Mode	Emergent	Destination	Hospital	Call Closed	04/02/2025 03:42:02
Response Mode Descriptors	Lights and Sirens	Department		In District	
Shift	A Shift	Address		At Landing Area	
Zone	49	Address 2			
Level of Service		City			
EMD Complaint		County			
EMD Card Number		State			
Dispatch Priority		Zip			
		Country	US		
		Zone			
		Condition at Destination			
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			
		Stroke Registry ID			
Call Nature	STAB / GUNSHOT -				

Crew Members				
Personnel	Role	Certification Level	PPE	Exposures
RADZIMOSKI, MICHAEL	Driver	EMT-Paramedic (Ohio) - 43921	Gloves	None
BUCZAK, BENJAMIN	Other	EMT-Paramedic (Ohio) - 91974	Gloves	None
GILPIN, CHRISTOPHER	Other	EMT-Paramedic (Ohio) - 97511	Gloves	None
HIGHLAND, ELIZABETH	Lead	EMT-Paramedic (Ohio) - 187533	Gloves	None

Insurance Details					
Insured's Name		Primary Payer		Dispatch Nature	
Relationship		Medicare		Response Urgency	
Insured SSN		Medicaid		Job Related Injury	
Insured DOB		Primary Insurance		Employer	
Address1		Policy #		Contact	
Address2		Primary Insurance Group Name		Phone	
Address3		Group #		Mileage to Closest Hospital	
City		Secondary Ins			
State		Policy #			



# Union Township Fire Department

Patient Care Record

Name: HILDAL, KELSEY

Incident #: 25-0014903

Date: 04/01/2025

Patient 1 of 1

## Insurance Details

Zip		Secondary Insurance Group Name	
Country	US	Group #	

Mileage		Delays		Additional Agencies
Scene		Category	Delays	
Destination		Dispatch Delays	None/No Delay	
Loaded Miles		Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End				
Total Miles				

## Next of Kin

Next of Kin Name		Address1		City	
Relationship to Patient		Address2		State	
Phone		Address3		Zip	
				Country	US



Date: 04/01/2025

Incident # [REDACTED]

I. X Joshua Derry-Reese  
PRINT NAME

HEREBY MAKE THIS VOLUNTARY STATEMENT

X First witnessing the event, the police car had another car pressed up against the wall of the highway. Several police officers were surrounding the car with guns drawn. The police released the car and then shot the tires out as it moved. Shortly after a dog ran out of the car and the police pulled the suspect out and put him to the ground. I couldn't see if he was tased or not.

Signature: X Josh Derry-Reese

Witness: \_\_\_\_\_

Address:

Phone:

DOB:

2705 Highland Trce Highland Heights, KY 41076

04/25/85

SSN: [REDACTED]