

08-8059

ADMINISTRATIVE	AGENCY NAME MTPD		INCIDENT NUMBER 7-11-08
	CALL NUMBER 1718	GEocode 1	CLEARANCES
	TOD 1718	<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 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
	TOA 1729	OHIO UNIFORM INCIDENT REPORT	
TOE 1744			CLEARANCE DATE: 7-11-08 CLEARED BY: 35

MONTH	REPORT DATE/TIME DAY	YEAR	TIME	MONTH	INCIDENT OCCURRED FROM DAY	YEAR	TIME	MONTH	INCIDENT OCCURRED TO DAY	YEAR	TIME
7	11	08	1718	7	11	08	1718	7	11	08	1718

INCIDENT LOCATION (Street, Apt., City, State, Zip)
6070 Branch Hill Guinea Pike Loveland Oh 45140 (Kids Helping Kids)

OFFENSE	OFFENSE CODE	A/C	FM & DEGREE	TRAFFIC/BIAS	LARCENY	TYPE CRIMINAL ACTIVITY
See-Complainant	1					(Enter up to three for each offense) B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN F- OPER/PROP/DTNG/ASSIST. P- POSSESSING/CONCEALING T- TRANSPORTING/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY J- JUVENILE GANG ACTIVITY N- NO GANG ACTIVITY
	2					
	3					
	4					
	5					

LOCATION OF OFFENSE (Enter up to two):
 1. **14** 2. **47**

RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital	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.	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	OUTSIDE 41 Factory/Mill/Plant 42 Other Building 43 Yard 44 Construction 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 OR USING A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input type="checkbox"/> NOT APPLICABLE
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METHOD OF ENTRY 1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE	METHOD OF ENTRY - MOTOR VEHICLE THEFT 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	METHOD OF ENTRY - BURGLARY/B&E 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 Peeling 10 <input type="checkbox"/> Ignition Peeling	ENTRY 1 <input type="checkbox"/> BASEMENT 2 <input type="checkbox"/> 1 ST FLOOR 3 <input type="checkbox"/> 2 ND FLOOR 4 <input type="checkbox"/> OTHER	EXIT 1 <input type="checkbox"/> DOOR 2 <input type="checkbox"/> WINDOW 3 <input type="checkbox"/> GARAGE 4 <input type="checkbox"/> SKYLIGHT 5 <input type="checkbox"/> OTHER	ENTRY 1 <input type="checkbox"/> FRONT 2 <input type="checkbox"/> SIDE 3 <input type="checkbox"/> REAR 4 <input type="checkbox"/> ROOF 5 <input type="checkbox"/> OTHER
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METHODS OF OPERATION

NO. OF VICTIMS: **1** TYPE: INDIVIDUAL BUSINESS FINANCIAL INSTITUTION GOVERNMENT POLICE OFFICER (IN THE LINE OF DUTY) SOCIETY OTHER

NAME (Last, First, Middle): _____

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

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

PAGE: _____ SEX: _____ RACE: _____ ETHNICITY: _____ HGT: _____ WGT: _____ HAIR: _____ EYES: _____

OCCUPATION: _____ SSN: _____

RESIDENT: 1 RESIDENT: 2 RESIDENT: 3 MILITARY OTHER
 STATUS: 1 TOURIST STUDENT UNKNOWN

VICTIM: Y N IF INJURED, DESCRIBE INJURIES: _____

AGG. ASSAULT/HOMICIDE CIRC: _____

LEAD INFORMATION: _____

VICTIM/SUSPECT RELATIONSHIP: _____

VICTIM/OFFENSE LINK: _____

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

REPORTING OFFICER: **Wahlert** BADGE NO. **35** DATE: **7-11-08**

APPROVING OFFICER: **Young** BADGE NO. **81** DATE: **7-13-08**

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

INCIDENT NUMBER