

AGENCY NAME **Miami Township Police Department**

CALL NUMBER _____ GEOCODE **1**

TOD **2035** INCIDENT OFFENSE SUPPLEMENT

TOA **2040**

TOC **2051**

INCIDENT NUMBER **1-08-007658**

CLEARANCES

A DEATH OF OFFENDER G ARREST - JUVENILE

B PROSECUTION DECLINED H WARRANT ISSUED

C EXTRADITION DENIED I INVEST. PENDING

D VICTIM REFUSED TO COOP J CLOSED

E JUVENILE IN CUSTODY K UNFOUNDED

F ARREST - ADULT L UNKNOWN

OHIO UNIFORM INCIDENT REPORT

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
07	14	2008	2035	07	14	2008	2035	07	14	2008	2051

INCIDENT LOCATION (Street, Apt, City, State, Zip) **6070 BHGP Milford, OH 45150**

OFFENSE	OFFENSE CODE	AG. F/M & DEGREE	TYPE OF CRIMINAL ACTIVITY
1.			1. 2. 3.
2.			1. 2. 3.
3.			1. 2. 3.
4.			1. 2. 3.
5.			1. 2. 3.

LOCATION OF OFFENSE(s) (Enter up to two for each offense)

1.	2.	3.	4.	5.	LARCENY TYPE
RESIDENTIAL STRUCTURE	12 JAIL/PRISON	RETAIL	40 OTHER RETAIL STORE		23A <input type="checkbox"/> POCKET PICKING
01 SINGLE FAMILY HOME	13 PARKING GARAGE	26 BAR	41 FACTORY/MILL/PLANT		23B <input type="checkbox"/> PURSE SNATCHING
02 MULTIPLE DWELLING	14 OTHER PUBLIC ACCESS BUILDING	27 BUY / SELL / TRADE SHOW	42 OTHER BUILDING		23C <input type="checkbox"/> SHOPLIFTING
03 RESIDENTIAL FACILITY		28 RESTAURANT			23D <input type="checkbox"/> THEFT FROM BUILDING
04 OTHER RESIDENTIAL	COMMERCIAL LOCATIONS	29 GAS STATION	OUTSIDE		23E <input type="checkbox"/> THEFT FROM COIN-OP MACH.
05 GARAGE / SHED	16 AUTO SHOP	30 AUTO SALES LOT	43 YARD		23F <input type="checkbox"/> THEFT FROM MOTOR VEH.
PUBLIC ACCESS BLDGS.	16 FINANCIAL INSTITUTION	31 JEWELRY STORE	44 CONSTRUCTION SITE		23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES.
06 TRANSIT FACILITY	17 BARBER / BEAUTY SHOP	32 CLOTHING STORE	45 LAKE/WATERWAY		240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE
07 GOVERNMENT OFFICE	18 HOTEL/MOTEL	33 DRUGSTORE	46 FIELD/WOODS		23H <input type="checkbox"/> OTHER
08 SCHOOL	19 DRY CLEANER/LAUNDRY	34 LIQUOR STORE	47 STREET		SUSPECTED OF USING
09 COLLEGE	20 PROFESSIONAL OFFICE	35 SHOPPING MALL	48 PARKING LOT		A <input type="checkbox"/> ALCOHOL
10 CHURCH	21 DOCTOR'S OFFICE	36 SPORTING GOODS	49 PARK/PLAYGROUND		B <input type="checkbox"/> DRUGS
11 HOSPITAL	22 OTHER BUSINESS OFFICE	37 GROCERY / SUPERMARKET	50 CEMETERY		C <input type="checkbox"/> COMPUTER EQUIP
	23 AMUSEMENT CENTER	38 VARIETY / CONVENIENCE	51 PUBLIC TRANSIT VEHICLE		N <input type="checkbox"/> NOT APPLICABLE
	24 RENTAL STORAGE FACILITY	39 DEPARTMENT STORE	52 OTHER OUTSIDE LOCATION		
	25 OTHER COMMERCIAL SERVICE LOC.		77 OTHER		

METHOD OF ENTRY

1 FORCE

2 NO FORCE

NO. PREMISES ENTERED

METHOD OF ENTRY - MOTOR VEHICLE THEFT

01 MOTOR RUNNING / KEYS IN CAR

02 UNLOCKED

03 DUPLICATE KEY USED

04 WINDOW BROKEN

05 TOWED

06 HOT WIRE

07 SLIM JIM / COAT HANGER

08 TUMBLERS REMOVED

09 COLUMN PEELED

10 IGNITION PEELED

METHOD OF ENTRY - BURGLARY / B & E

ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
1 <input type="checkbox"/> BASEMENT	<input type="checkbox"/>	1 <input type="checkbox"/> DOOR	<input type="checkbox"/>	1 <input type="checkbox"/> FRONT	<input type="checkbox"/>
2 <input type="checkbox"/> 1ST FLOOR	<input type="checkbox"/>	2 <input type="checkbox"/> WINDOW	<input type="checkbox"/>	2 <input type="checkbox"/> SIDE	<input type="checkbox"/>
3 <input type="checkbox"/> 2ND FLOOR	<input type="checkbox"/>	3 <input type="checkbox"/> GARAGE	<input type="checkbox"/>	3 <input type="checkbox"/> REAR	<input type="checkbox"/>
4 <input type="checkbox"/> OTHER	<input type="checkbox"/>	4 <input type="checkbox"/> SKYLIGHT	<input type="checkbox"/>	4 <input type="checkbox"/> ROOF	<input type="checkbox"/>
		5 <input type="checkbox"/> OTHER	<input type="checkbox"/>	5 <input type="checkbox"/> OTHER	<input type="checkbox"/>

NO. _____ TOTAL VICTIMS _____ 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 W B A I U _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

OCCUPATION _____ SSN _____

VICTIM TYPE INDIVIDUAL BUSINESS FINANCIAL INSTITUTION GOVERNMENT POLICE OFFICERS (IN THE LINE OF DUTY) RELIGIOUS ORGANIZATION

RESIDENT STATUS 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER 6 UNKNOWN

SOCIETY / PUBLIC OTHER UNKNOWN

VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES _____

AGG. ASLT / HOMICIDE CIRCUM _____ VICT. OFF. RELAT _____ VICTIM LINKED TO OFFENDER NO(S) _____ VICTIM LINKED TO OFFENSE NO(S) _____

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

REPORTING OFFICER **Hirsch, Robert J** BADGE NO. _____ DATE **7/14/2008**

APPROVING OFFICER _____ BADGE NO. _____ DATE _____

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

ADDITIONAL SUPPLEMENTS VICTIM / WITNESS PROPERTY STATEMENT FORM RECEIVED BY: INTELLIGENCE SPECIAL COPIES

SUSPECT / ARREST NARRATIVE OTHER INVESTIGATION RECORDS

1-08-007658