

ADMINISTRATIVE	AGENCY NAME MTPD		INCIDENT NUMBER 66 2064		
	CALL NUMBER	GEOCODE	CLEARANCES		
	TOP 1427	<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT	<input type="checkbox"/> A Death of Suspect <input type="checkbox"/> G Arrest - Juvenile <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> H Warrant Issued <input type="checkbox"/> C Extradition Denied <input type="checkbox"/> I Invest. Pending <input type="checkbox"/> D Victim Refused to Coop. <input checked="" type="checkbox"/> J Closed <input type="checkbox"/> E Juvenile/No Custody <input type="checkbox"/> K Unfounded <input type="checkbox"/> F Arrest - Adult <input type="checkbox"/> U Unknown		
	TOA 1433		CLEARANCE DATE 7/14/08		CLEARED BY 11
TOC 1505	OHIO UNIFORM INCIDENT REPORT				
REPORT DATE (TIME)		INCIDENT OCCURRED FROM		INCIDENT OCCURRED TO	
MONTH DAY YEAR TIME		MONTH DAY YEAR TIME		MONTH DAY YEAR TIME	
7 14 08 1427		7 14 08 1433		7 14 08 1505	
INCIDENT LOCATION (Street, Apt., City, State, Zip) 6070 BR - Hill Guinea PK, Loveland OH 45140					
OFFENSE					
OFFENSE		OFFENSE CODE	FACTOR	FIM & DEGREE	CRIMINAL ACTIVITY
1. Domestic Problems		1.			1. 2. 3. (Enter up to three for each offense)
2.		2.			1. 2. 3.
3.		3.			1. 2. 3.
4.		4.			1. 2. 3.
5.		5.			1. 2. 3.
EDUCATION OF OFFENSE (See Manual)					
1. 25		12 Jail/Prison		41 Factory/Mill/Plant	
2.		13 Parking Garage		42 Other Building	
RESIDENTIAL STRUCTURE		COMMERCIAL LOCATIONS		OUTSIDE	
01 Single Family Home		15 Auto Shop		43 Yard	
02 Multiple Dwelling		16 Financial Institution		44 Construction Site	
03 Residential Facility		17 Barber/Beauty Shop		45 Lake/Waterway	
04 Other Residential		18 Hotel/Motel		46 Field/Woods	
05 Garage/Shed		19 Dry Cleaners/Laundry		47 Street	
PUBLIC ACCESS BLDGS.		20 Professional Office		48 Parking Lot	
06 Transit Facility		21 Doctor's Office		49 Park/Playground	
07 Government Office		22 Other Business Office		50 Cemetery	
08 School		23 Amusement Center		51 Public Transit Vehicle	
09 College		24 Rental Storage Facility		52 Other Outside Location	
10 Church		25 Other Commercial Service Loc.		40 Other Retail Store	
11 Hospital				77 Other	
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					
WEAPON FORCE USED					
1. 99 2. 3.					
METHOD OF ENTRY		METHOD OF ENTRY - MOTOR VEHICLE		METHOD OF ENTRY - BURGLAR/REP	
1 <input type="checkbox"/> FORCE		01 <input type="checkbox"/> Motor Running/Keys in Car		ENTRY EXIT	
2 <input type="checkbox"/> NO FORCE		02 <input type="checkbox"/> Unlocked		1 <input type="checkbox"/> DOOR <input type="checkbox"/>	
NO PREMISES ENTERED		03 <input type="checkbox"/> Duplicate Key Used		2 <input type="checkbox"/> WINDOW <input type="checkbox"/>	
		04 <input type="checkbox"/> Window Broken		3 <input type="checkbox"/> GARAGE <input type="checkbox"/>	
		05 <input type="checkbox"/> Towed		4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>	
		06 <input type="checkbox"/> Hot Wire		5 <input type="checkbox"/> OTHER <input type="checkbox"/>	
		07 <input type="checkbox"/> 8mm Jim Coat Hanger		ENTRY EXIT	
		08 <input type="checkbox"/> Tumblers Removed		1 <input type="checkbox"/> BASEMENT <input type="checkbox"/>	
		09 <input type="checkbox"/> Column Pooled		2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/>	
		10 <input type="checkbox"/> Ignition Pooled		3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/>	
				4 <input type="checkbox"/> OTHER <input type="checkbox"/>	
				5 <input type="checkbox"/> OTHER <input type="checkbox"/>	
				6 <input type="checkbox"/> OTHER <input type="checkbox"/>	
METHODS OF OPERATION					
NO. OF VICTIMS					
NAME (Last, First, Middle)					
ADDRESS (Street, Apt., City, State, Zip)					
PHONE					
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					
PHONE					
AGE					
DOB					
OCCUPATION					
SEX					
RACE					
HGT					
WGT					
HAIR					
EYES					
VICTIM STATUS					
IF INJURED, DESCRIBE INJURIES					
ACC. ASSAULT/ HOMICIDE CIRC.					
VICTIM/SUSPECT RELATIONSHIP					
VICTIM OFFENSE/CHRG.					
My signature verifies that the information on this report is accurate and true					
DATE					
REPORTING OFFICER A D A M S				BADGE NO. 11	
APPROVING OFFICER				DATE 7/14/08	
FOLLOW-UP? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				BADGE NO.	
If yes, follow-up assignment:				DATE	
ADDITIONAL SUPPLEMENTS		VICTIM/WITNESS		FORM RECEIVED BY:	
<input type="checkbox"/> SUSPECT/ARRESTEE		<input type="checkbox"/> PROPERTY		<input type="checkbox"/> INVESTIGATION	
		<input type="checkbox"/> NARRATIVE		<input type="checkbox"/> INTELLIGENCE	
		<input type="checkbox"/> STATEMENTS		<input type="checkbox"/> RECORDS	
		<input type="checkbox"/> OTHER		SPECIAL COPIES	

7/14/08 11:00 AM