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| <b>ADMINISTRATIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AGENCY NAME<br><b>MTPD</b>                            |                     | INCIDENT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CALL NUMBER                                           |                     | CLEARANCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GEOCODE                                               |                     | A <input type="checkbox"/> Death of Suspect      G <input type="checkbox"/> Arrest - Juvenile<br>B <input type="checkbox"/> Prosecution Declined      H <input type="checkbox"/> Warrant Issued<br>C <input type="checkbox"/> Extradition Denied      I <input type="checkbox"/> Invest. Pending<br>D <input type="checkbox"/> Victim Refused to Coop.      J <input type="checkbox"/> Closed<br>E <input type="checkbox"/> Juvenile/No Custody      K <input type="checkbox"/> Unfounded<br>F <input type="checkbox"/> Arrest - Adult      U <input type="checkbox"/> Unknown |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TOA <b>1718</b><br>TOA <b>1729</b><br>TOC <b>1744</b> |                     | <input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL)<br><input type="checkbox"/> OFFENSE<br><input type="checkbox"/> SUPPLEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>OHIO UNIFORM INCIDENT REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>OFFENSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | REPORT DATE/TIME                                      |                     | INCIDENT OCCURRED FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MONTH DAY YEAR TIME                                   |                     | MONTH DAY YEAR TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7 11 08 1718                                          |                     | 7 11 08 1718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INCIDENT LOCATION (Street, Apt., City, State, Zip)    |                     | INCIDENT OCCURRED TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 6070 Branch Hill Guinea Pike Loveland, Oh 45140 (Kids Helping Kids)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | MONTH DAY YEAR TIME |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 7 11 08 1718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| OFFENSE OFFENSE CODE AC FM & DEGREE MAX/MIAS LARGEN TYPE CRIMINAL ACTIVITY<br>1. See-Complainant 1. 2. 3. 4. 5. 1. 2. 3. 4. 5. 1. 2. 3. 4. 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| LOCATION OF OFFENSE (Enter up to two)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1. 14 2. 47<br>RESIDENTIAL STRUCTURE<br>01 Single Family Home<br>02 Multiple Dwelling<br>03 Residential Facility<br>04 Other Residential<br>05 Garage/Shed<br>PUBLIC ACCESS BLDGS.<br>06 Transit Facility<br>07 Government Office<br>08 School<br>09 College<br>10 Church<br>11 Hospital<br>COMMERCIAL LOCATIONS<br>12 Jail/Prison<br>13 Parking Garage<br>14 Other Public Access Buildings<br>15 Auto Shop<br>16 Financial Institution<br>17 Barber/Beauty Shop<br>18 Hotel/Motel<br>19 Dry Cleaners/Laundry<br>20 Professional Office<br>21 Doctor's Office<br>22 Other Business Office<br>23 Amusement Center<br>24 Rental Storage Facility<br>25 Other Commercial Service Loc.<br>RETAIL<br>26 Bar<br>27 Buy/Sell/Trade Shop<br>28 Restaurant<br>29 Gas Station<br>30 Auto Sales Lot<br>31 Jewelry Store<br>32 Clothing Store<br>33 Drugstore<br>34 Liquor Store<br>35 Shopping Mall<br>36 Sporting Goods<br>37 Grocery/Supermarket<br>38 Variety/Convenience<br>39 Department Store<br>40 Other Retail Store<br>41 Factory/Min/Plant<br>42 Other Building<br>OUTSIDE<br>43 Yard<br>44 Construction Site<br>45 Lake/Waterway<br>46 Field/Woods<br>47 Street<br>48 Parking Lot<br>49 Park/Playground<br>50 Cemetery<br>51 Public Transit Vehicle<br>52 Other Outside Location<br>77 Other |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| SUSPECTED OF USING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| A <input type="checkbox"/> ALCOHOL<br>D <input type="checkbox"/> DRUGS<br>C <input type="checkbox"/> COMPUTER EQUIPMENT<br>N <input type="checkbox"/> NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| TYPE WEAPON/FORCE USED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1. 2. 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| METHOD OF ENTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1 <input type="checkbox"/> FORCE<br>2 <input type="checkbox"/> NO FORCE<br>01 <input type="checkbox"/> Motor Running/Keys in Car<br>02 <input type="checkbox"/> Unlocked<br>03 <input type="checkbox"/> Duplicate Key Used<br>04 <input type="checkbox"/> Window Broken<br>05 <input type="checkbox"/> Towed<br>06 <input type="checkbox"/> Hot Wire<br>07 <input type="checkbox"/> Slim Jim/Coat Hanger<br>08 <input type="checkbox"/> Tumblers Removed<br>09 <input type="checkbox"/> Column Picked<br>10 <input type="checkbox"/> Ignition Picked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| METHODS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| NO. TOTAL VICTIMS<br>NAME (Last, First, Middle)<br>ADDRESS (Street, Apt., City, State, Zip)<br>PHONE<br>EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)<br>PHONE<br>AGE DOB SEX RACE <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> L ETHNICITY HGT WGT HAIR EYES<br>OCCUPATION SSN<br>RESIDENT <input type="checkbox"/> 1 <input type="checkbox"/> RESIDENT <input type="checkbox"/> 3 <input type="checkbox"/> MILITARY <input type="checkbox"/> 4 <input type="checkbox"/> OTHER<br>STATUS <input type="checkbox"/> 1 <input type="checkbox"/> TOURIST <input type="checkbox"/> 2 <input type="checkbox"/> STUDENT <input type="checkbox"/> 3 <input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| VICTIM <input type="checkbox"/> INJURED, DESCRIBE INJURIES<br>TYPE OF ACT. ASSIGN. TYPE ORN-OTHER<br>My signature verifies that the information on this report is accurate and true<br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| REPORTING OFFICER <b>Wahlert</b> BADGE NO. <b>85</b> DATE <b>7-11-08</b><br>APPROVING OFFICER <b>Young</b> BADGE NO. <b>81</b> DATE <b>7-13-08</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| FOLLOW-UP? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, follow-up Assignment:<br>ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS <input type="checkbox"/> FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> SPECIAL COPIES<br><input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |