

CFS SUMMARY						INCIDENT NUMBER 14-0009650		
CFS# 14-0009650		RECEIVED DATE/TIME 05-13-2014 10:39				INCIDENT DATE/TIME 05-13-2014 10:39 AM		
DESCRIPTIVES	ACTIVITY ASSAULT					OTHER CONTACTS		
	CALL ORIGIN 419-422-2425		RP/DS					
	DISPATCHER -							
	RESPONSE							
	DISPOSITION INVESTIGATION PENDING							
CALLER	NAME HOFFMAN, ERIC					CALL BACK [REDACTED]		PHONE [REDACTED]
	ADDRESS 20613 SR 37, , OH, , No State,							
LOCATION	ADDRESS 20613 SR 37, MT. BLANCHARD, OH 45867							
	LOCATION					TOWNSHIP DELAWARE TOWNSHIP		
	GRID DELAWARE				PATROL AREA			
CALL DESCRIPTION	CALL TAKEN BY: 0 DISPATCHED BY: 0 05/13/2014 10:40 N LMRICE ERIC SUPERINTENDENT RIVERDALE SCHOOL NEEDS TO SPEAK WITH L58 REF TEACHER MISCONDUCT THAT OCCURRED LAST WEEK 05/13/2014 11:03 N LMRICE SENT E-MAIL TO A19 AT SAME TRAINING WITH L58 TO ADVISE OF THE SAME 05/13/2014 11:05 N LMRICE ADVISED TO HAVE L58 TO GO TO HIS OFFICE FIRST 05/13/2014 13:14 N AJMILLER PER L58 -CALL SCHOOL BACK INQUIRE ON PARENTS MAKING CHARGES OR NOT, REPORT NEEDED OR NOT AND THEN SEND CORY HARTMAN 05/13/2014 13:21 N AJMILLER PER ERIC HOFFMAN CONFIRMED THE PARENT HAS NOT SHOWN UP-UNKNOWN ON CHARGES, HE HAS MADE CONTACT 05/13/2014 13:23 N AJMILLER WITH WYANDOT CO CHILDREN SERVICES NOTIFIED AND WAS TOLD ALREADY SPOKE WITH PARENTS AS WELL OVER THE WEEKEND 05/13/2014 13:28 N AJMILLER L59 WILL STOP IN FOR PAPERWORK 05/13/2014 13:53 N CPHARTMAN L59, PICKED UP!! SUPERINTENDENT ADVISED THE PARENTS HAVE YET TO RESPOND TO SPEAK WITH HIM REFERENCE THIS ISSUE. PAPERWORK TO BE PLACED IN L58 BOX							
DISPATCHED UNITS	AGENCY	UNIT	OFFICER	DISPATCH	ENROUTE	ONSCENE	CLEAR	MINUTES
	HCSO	L59	HARTMAN, COREY P.	13:29	13:29	13:40	13:53	24
	HCSO	L58	SALTZMAN , TIMOTHY	13:29	13:29	13:29	13:29	0

ADMINISTRATIVE	AGENCY NAME <b>HANCOCK COUNTY SHERIFFS OFFICE</b>								*INCIDENT NUMBER-INVESTIGATIVE NUMBER <b>14-0009650</b>																																																																									
	CALL NUMBER		*GEO CODE <b>DELAWARE</b>						*CLEARANCES																																																																									
	TOD <b>13:29</b>		<input type="checkbox"/> INCIDENT (NON-CRIMINAL)						A <input type="checkbox"/> Death of Suspect G <input type="checkbox"/> Arrest - Juvenile																																																																									
	TOA <b>13:29</b>		<input type="checkbox"/> OFFENSE						B <input type="checkbox"/> Prosecution Declined H <input type="checkbox"/> Warrant Issued																																																																									
	TOC <b>13:29</b>		<input type="checkbox"/> SUPPLEMENT						C <input type="checkbox"/> In Custody of Other Jurisd. I <input checked="" type="checkbox"/> Invest Pending																																																																									
								D <input type="checkbox"/> Victim Refused to Coop. J <input type="checkbox"/> Closed																																																																										
								E <input type="checkbox"/> Juvenile/No Custody K <input type="checkbox"/> Unfounded																																																																										
								F <input type="checkbox"/> Arrest - Adult U <input type="checkbox"/> Unknown																																																																										
Printed:05-16-2014 13:52				<b>OHIO UNIFORM INCIDENT REPORT</b>				*CLEARANCE DATE <b>05-13-2014</b>		CLEARED BY <b>L58</b>																																																																								
MONTH		*REPORT DATE/TIME DAY YEAR TIME		MONTH		*INCIDENT OCCURED FROM DAY YEAR TIME		MONTH		*INCIDENT OCCURED TO DAY YEAR TIME																																																																								
<b>05</b>		<b>14 2014 08:05</b>		<b>05</b>		<b>13 2014 10:39</b>		<b>05</b>		<b>13 2014</b>																																																																								
INCIDENT LOCATION (Street, Apt. City, State, Zip) <b>20613 SR 37, MOUNT BLANCHARD, OH 45867</b>																																																																																		
OFFENSE	*OFFENSE			*OFFENSE CODE		*A/C	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY																																																																							
	1. <b>ASSAULT</b>			1. <b>2903.13</b>		<b>C</b>	<b>M1</b>	<b>N</b>		<b>1</b>	1. <u>N</u> 2. <u>  </u> 3. <u>  </u> (Enter up to three for each offense)																																																																							
	2. <b>ENDANGERING CHILDREN</b>			2. <b>2919.22(A)</b>		<b>C</b>	<b>M1</b>	<b>N</b>		<b>1</b>	1. <u>N</u> 2. <u>  </u> 3. <u>  </u> B - Buying/Rec.																																																																							
	3.			3.							1. <u>  </u> 2. <u>  </u> 3. <u>  </u> C - Cultivating/Mfg./Pub.																																																																							
	4.			4.							1. <u>  </u> 2. <u>  </u> 3. <u>  </u> D - Distributing/Selling																																																																							
	5.			5.							1. <u>  </u> 2. <u>  </u> 3. <u>  </u> E - Exploiting Children																																																																							
											1. <u>  </u> 2. <u>  </u> 3. <u>  </u> O - Oper/Promoting/Ass.																																																																							
											1. <u>  </u> 2. <u>  </u> 3. <u>  </u> P - Possessing/Concealing																																																																							
											1. <u>  </u> 2. <u>  </u> 3. <u>  </u> T - Transp/Transmitting																																																																							
											1. <u>  </u> 2. <u>  </u> 3. <u>  </u> U - Using/Consuming																																																																							
*LOCATION OF OFFENSE (Enter up to two)																																																																																		
<table><tr><td>1. <u>08</u></td><td>2. <u>  </u></td><td>12 Jail/Prison</td><td>59 Daycare Facility</td><td>40 Other Retail Store</td><td colspan="2">OTHER</td><td colspan="5" rowspan="2">*SUSPECTED OF USING</td></tr><tr><td colspan="2">RESIDENTIAL STRUCTURE</td><td>COMMERCIAL LOCATIONS</td><td>RETAIL</td><td>OUTSIDE</td><td>53 Abandoned /</td></tr><tr><td>01 Single Family Home</td><td>02 Multiple Dwelling</td><td>03 Residential Facility</td><td>04 Other Residential</td><td>05 Garage/Shed</td><td>15 Auto Shop</td><td>16 Financial Institution</td><td>17 Barber/Beauty Shop</td><td>18 Hotel/Motel</td><td>19 Dry Cleaners/Laundry</td><td>20 Professional Office</td><td>21 Doctor's Office</td><td>22 Other Business Office</td><td>23 Amusement Center</td><td>24 Rental Storage Facility</td><td>25 Other Commercial Service</td><td>26 Bar</td><td>27 Buy/Sell/Trade Shop</td><td>28 Restaurant</td><td>29 Gas Station</td><td>30 Auto Sales Lot</td><td>31 Jewelry Store</td><td>32 Clothing Store</td><td>33 Drugstore</td><td>34 Liquor Store</td><td>35 Shopping Mall</td><td>36 Sporting Goods</td><td>37 Grocery/Supermarket</td><td>38 Variety/Convenience</td><td>39 Department Store</td><td>41 Factory/Mill/Plant</td><td>42 Other Building</td><td>43 Yard</td><td>44 Construction Site</td><td>45 Lake/Waterway</td><td>46 Fields/Woods</td><td>47 Street</td><td>48 Parking Lot</td><td>49 Park/Playground</td><td>50 Cemetery</td><td>51 Public Transit Vehicle</td><td>52 Other Outside Location</td><td>57 Camp/Campground</td><td>64 Rest Area</td><td>55 Arena / Stadium</td><td>58 Cargo Container</td><td>60 Dock/Wharf/Freight/Modal Terminal</td><td>61 Farm Facility</td><td>62 Gambling Facility/Casino/Race Track</td><td>63 Military Installation</td><td>65 Shelter-Mission/Homeless</td><td>66 Tribal Lands</td><td>77 Other</td></tr></table>												1. <u>08</u>	2. <u>  </u>	12 Jail/Prison	59 Daycare Facility	40 Other Retail Store	OTHER		*SUSPECTED OF USING					RESIDENTIAL STRUCTURE		COMMERCIAL LOCATIONS	RETAIL	OUTSIDE	53 Abandoned /	01 Single Family Home	02 Multiple Dwelling	03 Residential Facility	04 Other Residential	05 Garage/Shed	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	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	41 Factory/Mill/Plant	42 Other Building	43 Yard	44 Construction Site	45 Lake/Waterway	46 Fields/Woods	47 Street	48 Parking Lot	49 Park/Playground	50 Cemetery	51 Public Transit Vehicle	52 Other Outside Location	57 Camp/Campground	64 Rest Area	55 Arena / Stadium	58 Cargo Container	60 Dock/Wharf/Freight/Modal Terminal	61 Farm Facility	62 Gambling Facility/Casino/Race Track	63 Military Installation	65 Shelter-Mission/Homeless	66 Tribal Lands	77 Other
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*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT		*METHOD OF ENTRY - BURGLARY/B & E								CARGO THEFT																																																																						
<input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE		<input type="checkbox"/> 01 MOTOR RUNNING/KEYS IN CAR <input type="checkbox"/> 02 UNLOCKED <input type="checkbox"/> 03 DUPLICATE KEY USED <input type="checkbox"/> 04 WINDOW BROKEN <input type="checkbox"/> 05 TOWED		<input type="checkbox"/> 06 HOT WIRE <input type="checkbox"/> 07 SLIM JIM/COAT HANGER <input type="checkbox"/> 08 TUMBLERS REMOVED <input type="checkbox"/> 09 COLUMN PEELED <input type="checkbox"/> 10 IGNITION PEELED		ENTRY		EXIT		ENTRY		EXIT		ENTRY		EXIT		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N																																																																
*NO. PREMISES ENTERED						<input type="checkbox"/> 1. BASEMENT <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 1. DOOR <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 1. FRONT <input type="checkbox"/>		<input type="checkbox"/>																																																																		
						<input type="checkbox"/> 2. 1st FLOOR <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 2. WINDOW <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 2. SIDE <input type="checkbox"/>		<input type="checkbox"/>																																																																		
						<input type="checkbox"/> 3. 2nd FLOOR <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 3. GARAGE <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 3. REAR <input type="checkbox"/>		<input type="checkbox"/>																																																																		
						<input type="checkbox"/> 4. OTHER <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 4. SKYLIGHT <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 4. ROOF <input type="checkbox"/>		<input type="checkbox"/>																																																																		
										<input type="checkbox"/> 5. OTHER <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> 5. OTHER <input type="checkbox"/>		<input type="checkbox"/>																																																																		
METHODS OF OPERATION																																																																																		
*NO. <b>1</b> *TOTAL VICTIMS <b>1</b> *VICTIM TYPE <input checked="" type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER																																																																																		
NAME (Last, First, Middle) <b>NELSON, IAN</b>												PHONE <b>[REDACTED]</b>																																																																						
ADDRESS (Street, Apt., City, State, Zip) <b>112 RAILROAD STREET, WHARTON, OH 43359</b>												PHONE <b>[REDACTED]</b>																																																																						
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS																																																																																		
*SEX <b>M</b>		*RACE <input checked="" type="checkbox"/> B <input type="checkbox"/> A <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U		HEIGHT		WEIGHT		HAIR		EYES																																																																								
OCCUPATION						*RESIDENT STATUS <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> UNKNOWN																																																																										
<input type="checkbox"/> VICTIM INJURED		IF INJURED DESCRIBE INJURIES																																																																																
*AGG. ASLT/HOMICIDE CIR.		*VICTIM/SUSPECT RELATIONSHIP <b>0 SU 1 2 3 4 5</b>				*VICTIM/OFFENSE LINK <b>2903.13 / 2919.22(A)</b>																																																																												
My signature verifies that the information on this report is accurate and true												DATE																																																																						
REPORTING OFFICER <b>SALTZMAN, TIMOTHY</b>								BADGE NO. <b>L58</b>		DATE <b>05-14-2014</b>																																																																								
APPROVING OFFICER								BADGE NO.		DATE																																																																								
<input type="checkbox"/> FOLLOW UP		If yes, follow-up assignment																																																																																
ADDITIONAL SUPPLEMENTS <input checked="" type="checkbox"/> SUSPECT/ARRESTEE <input checked="" type="checkbox"/> NARRATIVE		<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER		FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS		SPECIAL COPIES																																																																												

INCIDENT NUMBER  
**14-0009650**

## INCIDENT REPORT - PART 2

INCIDENT NUMBER

14-0009650

OFFENSE

INCIDENT DATE/TIME

05-13-2014 10:39

ASSAULT

REPORTEE

NO. <b>1</b>	NAME (Last, First, Middle) <b>HOFFMAN, ERIC</b>	*AGE/ D.O.B	
ADDRESS (Street, Apt., City, State, Zip) <b>20613 SR 37, , OH, , No State,</b>			PHONE [REDACTED]
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE
<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER	

VEHICLE

CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED									
NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE		
VYR	VMA	VMO	VST	VCO TOP BOTTOM	<input type="checkbox"/> VEHICLE LOCKED	<input type="checkbox"/> KEYS IN VEHICLE	<input type="checkbox"/> HOLD VEHICLE	<input type="checkbox"/> RELEASE CONTENTS	
VEHICLE ASSOC W/ SUSPECT #		VEHICLE ASSOC W/ VICTIM #		<input type="checkbox"/> VEHICLE TOWED	TOWED BY		OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER		
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN: <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL		ADDITIONAL DESCRIPTION					
AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip)								PHONE	
MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE RECOVERED		<input type="checkbox"/> STOLEN IN YOUR JURISDICTION WHERE RECOVERED?					

PROPERTY

*TYPE PROPERTY LOSS		1 NONE (Enter Code Below)		3 COUNTERFEITED/FORGED 2 BURNED		5 STOLEN/ETC. 6 SEIZED		7 RECOVERED U UNKNOWN		P PHOTO E EVIDENCE		TOTAL VALUE <b>\$ 2</b>	
*LOSS CODE	QUANTITY <b>1</b>	DESCRIPTION <b>surveillance dvd</b>								*PROP CODE	54	*VALUE <b>\$ 2</b>	
VICT. NO	VEH. NO	MAKE/BRAND					MODEL					DATE RECOVERED	
SERIAL NUMBER		NCIC NUMBER					OTHER NUMBER						
*LOSS CODE	QUANTITY	DESCRIPTION								*PROP CODE		*VALUE	
VICT. NO	VEH. NO	MAKE/BRAND					MODEL					DATE RECOVERED	
SERIAL NUMBER		NCIC NUMBER					OTHER NUMBER						
*LOSS CODE	QUANTITY	DESCRIPTION								*PROP CODE		*VALUE	
VICT. NO	VEH. NO	MAKE/BRAND					MODEL					DATE RECOVERED	
SERIAL NUMBER		NCIC NUMBER					OTHER NUMBER						
<b>PROPERTY CODES:</b> EXCHANGE MEDIUMS 01 Money 02 Credit/Debit Card 03 Negotiable Instruments 04 Other Exchange Mediums DOCUMENTS 05 Non-Negotiable Instruments 06 Personal Papers 62 Documents/Personal or Business 07 Other Documents VALUABLES 08 Jewelry/Precious Metals 09 Art Objects, Antiques 10 Other Valuables PERSONAL EFFECTS 11 Clothing/Furs 12 Purses/Handbags/Wallets 13 Other Personal Effects HOUSEHOLD ITEMS 14 Household Items EQUIPMENT 15 Drug/Narcotic Equip. 16 Gambling Equipment 17 Computer Hardware/Soft. 18 Office Equipment 19 Stereo TV Equipment 20 Recordings - Audio Vis. 21 Sports Equipment 22 Photographic Equipment 23 Farm Equipment 24 Heavy Construction/Industrial 25 Building Supplies 26 Tools 27 Vehicle Parts/Accessories 57 Aircraft Parts/Accessories 28 School Supplies 58 Artistic Supplies/Accessories 59 Camping/Hunting/Fishing Equipment/Supplies 67 Law Enforcement Equip. 68 Lawn/Yard/Garden Equip. 69 Logging Equipment 70 Medical/Medical Lab Equip. 72 Musical Instruments 73 Portable Electronic Equip. 74 Watercraft Equip./Parts/ACC. 29 Other Equipment CONSUMABLE ITEMS 30 Alcohol 31 Drugs/Narcotics 32 Consumable Goods 60 Chemicals 61 Crops 63 Explosives 65 Fuel ANIMALS 33 Livestock 34 Household Pets VEHICLES 35 Aircraft 36 Automobiles 37 Bicycles 38 Buses 39 Trucks 40 Trailers 41 Watercraft 42 Recreational Veh. 43 Other Motor Veh. WEAPONS 44 Firearms 45 Other Weapons 64 Firearm Accessories STRUCTURES 46 Single Occupancy 47 Other Dwellings 48 Commercial/Bus. 49 Indus./Mfg. 50 Public/Comm. 51 Storage 52 Other Structure OTHER 53 Merchandise 54 Other Property 55 Pending Inventory 66 Identity-Intangible 71 Metals, Non-Precious													

NARRATIVE

**(SEE NARRATIVE SUPPLEMENT)**