

Agency Name **Mahoning County Sheriff**
 Call Number 14836 Geocode 5010
 TDD 1758
 TOA 1803
 TOC 1913

INCIDENT NUMBER
1510-013
 *CLEARANCES
 A ___ Death of Suspect G ___ Invest. Pending
 B ___ Prosecution Declined H ___ Closed
 C ___ Warrant Issued I ___ Closed - Private Pros.
 D ___ Victim Refused to Coop. J ___ Closed - Civil
 E ___ Arrest - Adult K ___ Unfounded
 F ___ Arrest - Juvenile U ___ Inactive
 *CLEARANCE DATE: *CLEARED BY:

MAHONING COUNTY SHERIFFS OFFICE
110 FIFTH AVENUE
YOUNGSTOWN, OHIO 44503
OHIO UNIFORM INCIDENT REPORT

*REPORT DATE/TIME: MONTH 10 DAY 29 YEAR 2015 TIME 1758
 *INCIDENT OCCURRED FROM: MONTH 10 DAY 29 YEAR 2015 TIME 1758
 *INCIDENT OCCURRED TO: MONTH 10 DAY 29 YEAR 2015 TIME 1803

INCIDENT LOCATION (Street, Apt, City, State, Zip)
8711 RT.46, CANFIELD, OHIO, 44406

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEGREE	*TYPE CRIMINAL ACTIVITY
1 DOMESTIC VIOLENCE	1 2919.25A	C	M1	1 ___ 2 ___ 3 ___
2	2			1 ___ 2 ___ 3 ___ (Enter up to three for each offense)
3	3			1 ___ 2 ___ 3 ___
4				1 ___ 2 ___ 3 ___
5	5			1 ___ 2 ___ 3 ___

COPY

*LOCATION OF OFFENSE (Enter up to two)

1. 01 2.	12 Jail / Prison 13 Parking Garage 14 Other Public Access Buildings	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 41 Factory / Mill / Plant 42 Other Building	*SUSPECTED OF USING A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIP. N <input type="checkbox"/> NOT APPLICABLE
RESIDENTIAL STRUCTURE	COMMERCIAL LOCATIONS		OUTSIDE	*TYPE WEAPON/FORCE USED 1. 2. 3. (Enter up to Three Codes)

*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	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 PEELED 10 <input type="checkbox"/> 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"/> 1 ST FLOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 2 <input type="checkbox"/> SIDE <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND 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"/>
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METHODS OF OPERATION **GRABBED VICTIM BY HAIR THROWING HER TO FLOOR.**

*NO 1 *TOTAL VICTIMS 1 *VICTIM TYPE I INDIVIDUAL B BUSINESS F FINANCIAL INSTITUTION G GOVERNMENT P POLICE OFFICER (ON DUTY) R RELIGIOUS ORGANIZATION S SOCIETY U UNKNOWN O OTHER

NAME (LAST, FIRST, MIDDLE) **GASIOR, HOPE MARIE**

ADDRESS **8711 RT. 46, CANFIELD, OHIO 44406** PHONE **330-881-7422**

EMPLOYER **SALON MARZANO WEST BLVD., BOARDMAN, OH., 44512** PHONE **330-881-7422**

*AGE/DOB **30/12-29-84** SEX **F** RACE **W** B A HGT **5-2** WGT **098** HAIR **BLN** EYES **BLU**

OCCUPATION **BEAUTICIAN** SSN _____ RESIDENT STATUS 1 RESIDENT 3 MILITARY 5 OTHER
2 TOURIST 4 STUDENT U UNK

*VICTIM INJURED? Y N IF INJURED, DESCRIBE INJURIES: **OLD CUTS ON INSIDE OF MOUTH**

*AGG ASLT/HOMICIDE CIR. VICTIM/SUSPECT RELATIONSHIP 0. 1. BG 2. 3. VICTIM/OFFENSE LINK **2919.25A**

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

SIGNATURE ON STATEMENT DATE: 10/29/15

REPORTING OFFICER **H. BUDAKER** BADGE NO. **116** DATE **10/29/15**

APPROVING OFFICER *[Signature]* BADGE NO. **m-19** DATE **10-29-15**

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

ADDITIONAL SUPPLEMENTS VICTIM/WITNESS PROPERTY STATEMENTS FORM RECEIVED BY: INVESTIGATION INTELLIGENCE RECORDS SPECIAL COPIES
 SUSPECT/ARRESTEE NARRATIVE PHOTOS

INCIDENT NUMBER

INCIDENT REPORT - PART 2

REPORT# 14836

INCIDENT NUMBER

VICTIM GASIOR, HOPE M		OFFENSE DOMESTIC VIOLENCE		INCIDENT DATE/TIME 10-29-15/ 1809				
NO. 1	NAME VICTIM 1		AGE/ DOB	SSN				
ADDRESS				PHONE				
EMPLOYER NAME AND ADDRESS				PHONE				
STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		TYPE <input checked="" type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER						
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	VALUE	
VYR	VMA	VMO	VST	VCO TOP BOT	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEH <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD VEH <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE CONT <input type="checkbox"/> Y <input type="checkbox"/> N
VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY:	<input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		
STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	<input type="checkbox"/> RESID. <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION				
OWNER'S NAME AND ADDRESS				PHONE				
MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N					
WHERE RECOVERED ?								
TYPE PROPERTY LOSS/ETC.	(enter codes below)		1 NONE	3 COUNTERFEITED/FORGED	5 STOLEN/ETC	7 RECOVERED	P PHOTO	TOTAL VALUE
LOSS CODE	QUANTITY	DESCRIPTION		2 BURNED	4 DESTROYED/DAMAGED/VANDALIZED	U UNKNOWN	E EVIDENCE	VALUE
VICT. NO.	VEH NO.	MAKE/BRAND		MODEL		PROP CODE	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					
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					

ON 10/29/2015, I DEP. H. BUDAKER (119) WAS WORKING CANFIELD PATROL IN MARKED UNIT 132 AFTERNOON TURN. AT 1758 HOURS I WAS DISPATCHED TO 8711 RT. 46, CANFIELD, OHIO 44406 FOR A PHYSICAL ALETERCATION BETWEEN THE CALLER HOPE GASIOR AND HER BOYFRIEND ERIC GALLITE (THEY BOTH RESIDE TOGETHER AND HAVE A 7 MONTH OLD SON). UPON ARRIVAL I CAME INTO CONTACT WITH BOTH PARTIES. GASIOR WAS HOLDING A HANDFUL OF HER OWN HAIR. I SEPERATED BOTH PARTIES AND IT WAS AT THIS TIME THAT SGT. BOGGS, DEP. SALUGA, AND DEP. A. MURPHY CAME ON SCENE. GASIOR STATED THAT THE TWO WERE ARGUING BECAUSE SHE BELONGS TO A SINGLES WEB SITE AND WHILE SEPERATED SHE HAD INTERCOURSE WITH ANOTHER INDIVIDUAL. GALLITE WAS DEMANDING FINANCIAL INFORMATION AND GASIOR DECLINED TO GIVE HIM SAID INFORMATION. GASIOR WAS FEEDING THE COUPLE'S INFANT SON, IT WAS THEN THAT GALLITE GRABBED GASIOR BY THE HAIR THEN PULLED HER TO THE FLOOR WITH CHILD IN HER ARMS. GASIOR STATED THAT HER CHILD IS UNINJURED. UPON INSPECTION OF GASIOR'S HEAD THERE WAS A BALD SPOT WHERE THE AFOREMENTIONED HAIR WAS PULLED OUT. SHE THEN SHOWED ME THE INSIDE OF HER RIGHT CHEEK WHERE THERE WAS OLD CUTS. SHE INDICATED THAT YESTERDAY GALLITE STRUCK HER IN THE FACE. THERE WAS ALSO A PICTURE FRAME IN THE BACK YARD THAT GASIOR STATED GALLITE HAD THROWN. GALLITE STATED THAT HE DID GRAB GASIOR'S HAIR BUT ONLY TO GET HER AWAY FROM HIM. GALLITE WAS MIRANDIZED AND PLACED UNDER ARREST (CUFF'S DOUBLE LOCKED) THEN TRANSPORTED TO THE JUSTICE CENTER FOR DOMESTIC VIOLENCE.

MAHONING COUNTY SHERIFF'S OFFICE

110 FIFTH AVE. YOUNGSTOWN, OHIO 44503

DOMESTIC VIOLENCE REPORTING FORM

Incident # 14836

Reporting Deputy H. BOAKER

***YOU HAVE THE RIGHT TO FILE CRIMINAL CHARGES**

***YOU HAVE THE RIGHT TO REQUEST A TEMPORY PROTECTION ORDER**

***YOU HAVE THE RIGHT TO REQUEST A CIVIL PROTECTION ORDER WITHOUT FILING CHARGES**

***ANY CHANGE OF ADDRESS OR PHONE NUMBER; PLEASE NOTIFY THE SHERIFF'S OFFICE AND THE COURT.**

COMPLAINANT'S STATEMENT

HOPE M. GASIOR would like to make the following statement.

On 10-29-2015, _____ am/pm at 8711 COLUMBIANA-CANFIELD RD.
(Location)

ERIC R. GALLITE did assault HOPE M. GASIOR
(Name of offender) (Name of Victim)

The GIRLFRIEND of the offender by GRABBING HAIR PULLING
(Relationship) (Nature of Assault)

GASIOR TO FLOOR. HAIR WAS PULLED OUT.

IT IS UNDERSTOOD THAT THE MAHONING COUNTY SHERIFF'S OFFICE WILL BE FILING CHARGES ON MY BEHALF.

Hope M. Gasior
(Signature of Complainant)

DATE 10-29-15 TIME 1809

MAHONING CO. SHERIFF CALL NUMBER 14836 INCIDENT NUMBER

VICTIM HOPE GASTOR OFFENSE DOMESTIC VIOLENCE INCIDENT DATE/TIME (MM/DD/YY/TTTT) 10/24/15 1809

NO. 1 ADULT JUVENILE CHECK APPROPRIATE CATEGORY SUSPECT ARRESTEE SUSPECT / ARRESTEE RUNAWAY MISSING OTHER CHARGES FILED? Y N

NAME (Last, First, Middle) GALLIE, ERIC SSI

ALIAS NONE GA. AFFILIATION POA

ADDRESS (Street, Apt., City, State, Zip) 8711 Rt. 46, CANFIELD, OH. 44401 PHONE 734-715-1514

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) DEY TRANSPORT 860 Rt. 221, BEARMAN, OH. 44518 PHONE 810-666-2808

PLACE OF BIRTH SALEM, OH DL# / STATE FL / 8430-2110-380 OCCUPATION / SCHOOL TRANSPORT

AGE / D.O.B. 40 09/28/75 SEX M RACE B A W I U HEIGHT 5-10 WEIGHT 180 HAIR BRN EYES N/A

MARITAL STATUS S SCARS, MARKS, TATTOOS NUMEROUS TATTOOS

ADDITIONAL DESCRIPTIVES

SUSPECTED OF USING: ALCOHOL DRUGS POTENTIAL INJURIES? NONE

RESIDENT STATUS 1 RESIDENT 2 TOURIST 3 MILITARY 4 STUDENT 5 OTHER (explain) UNKNOWN

TYPE WEAPON FORCE USED / ARRESTEE WAS ARMED WITH

- SUSPECT USED 1. 99 NONE 11 FIREARM 12 HANDGUN 12A AUTOMATIC HANDGUN 13 RIFLE 13A FULLY AUTOMATIC RIFLE 2. 3. ARRESTEE ARMED WITH 1. 13B OTHER FULLY AUTOMATIC FIREARM 14 SHOT GUN 15 OTHER FIREARM 15A SEMI-AUTOMATIC SPORTING RIFLE 15B SEMI-AUTOMATIC ASSAULT FIREARM 15C MACHINE PISTOL 16 IMITATION FIREARM 17 SIMULATED FIREARM 18 BB/PELLET GUN 20 KNIFE/CUTTING INSTRUMENT 30 BLUNT OBJECT 35 MOTOR VEHICLE 40 PERSONAL WEAPON 50 POISON 60 EXPLOSIVES 65 FIRE/INCENDIARY DEVICE 70 DRUGS/NARC/SLEEPING PILLS 80 OTHER WEAPON 85 ASPHYXIATION U UNKNOWN

Table with 3 columns: NAME, ADDRESS (Street, Apt., City, State, Zip), Phone. Rows 1 and 2.

Table with 4 columns: ARREST/OFFENSE DESCRIPTION, ARREST/OFFENSE CODE, F/M & DEGREE, ARREST LARCENY TYPE. Row 1: DOMESTIC VIOLENCE, 1. 8719.25A, 1. M-1, 23A POCKET PICKING, 23B PURSE SNATCHING, 23C SHOPLIFTING, 23D THEFT FROM BUILDING, 23E THEFT FROM COIN-OP MACH, 23F THEFT FROM MOTOR VEH., 23G MOTOR VEH PARTS/ACCES., 24O THEFT OF MOTOR VEHICLE, 23H OTHER.

ARREST DATE 10/23/15 TIME 1829 ARREST LOCATION (Street, Apt., City, State, Zip) 8711 Rt 46 CANFIELD, OH. 44406

ARREST TRANSACTION NO. WARRANT NO. ARREST DISPOSITION TO MCOO BAIL 2500.00 TIME READ 1804

MIRANDA WITNESSED BY: FINGERPRINTED Y N FINGERPRINT CARD NO. PHOTOS TAKEN Y N NO. TAKEN PHOTO ID NO. FBI/BCI#

MULTIPLE ARRESTEE SEGMENTS INDICATOR COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR N/A ARREST TYPE COMPLAINT 2 IN-PROGRESS 4 SUMMONS 6 CUSTODY 3 WARRANT 5 ORDER OF PROTECTION 9 OTHER

JUV. PARENT/ GDN. NOTIFIED Y N DATE/TIME NOTIFIED NOTIFIED BY JUVENILE DISPOSITION H HANDLED W/IN DEPT. O REFERRED TO OTHER AUTH.

PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip) RELATIONSHIP PHONE

PREVIOUS RUN/MISS Y N DATE OF LAST CONTACT DATE OF EMANCIPATION NCIC # DATE/TIME ENTERED

REPORTING OFFICER/ARRESTING OFFICER H. BUDAKETZ BADGE NO. 116 DATE 10/29/15 APPROVING OFFICER Sgt. Boggs mees BADGE NO. 19 DATE 10-29-15 COURT COURT DATE

NAME/DESCRIPTIVES

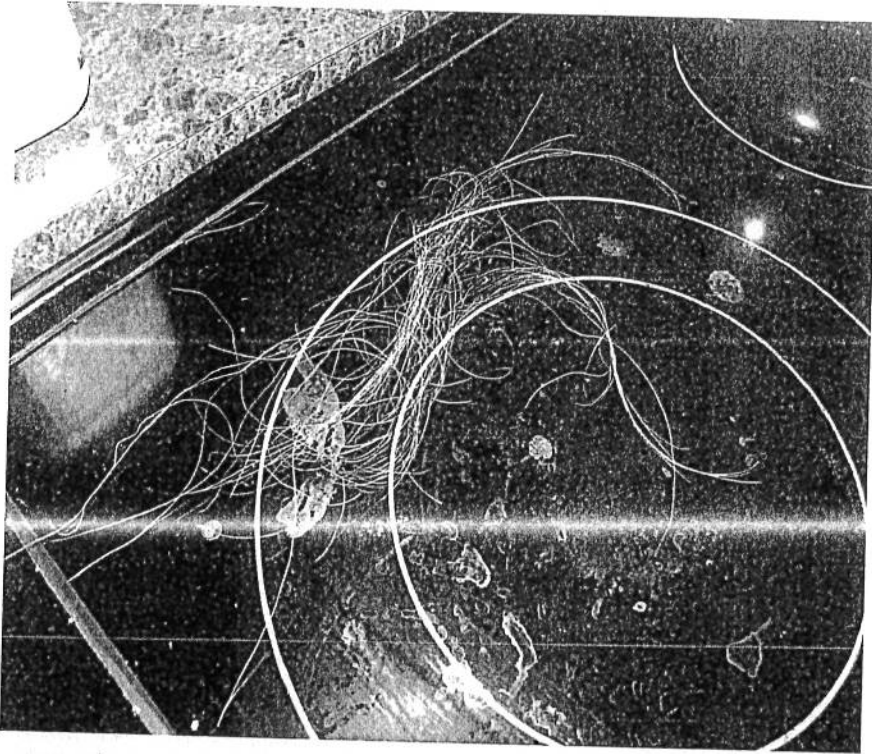
ASSOC PERSONS

ARREST INFORMATION

JUVENILE

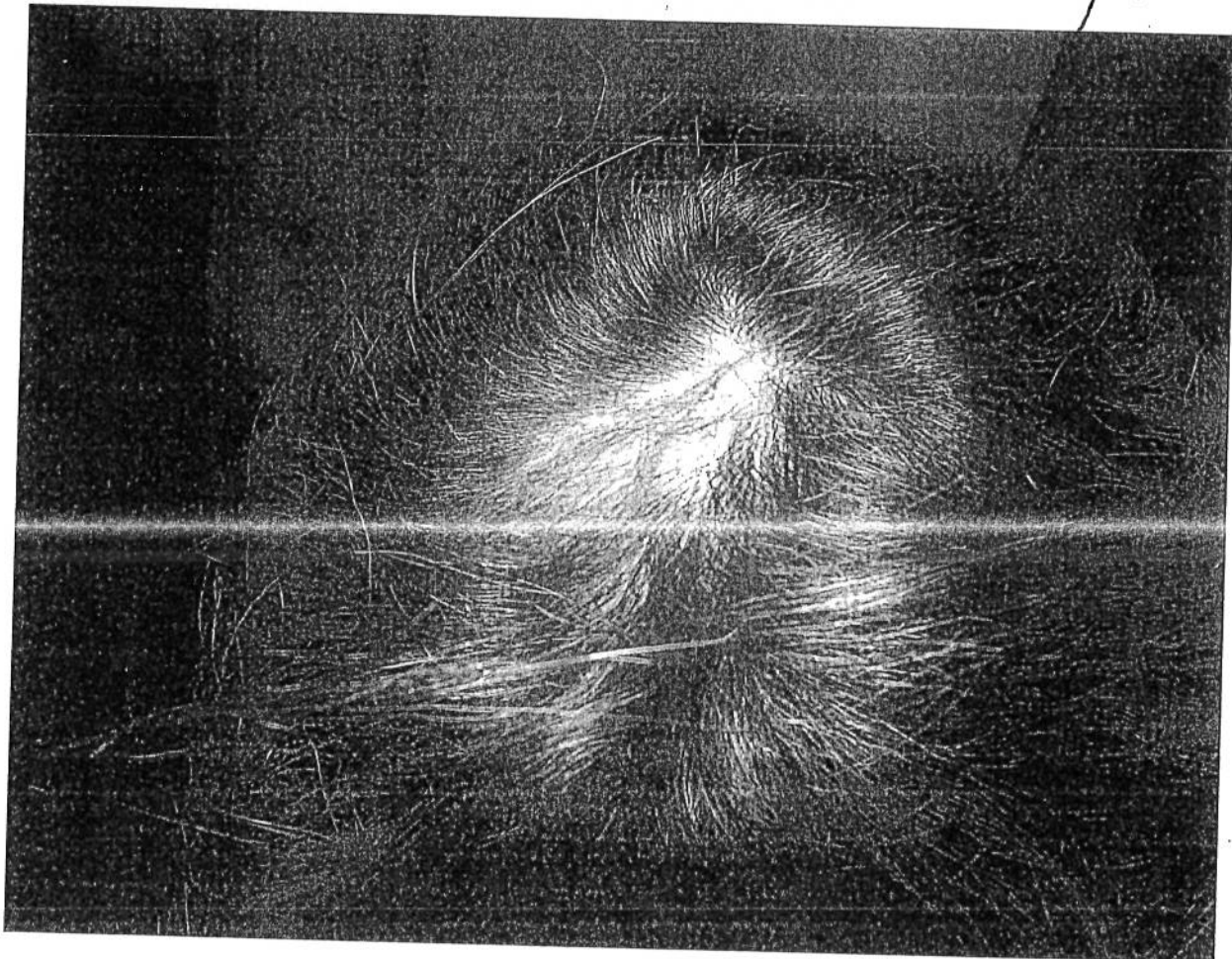
MISSING

10/29/15 #14836 BUDAKER



HAIR FROM VICTIMS HEAD.

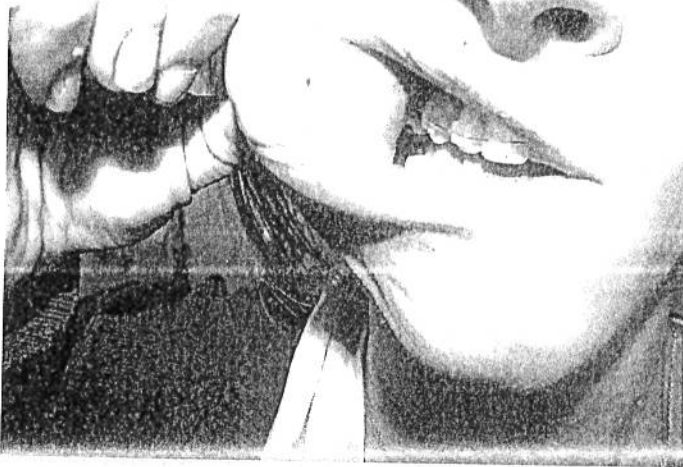
BALD SPOT ON
VICTIMS HEAD



#14836

10/29/15

BUDAKER 119



- CUTS GOLD FROM AN ASSAULT
ON VICTIM BY SUSPECT.
OCCURRED 10/28/15.

PICTURE THAT SUSPECT
THREW INTO YARD.

