

AGENCY NAME **BOARDMAN POLICE DEPARTMENT**

CALL NUMBER **16000000291** GEOCODE **NE**

TOD **1246**  INCIDENT

TOA **1259**  OFFENSE

TOC **1500**  SUPPLEMENT

**OHIO UNIFORM INCIDENT REPORT**

INCIDENT NUMBER **1-16-000051**

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/NO CUSTODY K  UNFOUNDED

F  ARREST - ADULT U  UNKNOWN

CLEARANCE DATE **1/03/2016** CLEARED BY: **230**

REPORT DATE/TIME				INCIDENT OCCURRED FROM				INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
01	03	2016	1238	01	03	2016	1238	01	03	2016	1238

INCIDENT LOCATION (Street, Apt, City, State, Zip) **1051 TIFFANY SOUTH301 BOARDMAN, OH 44514**

HATE / BIAS  Y  N EXPLAIN:

OFFENSE	OFFENSE CODE	A/C F / M & DEGREE	TYPE OF CRIMINAL ACTIVITY
1. Having Weapons While Under Disabill	2923.13A1	C F4	1. 2. 3. _____
2.			1. 2. 3. _____
3.			1. 2. 3. _____
4.			1. 2. 3. _____
5.			1. 2. 3. _____

B - BUYING / RECEIVING  
C - CULTIVATING / MFG / PUB  
D - DISTRIBUTING / SELLING  
E - EXPLOITING CHILDREN  
O - OPER / PROMOTING / ASSIST.  
P - POSSESSING / CONCEALING  
T - TRANSPORT / TRANSMIT  
U - USING / CONSUMING

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

1. **18** 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

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 CLEANER/LAUNDRY	47 STREET
	20 PROFESSIONAL OFFICE	48 PARKING LOT
	21 DOCTOR'S OFFICE	49 PARK/PLAYGROUND
	22 OTHER BUSINESS OFFICE	50 CEMETERY
	23 AMUSEMENT CENTER	51 PUBLIC TRANSIT VEHICLE
	24 RENTAL STORAGE FACILITY	52 OTHER OUTSIDE LOCATION
	25 OTHER COMMERCIAL SERVICE LOC.	77 OTHER

LARGERY TYPE

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.  
240  THEFT OF MOTOR VEHICLE  
23H  OTHER

SUSPECTED OF USING

A  ALCOHOL  
D  DRUGS  
C  COMPUTER EQUIP  
N  NOT APPLICABLE

METHOD OF ENTRY

1  FORCE 2  NO FORCE

METHOD OF ENTRY - MOTOR VEHICLE THEFT

01  MOTOR RUNNING / KEYS IN CAR 06  HOT WIRE

02  UNLOCKED 07  SLIM JIM / COAT HANGER

03  DUPLICATE KEY USED 08  TUMBLERS REMOVED

04  WINDOW BROKEN 09  COLUMN PEELED

05  TOWED 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. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) **STATE OF OHIO,**

ADDRESS (Street, Apt., City, State, Zip) **8299 MARKET ST BOARDMAN, OH 44512** PHONE **(330) 726-4144**

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

AGE / DOB \_\_\_\_\_ SEX \_\_\_\_\_ RACE  B  A  W  I  U HEIGHT \_\_\_\_\_ WEIGHT **0** HAIR **U** EYES **U**

OCCUPATION \_\_\_\_\_ SSN \_\_\_\_\_ RESIDENT 1  RESIDENT 3  MILITARY 5  OTHER STATUS 2  TOURIST 4  STUDENT 6  UNKNOWN

VICTIM TYPE  INDIVIDUAL  FINANCIAL INSTITUTION  POLICE OFFICERS (IN THE LINE OF DUTY)  SOCIETY / PUBLIC  OTHER  BUSINESS  GOVERNMENT  RELIGIOUS ORGANIZATION  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) **01**

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

REPORTING OFFICER **LT. MERLO, PHILLIP** BADGE NO. **230** DATE **1/03/2016**

APPROVING OFFICER **LT. RIZNIK** BADGE NO. **506** DATE **01-03-16**

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

ADDITIONAL SUPPLEMENTS  VICTIM / WITNESS  PROPERTY  STATEMENT  FORM RECEIVED BY:  INTELLIGENCE  SPECIAL COPIES  SUSPECT / ARREST  NARRATIVE  OTHER  INVESTIGATION  RECORDS

ADMINISTRATIVE

OFFENSES

VICTIM

INCIDENT NUMBER 1-16-000051

# INCIDENT REPORT - PART 2

INCIDENT NUMBER  
1-16-000051

INCIDENT LOCATION  
1051 TIFFANY SOUTH301 BOARDMAN, OH 44514

REPORT DATE / TIME  
1/03/2016 1238

NO. 001 NAME (Last, First, Middle) MERLO, P. PTL AGE/D.O.B. SSN

ADDRESS (Street, Apt. City, State, Zip) 8299 MARKET ST BOARDMAN OH 44512 PHONE (330) 726-4144

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE

STATEMENT OBTAINED  Y  N TYPE  WRITTEN  ORAL  TAPED  OTHER

CHECK CATEGORIES  STOLEN  RECOVERED  IMPOUNDED  RECEIVED  SUSPECT VEH  VICTIM'S VEH  UNAUTH. USE  ABANDONED

NO.  DAMAGE TO VEHICLE LIC LIS LIY LIT VIN / OAN VALUE

THEFT FROM VEHICLE

VYR VMA VMO VST VCO TOP BOTTOM VEHICLE LOCKED KEYS IN VEHICLE HOLD RELEASE CONTENT

VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED? TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE BILL OF SALE OTHER

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN: RESID. BUSINESS RURAL ADDITIONAL DESCRIPTION

AUTO INSURER NAME (Company) ADDRESS (Street, City, State, Zip) PHONE

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE REC. STOLEN IN YOUR JURISDICTION WHERE RECOVERED?

TYPE PROPERTY LOSS / ETC. (enter codes below) 1 NONE 3 COUNTERFEITED / FORGED 5 STOLEN / ETC. 7 RECOVERED P PHOTO E EVIDENCE TOTAL VALUE

LOSS CODE 8 QUANTITY 1 DESCRIPTION .25 caliber semi-automatic handgun black frame with white grips and 1 magazine with 6 live rounds PROP CODE 44 VALUE

VEH NO. MAKE / BRAND Armel Galesl MODEL .25 Caliber DATE RECOVERED

SERIAL NUMBER 341061 NCIC NUMBER G153645127 OTHER NUMBER 1-3-16 ems/cy

LOSS CODE QUANTITY DESCRIPTION PROP CODE VALUE

VEH NO. MAKE / BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

LOSS CODE QUANTITY DESCRIPTION PROP CODE VALUE

VEH NO. MAKE / BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

LOSS CODE QUANTITY DESCRIPTION PROP CODE VALUE

VEH NO. MAKE / BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

PROPERTY CODES:	VALUABLES	16 Gambling Equipment	28 School Supplies	36 Automobiles	STRUCTURES
EXCHANGE MEDIUMS	08 Jewelry / Precious Metals	17 Computer Hardware / Soft.	29 Other Equipment	37 Bicycles	46 Single Occupancy
01 Money	09 Art Objects, Antiques	18 Office Equipment	CONSUMABLE ITEMS	38 Buses	47 Other Dwellings
02 Credit / Debit Card	10 Other Valuables	19 Stereo / TV Equip.	30 Alcohol	39 Trucks	48 Commercial / Bus.
03 Negotiable Instruments	PERSONAL EFFECTS	20 Recordings Audio / Vis.	31 Drugs / Narcotics	40 Trailers	49 Indus. / Mfg.
04 Other Exchange Mediums	11 Clothing Furs	21 Sports Equipment	32 Consumable Goods	41 Watercraft	50 Public / Comm.
DOCUMENTS	12 Purses / Handbags / Wallets	22 Photographic Equip.	ANIMALS	42 Recreational Veh.	51 Storage
05 Non-Negotiable Instruments	13 Other Personal Effects	23 Farm Equipment	33 Livestock	43 Other Motor Veh.	52 Other Structure
06 Personal Papers	HOUSEHOLD ITEMS	24 Heavy Construction / Industrial	34 Household Pets	WEAPONS	OTHER
07 Other Documents	14 Household Items	25 Building Supplies - Const.	VEHICLES	44 Firearms	53 Merchandise
	EQUIPMENT	26 Tools	35 Aircraft	45 Other Weapons	54 Other Property
	15 Drug / Narcotic Equip.	27 Vehicle Parts / Acces.			55 Pending Inventory

NARRATIVE

Ptl. Merlo reports the State of Ohio is the victim of having weapons under disability.

# VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER  
**1-16-000051**  
INCIDENT DATE / TIME  
**1/03/2016 1238**

VICTIM **STATE OF OHIO,** OFFENSE **Having Weapons While Unde**

NO.	TOTAL	NAME (Last, First, Middle)	
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)			PHONE
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT WGT HAIR EYES
OCCUPATION	SSN	RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT 6 <input type="checkbox"/> UNKNOWN	
VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
VICTIM INJURED? <input type="checkbox"/>			
AGG. ASLT / HOMICIDE CIRC.	VICT. / OFF RELATIONSHIP	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

NO.	TOTAL	NAME (Last, First, Middle)	
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)			PHONE
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT WGT HAIR EYES
OCCUPATION	SSN	RESIDENT 1 <input type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT 6 <input type="checkbox"/> UNKNOWN	
VICTIM TYPE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION <input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
VICTIM INJURED? <input type="checkbox"/>			
AGG. ASLT / HOMICIDE CIRC.	VICT. / OFF RELATIONSHIP	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

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
1	WATT, LAQUANNA L	31 YRS 1/11/1984	*****
ADDRESS (Street, Apt., City, State, Zip)			PHONE
372 MARY KNOLL DR CAMPBELL, OH 44405			(330) 881-9675
EMPLOYER NAME AND (Street, City, State, Zip)			PHONE
ADDRESS RED ROOF INN 1051 TIFFANY SOUTH BOARDMAN, OH 44512			(330) 758-1999
STATEMENT OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
2	WEHRINGER, JOHN H	51 YRS 12/25/1964	*****
ADDRESS (Street, Apt., City, State, Zip)			PHONE
740 E PHILADELPHIA AV YOUNGSTOWN, OH 44502			(330) 651-0978
EMPLOYER NAME AND (Street, City, State, Zip)			PHONE
ADDRESS RED ROOF INN 1051 TIFFANY SOUTH BOARDMAN, OH 44512			(330) 758-1999
STATEMENT OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
3	WELLMAN, PATTY A	58 YRS 1/30/1957	
ADDRESS (Street, Apt., City, State, Zip)			PHONE
40565 SR 344 LEETONIA, OH 44431			(330) 531-1565
EMPLOYER NAME AND (Street, City, State, Zip)			PHONE
ADDRESS RED ROOF INN 1051 TIFFANY SOUTH BOARDMAN, OH 44512			(330) 758-1999
STATEMENT OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

NO.	NAME (Last, First, Middle)	AGE / D.O.B.	SSN
ADDRESS (Street, Apt., City, State, Zip)			PHONE
EMPLOYER NAME AND (Street, City, State, Zip)			PHONE
ADDRESS			
STATEMENT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

REPORTING OFFICER	<b>MERLO, PHILLIP</b>	BADGE NO.	DATE
		230	1/03/2016
APPROVING OFFICER		BADGE NO.	DATE

# NARRATIVE SUPPLEMENT

\*\* THIS IMAGE HAS BEEN ALTERED \*\*



INCIDENT DATE / TIME  
01/03/2016 12:38

**Narrative Type:** Preliminary Investigation  
**Narrative Officer:** MERLO, PHILLIP 230  
**Reporting Officer:** MERLO, PHILLIP 230

**Topic:** Weapons Under Disability  
**Narrative Date/Time:** 01/03/2016 13:52

On 01-03-15 at 1244 hrs. I, Ptl. Merlo, was dispatched to the Red Roof Inn at 1051 Tiffany Blvd. South regarding an employee who found a handgun while cleaning room #301.

Upon arrival, I spoke with Laquanna L. Watt (SA657947) who is employed at the Red Roof Inn as a housekeeper. Watt advised she entered room #301 at 1210 hrs. this date to clean it as the tenant had just checked out and observed a handgun laying on top of the nightstand between the beds. Watt picked up the handgun and immediately took it to the front desk where she handed it to her manager, John Wehringer (TD056748) who handled it as well as another employee, Patricia Wellman (RT963612).

Wehringer advised that ~~John T. Sullivan (RT007000)~~ was the last tenant who had rented room #301. Wehringer stated ~~██████████~~ paid for the room sometime between 2330 hrs. on 01-02-16 and 0000 hrs. on 01-03-16 as shown by the receipt with ~~██████████~~ signature on it. Wehringer advised he observed ~~██████████~~ check out and leave at 1200 hrs. this date.

I recovered the gun in question which is a .25 acp (6.35 mm) caliber Armi Galesi semiautomatic pistol (S/N 341061) which had 6 live rounds in the magazine. The handgun was checked through LEADS/NCIC which yielded no record. The handgun was secured into BPD evidence.

~~██████████~~ criminal history shows arrests for felonious assault, aggravated menacing and kidnapping all with no disposition. A check through the Mahoning County Courtview shows ~~██████████~~ was convicted of aggravated assault a felony of the 4th degree, see Mahoning County Common Pleas Case # 2014CR40.