



**POLAND TOWNSHIP POLICE DEPARTMENT**  
3339 Dobbins Road Poland, Ohio 44514

**OHIO UNIFORM INCIDENT REPORT**

|                                   |  |                         |   |  |     |                                |          |    |    |      |          |
|-----------------------------------|--|-------------------------|---|--|-----|--------------------------------|----------|----|----|------|----------|
| <b>ADMINISTRATIVE</b>             | AGENCY NAME: Poland Township Police Department |                         |   | *INCIDENT NUMBER: 17-1852                |     |                                |          |    |    |      |          |
|                                   | *GEOCODE: 2B                                   |                         |   | *CLEARANCES:<br>B - Prosecution Declined |     |                                |          |    |    |      |          |
|                                   | TOD: 08/03/2017 18:57:00                       |                         | <input type="checkbox"/> INCIDENT (NON-CRIMINAL)<br><input checked="" type="checkbox"/> OFFENSE | *CLEARANCE DATE: 08/29/2017              |     | CLEARED BY: 012 - Wilson, Greg |          |    |    |      |          |
|                                   | TOA: 08/03/2017 18:57:00                       |                         |   |  |     |                                |          |    |    |      |          |
|                                   | TOC: 08/03/2017 18:57:00                       |                         |   |  |     |                                |          |    |    |      |          |
| *REPORT DATE/TIME                 |  | *INCIDENT OCCURRED FROM |   | *INCIDENT OCCURRED TO                    |     |                                |          |    |    |      |          |
| MONTH                             | DAY  | YEAR                    | TIME  | MONTH                                    | DAY | YEAR                           | TIME     |    |    |      |          |
| 08                                | 03   | 2017                    | 18:57:00  | 08                                       | 03  | 2017                           | 18:57:00 | 08 | 03 | 2017 | 18:57:00 |
| *INCIDENT LOCATION                |  |                         | POLAND TOWNSHIP TRUSTEES  |  |     |                                |          |    |    |      |          |
| (Street, Apt., City, State, Zip): |  |                         | 3339 DOBBINS ROAD,<br>POLAND, OH, 44514   |  |     |                                |          |    |    |      |          |

|  |                            |  |       |  |  |             |
|--|----------------------------|--|-------|--|--|-------------|
| <b>OFFENSE</b>   | *OFFENSE                   | *OFFENSE DESCRIPTION                   | *A/C  | FM & DEGREE  | *HATE/BIAS   | *LARCENY    |
|  | 2913.02A1                  | Theft without consent                  | C     | M-1 -<br>Misdemeanor - 1   | N - No Bias/Not<br>Applicable                                    | 23H - Other |
|  | *LOCATION OF OFFENSE       |  |       | *SUSPECTED OF USING  |  |             |
|  | Other Outside Location     |  |       | A <input type="checkbox"/> ALCOHOL                      D <input type="checkbox"/> DRUGS<br>C <input type="checkbox"/> COMPUTER EQUIPMENT      N <input type="checkbox"/> NOT APPLICABLE |  |             |
|  | *TYPE OF WEAPON/FORCE USED |  |       | *TYPE OF CRIMINAL ACTIVITY   |  |             |
|  | 99 - None                  |  |       |  |  |             |
|  | *METHOD OF ENTRY           | *METHOD OF ENTRY - MOTOR VEHICLE THEFT |       | *METHOD OF ENTRY - BURGLARY/B&E  |  |             |
| <input type="checkbox"/> FORCE<br><input checked="" type="checkbox"/> NO FORCE |                            |  | ENTRY | EXIT   | ENTRY  | EXIT        |
| *NO PREMISES ENTERED   |                            |  |       |  |  |             |
| 0  |                            |  |       |  |  |             |
| METHODS OF OPERATION:  |                            |  |       |  | CARGO THEFT  |             |
|  |                            |  |       |  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |             |

|  |   |  |       |  |  |          |
|--|---|--|-------|--|--|----------|
| <b>OFFENSE</b>   | *OFFENSE                                | *OFFENSE DESCRIPTION                   | *A/C  | FM & DEGREE  | *HATE/BIAS   | *LARCENY |
|  | 2921.41                                 | Theft in Office                        | C     | F-5 - Felony - 5   | N - No Bias/Not<br>Applicable                                    |          |
|  | *LOCATION OF OFFENSE                    |  |       | *SUSPECTED OF USING  |  |          |
|  | Other Location - Other Outside Location |  |       | A <input type="checkbox"/> ALCOHOL                      D <input type="checkbox"/> DRUGS<br>C <input type="checkbox"/> COMPUTER EQUIPMENT      N <input type="checkbox"/> NOT APPLICABLE |  |          |
|  | *TYPE OF WEAPON/FORCE USED              |  |       | *TYPE OF CRIMINAL ACTIVITY   |  |          |
|  | 99 - None                               |  |       |  |  |          |
|  | *METHOD OF ENTRY                        | *METHOD OF ENTRY - MOTOR VEHICLE THEFT |       | *METHOD OF ENTRY - BURGLARY/B&E  |  |          |
| <input type="checkbox"/> FORCE<br><input checked="" type="checkbox"/> NO FORCE |   |  | ENTRY | EXIT   | ENTRY  | EXIT     |
| *NO PREMISES ENTERED   |   |  |       |  |  |          |
| 0  |   |  |       |  |  |          |
| METHODS OF OPERATION:  |   |  |       |  | CARGO THEFT  |          |
|  |   |  |       |  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |          |

|  |  |   |   |             |             |
|--|--|---|---|-------------|-------------|
| <b>VICTIM</b>  | *NO. 1   | *TOTAL VICTIMS: 1   | *VICTIM TYPE: G - Government  |             |             |
|  | NAME (Last, First, Middle): POLAND TOWNSHIP,                                       |   |   |             |             |
|  | ADDRESS 3339 DOBBINS ROAD , POLAND, OH, 44514<br>(Street, Apt., City, State, Zip): |   |   |             | HOME PHONE: |
|  | EMPLOYER NAME AND ADDRESS<br>(Street, Apt., City, State, Zip):                     |   |   |             | PHONE:      |
|  | *AGE:  | *SEX:   | *RACE:  | *ETHNICITY: |             |
|  | D.O.B.:  | HGT:  |   | WGT:        | HAIR:       |
|  | EYES:  |   | OCCUPATION:   |             |             |
|  | SSN:   |   | *RESIDENT STATUS:   |             |             |
|  | VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N   | IF INJURED, DESCRIBE INJURIES:<br>0 - None                        |   |             |             |
|  | *AGG. ASSAULT/ HOMICIDE CIRC.:   | *VICTIM/SUSPECT RELATIONSHIP:<br>1 - BEATTY, RAYMOND T - Employer | *VICTIM/OFFENSE LINK:<br>2913.02A1 - Theft without consent<br>2921.41 - Theft in Office |             |             |
| OFFICER CIRCUMSTANCE:  |  |   |   |             |             |
| OFFICER ASSIGNMENT TYPE:   |  |   |   |             |             |
| OFFICER ORI:   |  |   |   |             |             |
| My signature verifies that the information on this report is accurate and true |  |   |   | DATE:       |             |

|                            |   |  |                             |                              |                   |   |                    |
|----------------------------|---|--|-----------------------------|------------------------------|-------------------|---|--------------------|
| <b>NAME / DESCRIPTIVES</b> | *NO. 1  | ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> | CATEGORY: 1 - Suspect       |                              |                   | CHARGES FILED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                    |
|                            | NAME (Last, First, Middle): BEATTY, RAYMOND T   |  |                             |                              |                   | SSN : [REDACTED]  |                    |
|                            | ALIAS:  |  |                             |                              | GANG AFFILIATION: |   |                    |
|                            | ADDRESS [REDACTED]<br>(Street, Apt., City, State, Zip):   |  |                             |                              |                   | HOME PHONE:   |                    |
|                            | EMPLOYER NAME AND ADDRESS<br>(Street, Apt., City, State, Zip): POLAND TOWNSHIP<br>3339 DOBBINS ROAD,<br>POLAND, OH, 44514 |  |                             |                              |                   | PHONE:<br>[REDACTED]  |                    |
|                            | PLACE OF BIRTH:   |  |                             | DL#/STATE :<br>SX972577/Ohio |                   | OCCUPATION/SCHOOL:<br>ROAD DEPARTMENT   |                    |
|                            | *AGE/ 28  | *SEX: M - Male   | *RACE: W - White            | *ETHNICITY: U - Unknown      | *HEIGHT: 6' 6"    | *WEIGHT: 200  | *HAIR: BRO - Brown |
|                            | *D.O.B.: 07/28/1989   |  | MARITAL STATUS: U - Unknown |                              |                   | *RESIDENT STATUS: 5 - Other - BEAVER, OHIO                                      |                    |
|                            | SUSPECTED OF USING:<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS                                    |  | SCARS, MARKS, TATOOS:       |                              |                   |   |                    |
|                            | ADDITIONAL DESCRIPTION:   |  |                             |                              |                   |   |                    |
| POTENTIAL INJURIES?        |   |  |                             |                              |                   |   |                    |



|                 |  |   |                |                               |
|-----------------|--|---|----------------|-------------------------------|
| <b>REPORTEE</b> | NO. 1  | NAME (Last, First, Middle):<br>UNGERO, ERIC | AGE<br>D.O.B.: | SSN:                          |
|                 | ADDRESS (Street, Apt., City, State, Zip):<br>3339 DOBBINS ROAD, POLAND, OH, 44514  |   |                | HOME PHONE:<br>(330) 757-8033 |
|                 | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip):   |   |                | PHONE:                        |
|                 | STATEMENTS OBTAINED: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHERS |   |                |                               |

|                |   |   |                              |                          |
|----------------|---|---|------------------------------|--------------------------|
| <b>WITNESS</b> | NO. 1   | NAME (Last, First, Middle):<br>MATEO III, LUIS null | AGE 38<br>D.O.B.: 08/28/1978 | SSN: [REDACTED]          |
|                | ADDRESS (Street, Apt., City, State, Zip): [REDACTED]  |   |                              | HOME PHONE:              |
|                | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip):<br>POLAND TOWNSHIP<br>3339 DOBBINS ROAD,<br>POLAND, OH, 44514  |   |                              | PHONE:<br>(330) 757-8033 |
|                | STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input checked="" type="checkbox"/> TAPED <input type="checkbox"/> OTHERS |   |                              |                          |



|                |   |   |                              |                          |
|----------------|---|---|------------------------------|--------------------------|
| <b>WITNESS</b> | NO. 2   | NAME (Last, First, Middle):<br>DAY, MICHAEL C | AGE 26<br>D.O.B.: 07/01/1991 | SSN: [REDACTED]          |
|                | ADDRESS (Street, Apt., City, State, Zip): [REDACTED]  |   |                              | HOME PHONE:              |
|                | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip):<br>POLAND TOWNSHIP<br>3339 DOBBINS ROAD,<br>POLAND, OH, 44514  |   |                              | PHONE:<br>(330) 757-8033 |
|                | STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input checked="" type="checkbox"/> TAPED <input type="checkbox"/> OTHERS |   |                              |                          |



|                |   |   |                              |                          |
|----------------|---|---|------------------------------|--------------------------|
| <b>WITNESS</b> | NO. 3   | NAME (Last, First, Middle):<br>[REDACTED] | AGE 47<br>D.O.B.: 11/17/1969 | SSN: [REDACTED]          |
|                | ADDRESS (Street, Apt., City, State, Zip): [REDACTED]  |   |                              | HOME PHONE:              |
|                | EMPLOYER NAME AND ADDRESS (Street, Apt, City, State, Zip):<br>POLAND TOWNSHIP<br>3339 DOBBINS ROAD,<br>POLAND, OH, 44514  |   |                              | PHONE:<br>(330) 757-8033 |
|                | STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input checked="" type="checkbox"/> TAPED <input type="checkbox"/> OTHERS |   |                              |                          |



|         |   |  |  |                 |
|---------|---|--|--|-----------------|
| WITNESS | NO. 4   | NAME (Last, First, Middle):<br>MONUS, THOMAS B | AGE 32<br>D.O.B.: 12/09/1984   | SSN: [REDACTED] |
|         | ADDRESS (Street, Apt., City, State, Zip):   |  |  | HOME PHONE:     |
|         | EMPLOYER NAME AND ADDRESS<br>(Street, Apt, City, State, Zip):                         |  |  | PHONE:          |
|         | STATEMENTS 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"/> OTHERS |                 |



|         |   |   |   |                 |
|---------|---|---|---|-----------------|
| WITNESS | NO. 5   | NAME (Last, First, Middle):<br>MORJOCK, CHARLES R | AGE 52<br>D.O.B.: 09/04/1964  | SSN: [REDACTED] |
|         | ADDRESS (Street, Apt., City, State, Zip):   |   |   | HOME PHONE:     |
|         | EMPLOYER NAME AND ADDRESS<br>(Street, Apt, City, State, Zip):                         |   |   | PHONE:          |
|         | STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |   | TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input checked="" type="checkbox"/> TAPED <input type="checkbox"/> OTHERS |                 |



|         |   |  |   |                 |
|---------|---|--|---|-----------------|
| WITNESS | NO. 6   | NAME (Last, First, Middle):<br>KOHLER, ROY H | AGE 46<br>D.O.B.: 02/27/1971  | SSN: [REDACTED] |
|         | ADDRESS (Street, Apt., City, State, Zip):   |  |   | HOME PHONE:     |
|         | EMPLOYER NAME AND ADDRESS<br>(Street, Apt, City, State, Zip):                         |  |   | PHONE:          |
|         | STATEMENTS OBTAINED: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |  | TYPE: <input type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input checked="" type="checkbox"/> TAPED <input type="checkbox"/> OTHERS |                 |



|          |                               |                |  |                                    |                 |
|----------|-------------------------------|----------------|--|------------------------------------|-----------------|
| PROPERTY | *LOSS CODE:<br>5 - Stolen/Etc | QUANTITY:      | DESCRIPTION:<br>UNKNOWN AMOUNT OF ROAD GRINDINGS | *PROP CODE:<br>54 - Other Property | *VALUE:<br>0    |
|          | VICT. NO.:                    | VEH NO.:       | MAKE/BRAND:                                      | MODEL:                             | DATE RECOVERED: |
|          |                               | SERIAL NUMBER: | NCIC NUMBER:                                     | OTHER NUMBER:                      |                 |

**NARRATIVE:**

AUGUST 3, 2017 - TRUSTEE ERIC UNGERO CALLED CHIEF BRIAN GOODIN AND ADVISED A PERSON WHO WANTED TO REMAIN ANONYMOUS INFORMED HIM RAYMOND BEATTY (ROAD DEPARTMENT EMPLOYEE) HAD AN UNKNOWN AMOUNT OF ROAD GRINDINGS AT HIS RESIDENCE LOCATED AT 904 CALLA ROAD POLAND, OHIO 44514. UNGERO FURTHER ADVISED THE PERSON SAID THE ROAD GRINDINGS WERE REMOVED FROM THE REAR OF THE ROAD DEPARTMENT BUILDING AND TRANSPORTED TO BEATTY'S RESIDENCE BY AN UNKNOWN, PRIVATE COMPANY. ACCORDING TO UNGERO THE ROAD GRINDINGS BELONGED TO POLAND TOWNSHIP AND BEATTY DID NOT HAVE AUTHORIZATION TO EITHER REMOVE OR CAUSE THEM TO BE REMOVED

UNGERO INSTRUCTED CHIEF GOODIN TO HAVE THE ALLEGED INCIDENT INVESTIGATED.

CHIEF GOODIN REQUESTED I RESPOND TO 904 CALLA ROAD AND TAKE PHOTOGRAPHS OF THE ROAD GRINDINGS, WHICH I DID.

|                                 |                |                        |
|---------------------------------|----------------|------------------------|
| REPORTING OFFICER: Wilson, Greg | BADGE NO.: 012 | DATE: 08/07/2017 13:47 |
|---------------------------------|----------------|------------------------|

|                         |               |                  |
|-------------------------|---------------|------------------|
| Reporting: Wilson, Greg | BADGE NO: 012 | DATE: 08/07/2017 |
|-------------------------|---------------|------------------|

|  |                                  |
|--|----------------------------------|
| FOLLOW-UP?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | If yes, follow-up<br>Assignment: |
|--|----------------------------------|