

AGENCY NAME  
**Liberty Police Department**

CALL NUMBER

GEO CODE  
**A - RESIDENTIAL**

INCIDENT NUMBER- INVESTIGATIVE NUMBER  
**17-06489**

CLEARANCES

A  Death of Suspect 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  Unknow

CLEARANCE DATE **08-02-2017** CLEARED BY **928**

TOD **07:31**  INCIDENT (NON-CRIMINAL)  
 OFFENSE  
 SUPPLEMENT

TOA **07:38**

**08:19**

Printed: 08-24-2017 14:21 **OHIO UNIFORM INCIDENT REPORT**

REPORT DATE/TIME				INCIDENT OCCURED FROM				INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
08	02	2017	12:12	08	01	2017	15:00	08	02	2017	07:31

INCIDENT LOCATION (Street, Apt. City, State, Zip) **1365 SHANNON RD, GIRARD, OH 44420**

*OFFENSE	*OFFENSE CODE	*A/C	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. INCIDENT	1. INCD	C		N		1	1. ___ 2. ___ 3. ___ (Enter up to three for each offense)
2.	2.						1. ___ 2. ___ 3. ___ B - Buying/Rec. C - Cultivating/Mfg./Pub. D - Distributing/Selling E - Exploiting Children O - Oper./Promoting/Ass. P - Possessing/Concealing T - Transp./Transmitting U - Using/Consuming
3.	3.						1. ___ 2. ___ 3. ___
4.	4.						1. ___ 2. ___ 3. ___
5.	5.						1. ___ 2. ___ 3. ___

\*LOCATION OF OFFENSE (Enter up to two)

1. <u>01</u> 2. <u>45</u>	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 OUTSIDE 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 77 Other	*SUSPECTED OF USING <input type="checkbox"/> A ALCOHOL <input type="checkbox"/> D DRUGS <input type="checkbox"/> C COMPUTER EQUIPMENT <input checked="" type="checkbox"/> N NOT APPLICABLE
RESIDENTIAL STRUCTURE 01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed				
COMMERCIAL LOCATIONS 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				
PUBLIC ACCESS BLDGS. 06 Transit Facility 07 Government Office 08 School 09 College 10 Church 11 Hospital				
*TYPE WEAPON/FORCE USED 1. <u>U</u> 2. ___ 3. ___ (Enter up to Three Codes)				

*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B & E						
<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
*NO. PREMISES ENTERED			<input type="checkbox"/> 1. BASEMENT <input type="checkbox"/> 2. 1st FLOOR <input type="checkbox"/> 3. 2nd FLOOR <input type="checkbox"/> 4. OTHER	<input type="checkbox"/>	<input type="checkbox"/> 1. DOOR <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> 3. GARAGE <input type="checkbox"/> 4. SKYLIGHT <input type="checkbox"/> 5. OTHER	<input type="checkbox"/>	<input type="checkbox"/> 1. FRONT <input type="checkbox"/> 2. SIDE <input type="checkbox"/> 3. REAR <input type="checkbox"/> 4. ROOF <input type="checkbox"/> 5. OTHER	<input type="checkbox"/>

METHODS OF OPERATION

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

NAME (Last, First, Middle) **LYNN, LORAIN** PHONE

ADDRESS (Street, Apt., City, State, Zip) **4747 BLACK WALNUT LANE, RAVENNA, OH 44266** PHONE

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

\*AGE/D.O.B **60 04-25-1957** \*SEX **F** \*RACE  W  B  I  A  U HEIGHT **506** WEIGHT **125** HAIR **BLN** EYES **GRN**

OCCUPATION \*RESIDENT STATUS  RESIDENT  MILITARY  OTHER  TOURIST  STUDENT  UNKNOWN

VICTIM INJURED IF INJURED DESCRIBE INJURIES

\*AGG. ASLT/HOMICIDE CIR. \*VICTIM/SUSPECT RELATIONSHIP **0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_** \*VICTIM/OFFENSE LINK **INCD**

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

REPORTING OFFICER **SUPERAK, DAN** BADGE NO. **928** DATE **08-02-2017**

PROVING OFFICER **SHUSTER, MICHAEL** BADGE NO. **912** DATE

FOLLOW UP If yes, follow-up assignment

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

ADMINIS

OFFENSE

VICTIM

INCIDENT NUMBER  
**17-06489**

# INCIDENT REPORT - PART 2

IN: IT NUMBER 17-06489

OFFENSE INCIDENT INCIDENT DATE/TIME 08-01-2017 15:00

NO. 1 NAME (Last, First, Middle) LYNN, TIMOTHY H \*AGE/D.O.B 61 05-18-1958

ADDRESS (Street, Apt., City, State, Zip) 1351 SHANON RD, GIRARD, OH 44420 PHONE 330 7161423

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

STATEMENTS OBTAINED TYPE  WRITTEN  ORAL  TAPED  OTHER

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

NO. 1 DAMAGE TO VEHICLE LIC GZA5542 LIS OH LIY 2018 LIT VIN/OAN 5N1DR2MM0HC646385 \*VALUE \$ 30000

VYR 2017 VMA NISS VMO SW VST VCO TOP WHI  VEHICLE LOCKED  KEYS IN VEHICLE  HOLD VEHICLE  RELEASE CONTENTS

VEHICLE ASSOC W/ SUSPECT # VEHICLE ASSOC W/ VICTIM #  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 2017 NISSAN PATHFINDER SUV / WHITE IN COLOR

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

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED 1 DATE RECOVERED  STOLEN IN YOUR JURISDICTION WHERE RECOVERED?

\*TYPE PROPERTY LOSS 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ECT. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE

\*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

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

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

# VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER 17-06489

VICTIM		OFFENSE		INCIDENT DATE/TIME	
LYNN, LORAIN		INCIDENT		08-01-2017 15:00	
*NO.	*TOTAL VICTIMS	*VICTIM TYPE	<input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	<input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> G GOVERNMENT	<input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> R RELIGIOUS ORGANIZATION
NAME (Last, First, Middle)		<input type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER <input type="checkbox"/> U UNKNOWN			

ADDRESS (Street, Apt., City, State, Zip)		PHONE				
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE				
*AGE/D.O.B.	*SEX	*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HEIGHT	WEIGHT	HAIR	EYES
OCCUPATION		*RESIDENT STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST		<input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT		<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> VICTIM INJURED	IF INJURED DESCRIBE INJURIES					
*AGG. ASLT/HOMICIDE CIR.		*VICTIM/SUSPECT RELATIONSHIP 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___		*VICTIM/OFFENSE LINK		
My signature verifies that the information on this report is accurate and true						DATE _____

*NO.		*TOTAL VICTIMS		*VICTIM TYPE		<input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B BUSINESS	<input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> G GOVERNMENT	<input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> R RELIGIOUS ORGANIZATION	<input type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER <input type="checkbox"/> U UNKNOWN
NAME (Last, First, Middle)		ADDRESS (Street, Apt., City, State, Zip)							
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE							
*AGE/D.O.B.	*SEX	*RACE <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HEIGHT	WEIGHT	HAIR	EYES	*RESIDENT STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST		
OCCUPATION		<input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT		<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN			<input type="checkbox"/> VICTIM INJURED		
IF INJURED DESCRIBE INJURIES		*AGG. ASLT/HOMICIDE CIR.							
*VICTIM/SUSPECT RELATIONSHIP 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___		*VICTIM/OFFENSE LINK							
signature verifies that the information on this report is accurate and true									
DATE _____									

NO.	NAME (Last, First, Middle)		AGE/D.O.B.	PHONE					
1	PULLIN, HOWARD J. III		53 12-20-1963	330 5509754					
ADDRESS (Street, Apt., City, State, Zip)		1335 SHANNON ROAD, GIRARD, OH 44420							
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE							
<input checked="" type="checkbox"/>	STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER						

NO.	NAME (Last, First, Middle)		AGE/D.O.B.	PHONE					
ADDRESS (Street, Apt., City, State, Zip)		PHONE							
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						

NO.	NAME (Last, First, Middle)		AGE/D.O.B.	PHONE					
ADDRESS (Street, Apt., City, State, Zip)		PHONE							
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						

NO.	NAME (Last, First, Middle)		AGE/D.O.B.	PHONE					
ADDRESS (Street, Apt., City, State, Zip)		PHONE							
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						

REPORTING OFFICER/ARRESTING OFFICER		BADGE NO.	DATE
SUPERAK, DAN		928	08-02-2017
APPROVING OFFICER		BADGE NO.	DATE
SHUSTER, MICHAEL		912	

**NARRATIVE SUPPLEMENT**

Investigative Narrative .....

INCIDENT NUMBER  
17-06489

VICTIM  
LYNN, LORAINÉ

OFFENSE  
INCIDENT

INCIDENT DATE/TIME  
08-01-2017 15:00

On the above said date and time, I Officer Superak along with Officer Newton were dispatched to 1365 Shannon Rd for a female unresponsive laying in a pond. Upon arrival, officers were met by Howard Pullin and Timothy Lynn along with Liberty FD. Timothy advised that he was checking the area after locating his ex-wife's vehicle, Loraine Lynn, age 60, when he located her in the pond laying her face down.

Officers observed Loraine S Lynn laying face down on top of a tractor attached to a brush hog. Both Loraine and brush hog were partially submerged in the pond. Loraine was deceased upon arrival. Chief Tisone, Captain Meloro, Captain Shimko, and Sgt Shuster also arrived on scene as well to assist. It appeared that Loraine was cutting the yard with the tractor when it went into the pond.

Chief Tisone took photographs of the scene. Captain Meloro contacted the Trumbull County Coroners Office who advised they would send Medstar to the scene to retrieve Loraine. Medstar transported Loraine to the Trumbull County Coroners Office pending an autopsy. All photos taken at scene were attached to the report.

- |   |  |   |  |  |              |
|---|--|---|--|--|--------------|
| <input type="checkbox"/> ON CLEARED           | <input type="checkbox"/> DEATH OF OFFENDER   | <input type="checkbox"/> VICTIM REFUSED TO COORP. | <input type="checkbox"/> ARREST - JUVENILE | <input checked="" type="checkbox"/> CLOSED | DATE CLEARED |
| <input type="checkbox"/> PROSECUTION DECLINED | <input type="checkbox"/> JUVENILE/NO CUSTODY | <input type="checkbox"/> WARRANT ISSUED           | <input type="checkbox"/> INVEST. PENDING   | <input type="checkbox"/> UNFOUNDED         | 08-02-2017   |
| <input type="checkbox"/> EXTRADITION DENIED   | <input type="checkbox"/> ARREST - ADULT      | <input type="checkbox"/> INVEST. PENDING          |  | <input type="checkbox"/> INVEST. PENDING   |              |

REPORTING OFFICER <b>SUPERAK, DAN</b>	BADGE NO.	DATE 08-02-2017
APPROVING OFFICER <b>SHUSTER, MICHAEL</b>	BADGE NO. 912	DATE