

ADMINISTRATION	POLICE DIVISION AKRON, OHIO		PAGE 1 OF _____		REPORT NUMBER 04-017295						
	<input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		HATE BIAS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EXPLAIN ANTI: _____						
	INCIDENT LOCATION (INCLUDING ZIP CODE) 975 TREATY LINE RD. 44313										
DISTRICT 09		LOCATION CODE (ENTER UP TO 2): 1. 49 2. _____			CLEARANCES: <input type="checkbox"/> A DEATH OF OFFENDER <input type="checkbox"/> G ARREST - JUVENILE <input type="checkbox"/> B PROSECUTION DECLINED <input type="checkbox"/> H WARRANT ISSUED <input type="checkbox"/> C EXTRADITION DENIED <input type="checkbox"/> I INVEST. PENDING <input type="checkbox"/> D VICTIM REFUSED TO COOP. <input type="checkbox"/> J CLOSED <input type="checkbox"/> E JUVENILE/NO CUSTODY <input type="checkbox"/> K UNFOUNDED <input type="checkbox"/> F ARREST - ADULT <input type="checkbox"/> U UNKNOWN <input type="checkbox"/> U REFERRED TO PROSECUTOR						
REPORT DATE/TIME		INCIDENT OCCURRED FROM		INCIDENT OCCURRED TO							
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
06	02	04	09:00	03	01	04	0000	03	01	04	2359
CLEARANCE DATE				CLEARED BY I.D.#:							

VICTIM NO.	TOTAL VICTIMS	VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INST. <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 checked="" type="checkbox"/> OTHER
1	2						
VICTIM NAME (LAST, FIRST, MIDDLE) HINDI, STEVE O.		RACE	SEX	AGE	ADDRESS (CITY & STATE, IF NOT AKRON) ZIP CODE 43 W. 799 OAKLEAF DR. IL 60119		PHONE 630-557-0176
REPORTED BY (LAST, FIRST, MIDDLE) ROMITO, ANNA		RACE	SEX	AGE	ADDRESS (CITY & STATE, IF NOT AKRON) ZIP CODE 217 S. HIGH		PHONE 330-375-2791
SSN & DOB APPLIES TO VICTIM	SOCIAL SECURITY NO.	BIRTHDATE	EMPLOYER	<input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> REPORTER	HOURS WORKED	WORK PHONE 208-0120	
		8 17 54					
VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		AMB./TRANSPORT:		HOSPITAL:		<input type="checkbox"/> FATALITY <input type="checkbox"/> TREATED & RELEASE <input type="checkbox"/> REFUSED	<input type="checkbox"/> ADMITTED - SERIOUS <input type="checkbox"/> ADMITTED - MINOR <input type="checkbox"/> UNKNOWN
VICTIM'S RESIDENT STATUS		VICTIM'S RESIDENT STATUS		VICTIM'S RESIDENT STATUS		VICTIM'S RESIDENT STATUS	
<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONES		<input type="checkbox"/> POSS. INTERNAL INJURIES <input type="checkbox"/> SEVERE LACERATION		<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS		<input type="checkbox"/> OTHER MAJ. INJURY <input type="checkbox"/> MINOR INJURY	
<input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		<input type="checkbox"/> RESIDENT <input type="checkbox"/> TOURIST		<input type="checkbox"/> MILITARY <input type="checkbox"/> STUDENT		<input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	
.AGG. ASLT/ HOMICIDE CIRC.		VICTIM/SUSPECT RELATIONSHIP U		VICTIM LINKED TO SUSPECT NO(S) 1, 2 + 3		VICTIM LINKED TO OFFENSE NO(S) 1 + 2	

OFFENSE / INCIDENT	OFFENSE CODE	A / C	TYPE OF CRIMINAL ACTIVITY	NOTE: TYPE OF CRIMINAL ACTIVITY REFERS ONLY TO THE FOLLOWING OFFENSE
1. TAMPERING WITH EVIDENCE	2921.12(A)(1)	C	1. _____ 2. _____ 3. _____	ENTER UP TO THREE FOR EACH OFFENSE B - BUYING / RECEIVING C - CULTIVATING/MFG./PUB D - DISTRIBUTING / SELLING E - EXPLOITING CHILDREN O - OPER / PROMOTING / ASSIST. P - POSSESSING / CONCEALING T - TRANSP / TRANSMITTING U - USING / CONSUMING COUNTERFEITING / FORGERY RECEIVING STOLEN PROPERTY DRUG / NARCOTICS VIOLATIONS DRUG EQUIPMENT VIOLATIONS GAMBLING EQUIPMENT VIOLATION PORNOGRAPHY / OBSCENE MATERIAL WEAPONS LOW VIOLATIONS *ALL OTHERS LEAVE BLANK
2. CRIMINAL DAMAGING	2909.07	C	1. _____ 2. _____ 3. _____	
3. _____			1. _____ 2. _____ 3. _____	
4. _____			1. _____ 2. _____ 3. _____	
METHODS OF OPERATION CODE: 89	HOW COMMITTED: DAMAGED EQUIPMENT & DELETED VIDEO FILES			
FOR B&E OR BURGLARY COMPLETE THE FOLLOWING:		FOR THEFT OFFENSE CHECK THE FOLLOWING:		SUSPECTED OF USING
No. Premises Entered:	<input type="checkbox"/> 1 FORCE <input type="checkbox"/> 2 NO FORCE/UNKNOWN	23A <input type="checkbox"/> POCKET PICKING 23B <input type="checkbox"/> PURSE SNATCHING 23C <input type="checkbox"/> SHOPLIFTING 23D <input type="checkbox"/> THEFT FROM BUILDING 23E <input type="checkbox"/> THEFT FROM COIN-OP MACH	23F <input type="checkbox"/> THEFT FROM MOTOR VEH. 23G <input type="checkbox"/> MOTOR VEH PARTS/ACCES 240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE 23H <input type="checkbox"/> OTHER	<input type="checkbox"/> A ALCOHOL <input type="checkbox"/> D DRUGS <input type="checkbox"/> C COMPUTER <input type="checkbox"/> N NOT APPLICABLE
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"/>		

NARRATIVE

VICTIM STATES THAT HE AND HIS ORGANIZATION SET UP VIDEO SURVEILLANCE EQUIPMENT THE WEEK OF 2/22/04 IN CASCAD VALLEY METRO PARK AND MUNROE FALLS METRO PARK. THEIR EQUIPMENT WAS LATER FOUND AND CONFISCATED BY METRO PARK RANGERS AND TAKEN TO METRO PARK HEADQUARTERS ON TREATY LINE RD. IT WAS SUBSEQUENTLY LEARNED THAT 3 INDIVIDUALS DECIDED TO ERASE THE VIDEO EVIDENCE ON THIS EQUIPMENT. TWO PARK RANGERS (SIMON & RANKIN) WERE ADMINISTRATIVELY DISCIPLINED FOR THE WHEN EQUIPMENT WAS RETURNED TO VICTIM, 3 OF 6 CAMERAS WERE DAMAGE AND ALL FILES WERE DELETED.

D.B. NOTIFIED? <input type="checkbox"/> Y <input type="checkbox"/> N	TIME OF NOTIFICATION:	DETECTIVE NOTIFIED:
My signature verifies that the information on this report is accurate and true: <i>[Signature]</i>		DATE JAN 2, 04
REPORTING OFFICER'S SIGNATURE: <i>[Signature]</i>	I.D. NO. 956	DATE 6/2/04
APPROVING SUPERVISOR'S SIGNATURE:	I.D. NO.	DATE
FOLLOW-UP? <input type="checkbox"/> Y <input type="checkbox"/> N	DETECTIVES ASSIGNED:	I.D. NO.
ADDITIONAL SUPPLEMENTS	<input type="checkbox"/> ADDENDUM <input type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> EVIDENCE <input type="checkbox"/> NARRATIVE
	<input type="checkbox"/> F.I. CARD <input type="checkbox"/> S.F.I.	<input type="checkbox"/> JUVENILE REPORT <input type="checkbox"/> REPORT OF INVESTIGATION
	<input type="checkbox"/> OTHER	SPECIAL COPIES

VICTIM **HINDI, STEVE** OFFENSE **TAMPERING W/ EVID, CRIM. DAM.** INCIDENT DATE/TIME **3/1/04 0000**

TYPE PROPERTY LOSS/ETC. **1 NONE 3 COUNTERFEITED/FORGED 5 STOLEN/ETC. 7 RECOVERED** DAMAGE TO VEHICLE
2 BURNED 4 DESTROYED/DAMAGED/VANDALIZED 6 SEIZED 8 LOST PROP. U UNKNOWN THEFT FROM VEHICLE

PROPERTY

VICTIM NO.	LOSS CODE	QTY.	TYPE OF ITEM	BRAND-MODEL-STYLE	SERIAL NO.	COLORS-OTHER	VALUE	RECOVERED VALUE	DATE
1	4	3	VIDEO CAMERAS	ARCHOS		GRAY	\$500 ea.		
1	4	UNK	DIGITAL FILES	(MOVIE FORMAT)			UNK.		

VEHICLE

SUSPECT VEHICLE VICTIM VEHICLE NONE USED OR N/A UNKNOWN IF USED USED - NO DESCRIPTION

LICENSE STATE YEAR AND MAKE MODEL/STYLE COLOR(S) REMARKS

SUSPECT / ARRESTEE

SUSPECT(S) AND/OR ARREST(S), DESCRIPTION(S) AND INFORMATION N/A UNKNOWN - NO DESCRIPTION

1 NAME (LAST, FIRST, MIDDLE) - ADDRESS CITY, STATE, ZIP CODE **RANKIN, DAVE, 975 TREATY LINE RD, AKRON, OH 44313** MARITAL STATUS

RACE SEX AGE MIN-MAX HGT. MIN-MAX WT. MIN-MAX HAIR COLOR HAIR TYPE EYE COLOR GLASSES COMPLEXION SPEECH BEARD MUSTACH

ALIAS SCARS, MARKS, TATTOOS, CLOTHING, ETC.

SOCIAL SECURITY NO. BIRTHDATE RESIDENT STATUS RESIDENT MILITARY OTHER TOURIST STUDENT UNKNOWN SUSPECTED OF USING: ALCOHOL DRUGS

TYPE OF WEAPON FORCE USED / ARRESTEE WAS ARMED WITH

SUSPECT USED 1. ___ 2. ___ 3. ___ ARRESTEE ARMED WITH 1. ___ 2. ___ 3. ___

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

ARREST / OFFENSE DESCRIPTION	OFFENSE CODE	ARREST NUMBER	ARREST DATE	ARREST TIME	BY I.D.
1.					
2.					
3.					
4.					

MULTIPLE ARREST INDICATOR COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR N/A ARREST TYPE IN-PROGRESS SUMMONS CUSTOD COMPLAINT WARRANT ORDER OF PROTECTION OTHER

2 NAME (LAST, FIRST, MIDDLE) - ADDRESS CITY, STATE, ZIP CODE **SIMON, JUSTIN, 975 TREATY LINE RD, AKRON, OH 44313** MARITAL STATUS

RACE SEX AGE MIN-MAX HGT. MIN-MAX WT. MIN-MAX HAIR COLOR HAIR TYPE EYE COLOR GLASSES COMPLEXION SPEECH BEARD MUSTACH

ALIAS SCARS, MARKS, TATTOOS, CLOTHING, ETC.

SOCIAL SECURITY NO. BIRTHDATE RESIDENT STATUS RESIDENT MILITARY OTHER TOURIST STUDENT UNKNOWN SUSPECTED OF USING: ALCOHOL DRUGS

TYPE OF WEAPON FORCE USED / ARRESTEE WAS ARMED WITH

SUSPECT USED 1. ___ 2. ___ 3. ___ ARRESTEE ARMED WITH 1. ___ 2. ___ 3. ___

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

ARREST / OFFENSE DESCRIPTION	OFFENSE CODE	ARREST NUMBER	ARREST DATE	ARREST TIME	BY I.D.
1.					
2.					
3.					
4.					

MULTIPLE ARREST INDICATOR COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR N/A ARREST TYPE IN-PROGRESS SUMMONS CUSTOD COMPLAINT WARRANT ORDER OF PROTECTION OTHER

SUSPECT/ARRESTEE SUPPLEMENT

PAGE OF

REPORT NUMBER 04-017295

VICTIM HINDI, STEVE OFFENSE TAMPERING W/ EVID. (PRIM. DAM) INCIDENT DATE/TIME 03/01/04 0000 HRS

NAME (LAST, FIRST, MIDDLE) - ADDRESS CITY, STATE, ZIP CODE DENICOLA, ANTHONY HAIR TYPE EYE COLOR

RACE SEX AGE MIN-MAX HGT. MIN-MAX WT. MIN-MAX HAIR COLOR HAIR TYPE EYE COLOR GLASSES COMPLEXION SPEECH BEARD MUSTACHE

ALIAS SCARS, MARKS, TATTOOS, CLOTHING, ETC. SOCIAL SECURITY NO. BIRTHDATE RESIDENT STATUS

TYPE OF WEAPON FORCE USED / ARRESTEE WAS ARMED WITH SUSPECT USED 1. 2. 3. ARRESTEE ARMED WITH 1. 2. 3.

Table with columns: ARREST / OFFENSE DESCRIPTION, OFFENSE CODE, ARREST NUMBER, ARREST DATE, ARREST TIME, BY I.D.

MULTIPLE ARREST INDICATOR ARREST TYPE 2 IN-PROGRESS 4 SUMMONS 6 CUSTODY

NAME (LAST, FIRST, MIDDLE) - ADDRESS CITY, STATE, ZIP CODE MARITAL STATUS

RACE SEX AGE MIN-MAX HGT. MIN-MAX WT. MIN-MAX HAIR COLOR HAIR TYPE EYE COLOR GLASSES COMPLEXION SPEECH BEARD MUSTACHE

ALIAS SCARS, MARKS, TATTOOS, CLOTHING, ETC. SOCIAL SECURITY NO. BIRTHDATE RESIDENT STATUS

TYPE OF WEAPON FORCE USED / ARRESTEE WAS ARMED WITH SUSPECT USED 1. 2. 3. ARRESTEE ARMED WITH 1. 2. 3.

Table with columns: ARREST / OFFENSE DESCRIPTION, OFFENSE CODE, ARREST NUMBER, ARREST DATE, ARREST TIME, BY I.D.

MULTIPLE ARREST INDICATOR ARREST TYPE 2 IN-PROGRESS 4 SUMMONS 6 CUSTODY

NAME (LAST, FIRST, MIDDLE) - ADDRESS CITY, STATE, ZIP CODE MARITAL STATUS

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ALIAS SCARS, MARKS, TATTOOS, CLOTHING, ETC. SOCIAL SECURITY NO. BIRTHDATE RESIDENT STATUS

TYPE OF WEAPON FORCE USED / ARRESTEE WAS ARMED WITH SUSPECT USED 1. 2. 3. ARRESTEE ARMED WITH 1. 2. 3.

Table with columns: ARREST / OFFENSE DESCRIPTION, OFFENSE CODE, ARREST NUMBER, ARREST DATE, ARREST TIME, BY I.D.

MULTIPLE ARREST INDICATOR ARREST TYPE 2 IN-PROGRESS 4 SUMMONS 6 CUSTODY

REPORTING OFFICER'S SIGNATURE: A Romito I.D. NO. 956 DATE 6/2/04

APPROVING SUPERVISOR'S SIGNATURE: I.D. NO. DATE