ADMINISTRATIVE

AGENCY NAME: CLINTON COUNTY SHERIFF'S OFFICE
CALL NUMBER: 2205879
*GEO CODE: CHESTER
TOD: 20:33
TOA: 20:33
TOC: 20:46
☐ INCIDENT (NON-CRIMINAL)
☒ OFFENSE
☐ SUPPLEMENT
Printed: 09-16-2022 12:18

OHIO UNIFORM INCIDENT REPORT

*INCIDENT NUMBER-INVESTIGATIVE NUMBER: 2200329 - 22-36-46

*CLEARANCES
A ☐ Death of Suspect
B ☐ Prosecution Declined
C ☐ In Custody of Other Jurisd.
D ☐ Victim Refused to Coop.
E ☐ Juvenile/No Custody
F ☐ Arrest - Adult
G ☐ Arrest - Juvenile
H ☐ Warrant Issued
I ☒ Invest Pending
J ☐ Closed
K ☐ Unfounded
U ☐ Unknow

*CLEARANCE DATE:
CLEARED BY:

*REPORT DATE/TIME MONTH	DAY	YEAR	TIME	*INCIDENT OCCURED FROM MONTH	DAY	YEAR	TIME	*INCIDENT OCCURED TO MONTH	DAY	YEAR	TIME
05	07	2022	20:48	05	06	2022	00:00	05	06	2022	13:00

INCIDENT LOCATION (Street, Apt. City, State, Zip): 7763 SR 73 W, WILMINGTON, OH 45177

OFFENSE

	*OFFENSE		*OFFENSE CODE	*A/C	*F/M & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1.	THEFT	1.	2913.02	C		N	23H	1	1.__ 2.__ 3.__ (Enter up to three for each offense)
2.		2.							1.__ 2.__ 3.__ B - Buying/Rec. C - Cultivating/Mfg./Pub.
3.		3.							1.__ 2.__ 3.__ D - Distributing/Selling E - Exploiting Children
4.		4.							1.__ 2.__ 3.__ O - Oper/Promoting/Ass. P - Possessing/Concealing
5.		5.							1.__ 2.__ 3.__ T - Transp/Transmitting U - Using/Consuming

*LOCATION OF OFFENSE (Enter up to two): 1. 52 2. ___

RESIDENTIAL STRUCTURE
01 Single Family Home
02 Multiple Dwelling
03 Residential Facility
04 Other Residential
05 Garage/Shed

PUBLIC ACCESS BLDGS.
06 Transit Facility
07 Government Office
08 School
09 College
67 Library
10 Church
11 Hospital
12 Jail/Prison
13 Parking Garage
14 Other Public Access Buildings

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
56 ATM Machine Separate from Bank
59 Daycare Facility

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
57 Camp/Campground
64 Rest Area

OTHER
53 Abandoned / Condemned Structure
55 Arena / Stadium Fairgrounds/Coliseum
58 Cargo Container
60 Dock/Wharf/Freight/ Modal Terminal
61 Farm Facility
62 Gambling Facility/ Casino/Race Track
63 Military Installation
65 Shelter-Mission/ Homeless
66 Tribal Lands
77 Other

*SUSPECTED OF USING
☐ A ALCOHOL
☐ D DRUGS
☐ C COMPUTER EQUIPMENT
☒ N NOT APPLICABLE

*TYPE WEAPON/FORCE USED
1. U 2. ___ 3. ___ (Enter up to Three Codes)

*METHOD OF ENTRY
☐ FORCE
☐ NO FORCE

*NO. PREMISES ENTERED

*METHOD OF ENTRY - MOTOR VEHICLE THEFT
☐ 01 MOTOR RUNNING/KEYS IN CAR
☐ 02 UNLOCKED
☐ 03 DUPLICATE KEY USED
☐ 04 WINDOW BROKEN
☐ 05 TOWED
☐ 06 HOT WIRE
☐ 07 SLIM JIM/COAT HANGER
☐ 08 TUMBLERS REMOVED
☐ 09 COLUMN PEELED
☐ 10 IGNITION PEELED

*METHOD OF ENTRY - BURGLARY/B & E

ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
☐ 1. BASEMENT	☐	☐ 1. DOOR	☐	☐ 1. FRONT	☐
☐ 2. 1st FLOOR	☐	☐ 2. WINDOW	☐	☐ 2. SIDE	☐
☐ 3. 2nd FLOOR	☐	☐ 3. GARAGE	☐	☐ 3. REAR	☐
☐ 4. OTHER	☐	☐ 4. SKYLIGHT	☐	☐ 4. ROOF	☐
		☐ 5. OTHER	☐	☐ 5. OTHER	☐

METHODS OF OPERATION:
CARGO THEFT ☐ Y ☐ N

VICTIM

*NO. 1 | *TOTAL VICTIMS 2 | *VICTIM TYPE: ☒ I INDIVIDUAL ☐ B BUSINESS ☐ F FINANCIAL INSTITUTION ☐ G GOVERNMENT ☐ P POLICE OFFICER (IN THE LINE OF DUTY) ☐ R RELIGIOUS ORGANIZATION ☐ S SOCIETY ☐ U UNKNOWN ☐ O OTHER

NAME (Last, First, Middle): GILLESPIE, DAVID L
PHONE: 859-462-4854
ADDRESS (Street, Apt., City, State, Zip): 120 COOK BOOK LN #4 FT, MITCHELL, KY 41017
PHONE:
EMPLOYER NAME AND (Street, Apt., City, State, Zip) ADDRESS:

*AGE/ D.O.B	*SEX	*RACE	HEIGHT	WEIGHT	HAIR	EYES
61 12-23-1960	M	☒ W ☐ B ☐ A ☐ I ☐ U	511	175		HAZ

OCCUPATION:
SSN: [redacted]
*RESIDENT STATUS: ☒ RESIDENT ☐ MILITARY ☐ OTHER ☐ TOURIST ☐ STUDENT ☐ UNKNOWN

☐ VICTIM INJURED
IF INJURED DESCRIBE INJURIES:

*AGG. ASLT/HOMICIDE CIR.:
*VICTIM/SUSPECT RELATIONSHIP: 0 ___ 1 UU 2 ___ 3 ___ 4 ___ 5 ___
*VICTIM/OFFENSE LINK: 2913.02

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

INCIDENT NUMBER: 2200329

REPORTING OFFICER	BADGE NO.	DATE
JOHNSTON, HEATHER	1421	05-07-2022
APPROVING OFFICER	BADGE NO.	DATE
KASSINOS, MIKE	1406	05-09-2022

☒ FOLLOW UP
If yes, follow-up assignment: 1421-JOHNSTON, HEATHER

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

INCIDENT REPORT - PART 2

INCIDENT NUMBER: 2200329

OFFENSE: THEFT

INCIDENT DATE/TIME: 05-06-2022 00:00

REPORTEE

NO.	NAME (Last, First, Middle)	*AGE/ D.O.B	SSN
1	GILLESPIE, DAVID L		[redacted]

ADDRESS (Street, Apt., City, State, Zip): 120 COOK BOOK LN #4 FT, MITCHELL, KY 41017 — PHONE: 859-462-4854

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

☐ STATEMENTS OBTAINED — TYPE: ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

VEHICLE

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

NO.	☐ DAMAGE TO VEHICLE ☐ THEFT FROM VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE

VYR	VMA	VMO	VST	VCO TOP BOTTOM	☐ 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 ☐ BILL OF SALE ☐ TITLE ☐ OTHER

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

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

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

PROPERTY

*TYPE PROPERTY LOSS (Enter Code Below): 1 NONE; 2 BURNED; 3 COUNTERFEITED/FORGED; 4 DESTROYED/DAMAGED/VANDALIZED; 5 STOLEN/ETC.; 6 SEIZED; 7 RECOVERED; U UNKNOWN; P PHOTO; E EVIDENCE — TOTAL VALUE: $ 11550

*LOSS CODE	QUANTITY	DESCRIPTION	COLOR	*PROP CODE	*VALUE
5	1	4-5 TOOL BOXES FULL OF MAC WRENCHES, SNAP ON SOCKE		54	$ 7000

VICT. NO	VEH. NO	MAKE/BRAND	MODEL	DATE RECOVERED

1	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

*LOSS CODE	QUANTITY	DESCRIPTION	COLOR	*PROP CODE	*VALUE
5	1	JEWLERY BELT BUCKLES		54	$ 250

VICT. NO	VEH. NO	MAKE/BRAND	MODEL	DATE RECOVERED

2	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

*LOSS CODE	QUANTITY	DESCRIPTION	COLOR	*PROP CODE	*VALUE
5	1	BLACK ENCLOSED BUMPER PULL TRAILER	BROWN	40	$ 1800

VICT. NO	VEH. NO	MAKE/BRAND	MODEL	DATE RECOVERED

3	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
	5NHUHA0159W055947		

PROPERTY CODES:

EXCHANGE MEDIUMS: 01 Money; 02 Credit/Debit Card; 03 Negotiable Instruments; 04 Other Exchange Mediums

DOCUMENTS: 05 Non-Negotiable Instruments; 06 Personal Papers; 62 Documents/Personal or Business; 07 Other Documents

VALUABLES: 08 Jewelry/Precious Metals; 09 Art Objects, Antiques; 10 Other Valuables

PERSONAL EFFECTS: 11 Clothing/Furs; 12 Purses/Handbags/Wallets; 13 Other Personal Effects

HOUSHOLD ITEMS: 14 Household Items

EQUIPMENT: 15 Drug/Narcotic Equip.; 16 Gambling Equipment; 17 Computer Hardware/Soft.; 18 Office Equipment; 19 Stereo TV Equipment; 20 Recordings - Audio Vis.; 21 Sports Equipment; 22 Photographic Equipment; 23 Farm Equipment; 24 Heavy Construction/Industrial; 25 Building Supplies; 26 Tools; 27 Vehicle Parts/Accessories; 57 Aircraft Parts/Accessories; 28 School Supplies; 58 Artistic Supplies/Accessories; 59 Camping/Hunting/Fishing Equipment/Supplies; 67 Law Enforcement Equip.; 68 Lawn/Yard/Garden Equip.; 69 Logging Equipment; 70 Medical/Medical Lab Equip.; 72 Musical Instruments; 73 Portable Electronic Equip.; 74 Watercraft Equip./Parts/ACC.; 29 Other Equipment

CONSUMABLE ITEMS: 30 Alcohol; 31 Drugs/Narcotics; 32 Consumable Goods; 60 Chemicals; 61 Crops; 63 Explosives; 65 Fuel

ANIMALS: 33 Livestock; 34 Household Pets

VEHICLES: 35 Aircraft; 36 Automobiles; 37 Bicycles; 38 Buses; 39 Trucks; 40 Trailers; 41 Watercraft; 42 Recreational Veh.; 43 Other Motor Veh.

WEAPONS: 44 Firearms; 45 Other Weapons; 64 Firearm Accessories

STRUCTURES: 46 Single Occupancy; 47 Other Dwellings; 48 Commercial/Bus.; 49 Indus./Mfg.; 50 Public/Comm.; 51 Storage; 52 Other Structure

OTHER: 53 Merchandise; 54 Other Property; 55 Pending Inventory; 66 Identity-Intangible; 71 Metals, Non-Precious

NARRATIVE

A trailer loaded with merchandise was stolen from the Caesar's Creek Flea Market.

VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER: 2200329

VICTIM: GILLESPIE, DAVID L | OFFENSE: THEFT | INCIDENT DATE/TIME: 05-06-2022 00:00

VICTIM

*NO. 2 | *TOTAL VICTIMS 2 | *VICTIM TYPE: [X] I INDIVIDUAL [ ] B BUSINESS [ ] F FINANCIAL INSTITUTION [ ] G GOVERNMENT [ ] P POLICE OFFICER (IN THE LINE OF DUTY) [ ] R RELIGIOUS ORGANIZATION [ ] S SOCIETY [ ] U UNKNOWN [ ] O OTHER

NAME (Last, First, Middle): BARNES, WILLIAM L

ADDRESS (Street, Apt., City, State, Zip): 1172 MADELEINE CIR, CINCINNATI, OH 45231 | PHONE: 513-225-4476

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

*AGE/ D.O.B	*SEX	*RACE	HEIGHT	WEIGHT	HAIR	EYES
77 06-27-1944	M	[X] W [ ] B [ ] I [ ] A [ ] U	510	220	GRY	BRO

OCCUPATION | SSN: [redacted] | *RESIDENT STATUS: [X] RESIDENT [ ] TOURIST [ ] MILITARY [ ] STUDENT [ ] OTHER [ ] UNKNOWN

[ ] VICTIM INJURED | IF INJURED DESCRIBE INJURIES

*AGG. ASLT/HOMICIDE CIR. | *VICTIM/SUSPECT RELATIONSHIP: 0 ___ 1 UU 2 ___ 3 ___ 4 ___ 5 ___ | *VICTIM/OFFENSE LINK: 2913.02

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

VICTIM

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

NAME (Last, First, Middle)

ADDRESS (Street, Apt., City, State, Zip) | PHONE

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

*AGE/ D.O.B	*SEX	*RACE	HEIGHT	WEIGHT	HAIR	EYES
		[ ] W [ ] B [ ] I [ ] A [ ] U				

OCCUPATION | SSN | *RESIDENT STATUS: [ ] RESIDENT [ ] TOURIST [ ] MILITARY [ ] STUDENT [ ] OTHER [ ] UNKNOWN

[ ] VICTIM INJURED | IF INJURED DESCRIBE INJURIES

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

WITNESS

NO. | NAME (Last, First, Middle) | AGE/ D.O.B | SSN

ADDRESS (Street, Apt., City, State, Zip) | PHONE

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

[ ] STATEMENTS OBTAINED | TYPE: [ ] WRITTEN [ ] ORAL [ ] TAPED [ ] OTHER

WITNESS

NO. | NAME (Last, First, Middle) | AGE/ D.O.B | SSN

ADDRESS (Street, Apt., City, State, Zip) | PHONE

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

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WITNESS

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ADDRESS (Street, Apt., City, State, Zip) | PHONE

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

[ ] STATEMENTS OBTAINED | TYPE: [ ] WRITTEN [ ] ORAL [ ] TAPED [ ] OTHER

REPORTING OFFICER/ARRESTING OFFICER	BADGE NO.	DATE
JOHNSTON, HEATHER	1421	05-07-2022
APPROVING OFFICER	BADGE NO.	DATE
KASSINOS, MIKE	1406	05-09-2022

ADDITIONAL PERSONS SUPPLEMENT

INCIDENT NUMBER	
2200329	

VICTIM	OFFENSE	INCIDENT DATE/TIME
GILLESPIE, DAVID L	THEFT	05-06-2022 00:00

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE
1	UNIT 1421	OFC - OFFICER

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip) — PHONE

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

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip) — PHONE

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

☐ STATEMENTS OBTAINED — TYPE ☐ WRITTEN ☐ ORAL ☐ TAPED ☐ OTHER

PERSON

NO.	NAME (Last, First, Middle)	NAME TYPE

GENDER	RACE	AGE/ D.O.B	SSN

ADDRESS (Street, Apt., City, State, Zip) — PHONE

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

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GENDER	RACE	AGE/ D.O.B	SSN

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REPORTING OFFICER/ARRESTING OFFICER	BADGE NO.	DATE
JOHNSTON, HEATHER	1421	05-07-2022
APPROVING OFFICER	**BADGE NO.**	**DATE**
KASSINOS, MIKE	1406	05-09-2022