

OXFORD POLICE DEPARTMENT

Property Intake Form

Date 10-27-2013 Time 0213 Officer Officer M. Wagers
 Event No. 201300022360 Incident No. 201301436 Citation Number 329933, 48168

Found by: (If not officer)

Name _____
 Address _____
 Phone _____

1	<input type="checkbox"/> Evidence <input type="checkbox"/> Found <input type="checkbox"/> Inventory <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Safe Keeping <input type="checkbox"/> Destroy	Owner: <u>State of Ohio</u> Address _____ City, State, Zip _____ Phone(s): _____ Location: _____	Description of Property (1) Ohio driver's license issued to Aaron Williams _____
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2	<input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Found <input type="checkbox"/> Inventory <input type="checkbox"/> ALS <input type="checkbox"/> Safe Keeping <input type="checkbox"/> Destroy	Owner: <u>OPD Property</u> Address _____ City, State, Zip _____ Phone(s): _____ Location: _____	Description of Property (1) LEADS printout identifying Williams _____
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3	<input checked="" type="checkbox"/> Evidence <input type="checkbox"/> Found <input type="checkbox"/> Inventory <input type="checkbox"/> ALS <input type="checkbox"/> Safe Keeping <input type="checkbox"/> Destroy	Owner: <u>Aaron Christopher Blake Williams</u> Address <u>3021 Cooper Rd.</u> City, State, Zip <u>Cincinnati, Ohio, 45241</u> Phone(s): <u>513-623-7100</u> Location: <u>601 S. Locust St., Oxford, Ohio, 45056</u>	Description of Property (1) pink, Brick Street Bar wristband _____
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4	<input type="checkbox"/> Evidence <input type="checkbox"/> Found <input type="checkbox"/> Inventory <input type="checkbox"/> ALS <input type="checkbox"/> Safe Keeping <input type="checkbox"/> Destroy	Owner: _____ Address _____ City, State, Zip _____ Phone(s): _____ Location: _____	Description of Property _____
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Property Transaction

Property Released To: _____ Owner Other _____
Signature Description

Date _____ (If Other:) Name _____
 Time _____ Address _____
 Released by: _____ Phone _____

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1	<input checked="" type="checkbox"/> Evidence	<input type="checkbox"/> Found	<input type="checkbox"/> Inventory	<input type="checkbox"/> ALS	<input type="checkbox"/> Safe Keeping	<input type="checkbox"/> Destroy
Owner: <u>OPD Property</u>						<i>Description of Property</i> (1) DUI Specimen Collection Kit *subject Aaron Williams
Address _____ City, State, Zip _____ Phone(s): _____ Location: _____						

2	<input type="checkbox"/> Evidence	<input type="checkbox"/> Found	<input type="checkbox"/> Inventory	<input type="checkbox"/> ALS	<input type="checkbox"/> Safe Keeping	<input type="checkbox"/> Destroy
Owner: _____						<i>Description of Property</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Address _____ City, State, Zip _____ Phone(s): _____ Location: _____						

3	<input type="checkbox"/> Evidence	<input type="checkbox"/> Found	<input type="checkbox"/> Inventory	<input type="checkbox"/> ALS	<input type="checkbox"/> Safe Keeping	<input type="checkbox"/> Destroy
Owner: _____						<i>Description of Property</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Address _____ City, State, Zip _____ Phone(s): _____ Location: _____						

4	<input type="checkbox"/> Evidence	<input type="checkbox"/> Found	<input type="checkbox"/> Inventory	<input type="checkbox"/> ALS	<input type="checkbox"/> Safe Keeping	<input type="checkbox"/> Destroy
Owner: _____						<i>Description of Property</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Address _____ City, State, Zip _____ Phone(s): _____ Location: _____						

Property Transaction

Property Released To: _____ Owner Other _____
Signature Description

Date _____ (If Other:) Name _____
 Time _____ Address _____
 Released by: _____ Phone _____