Investigation Report

Detailed

PPD-14-006382

DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

Report Information

Date: 11/15/2014 At: 22:32:10 Report Type: Investigation Report

Incident Date and Time

From: 11/15/2014 At: 22:32:10 11/15/2014 22:32:10

Incident Location

Location Type: HOTEL/MOTEL

Perkins Township Police Dept District/Zone:

Beat/Area:

Incident Origin

How Received:

Received From:

Bus/Common: MAUI SANDS

Address: 5513 MILAN RD Suite RM3202

Phone

SANDUSKY, OH 44870

Incident Characteristics

Rpt. Officer: CURRAN, MARTIN

Shift:

Lighting: Weather:

Citations:

Weapons Involved

Entered By: Entry Date:

11/15/2014

BOWER, KEVIN

At: 23:39:21

22:32:10 Thru: 23:39:17 Elapsed Time: 67 minutes

Dispatched Nature: 38

Caller Information

Last Name:

First Name:

Middle Name:

Address:

0

Phone:

Approval Information

Officer:

Date:

At:

Responders and Times

Date 11/16/2014

Time Type

019 Cleared By Arrest - Adult

Responder ID	<u>Dispatched</u>	Enroute	At Scene	Cleared	<u>Other</u>	<u>Total</u>	Reporting Officer
ADAMS, BRENT D	22:33:31	22:36:18	22:39:01	23:36:01		60	No
CURRAN, MARTIN	22:33:31	22:34:44	22:38:39	23:39:01		65	No
GOSCEWSKI, DANIELLE R	22:49:38	22:49:45	22:55:19	23:39:17		50	Yes
MUSSER, JEFFREY A	22:43:46	22:49:41	22:52:15	23:36:07		47	No

Clearances

Exceptional Clearances

Date Type

Disposition Arrest Adult

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Offenses

No. Modifiei	Code r	Description Larceny Type	Level Hate/Bias	Status
1 None	2919.25	Domestic Violence	Misdemeanor 1 No Bias/Not Applicable	Committed
	f Criminal Activity o Gang Involvement	2:	3:	
	cted of Using ot Applicable	2:	3:	
Type of	f Weapon/Force Used	2:	3:	



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Place Of Birth:

Secondary: Motor Vehicle Theft	
2.	
3. 3:	
$A\cdot$	5:
٠.	<i>3</i> .
Misdemear No Bias/No	nor 1 Committed of Applicable
3:	
3:	
3:	
Secondary:	
Motor Vehicle Theft	
3: 3:	
4.	5:
4.	5.
Person is a Complainant Resident Status: Resident Driver Lic. No.: State/Prov:	Juvenile at time of incident
Sex Offender: No	
Severe Laceration Apparent Minor Injury	Loss of Teeth Unknown
Race: Unknown Ethnicity: United States Religion: Gang:	
	4: Misdemear No Bias/No 3: 3: 3: 3: 3: Secondary: Motor Vehicle Theft 3: 3: 4: Person is a Complainant Resident Status: Resident Driver Lic. No.: State/Prov: Expiration Date: Sex Offender: No Severe Laceration Apparent Minor Injury Race: Unknown Ethnicity: Nationality: United States

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Person Type: INVOLVED JUVENILE: Name: ALLEN, EGYPT Address: 17002 GLENDALE AVE CLEVELAND, OH 44121 SSN/ID: Redacted Phone: 216.538.1672 (M) University/College Use Student Faculty Staff Non-Affiliated Injuries	Person is a Complainant Resident Status: Resident Driver Lic. No.: State/Prov: Expiration Date: Sex Offender: No
No Injury Apparent Broken Bones Possible Internal Unconsciousness Other Major Injury	Severe Laceration Loss of Teeth Apparent Minor Injury Unknown
DemograhicsSex:FemaleMarital Status:N/AAge:5 [Emancipation Date: 03/26/2027]Birth Date:03/26/2009Deceased Date:Place Of Birth:	Race: Black Ethnicity: Nationality: United States Religion: Gang:
Person Type: INVOLVED JUVENILE: Name: GIBSON, KENNEDY Address: 17002 GLENDALE AVE CLEVELAND, OH 44121 SSN/ID: Redacted Phone: 216.538.1672 (M) University/College Use Student Faculty Staff Non-Affiliated Injuries	Person is a Complainant Resident Status: Resident Driver Lic. No.: State/Prov: Expiration Date: Sex Offender: No
No Injury Apparent Broken Bones Possible Internal Unconsciousness Other Major Injury	Severe Laceration Loss of Teeth Apparent Minor Injury Unknown
Demograhics Sex: Female Marital Status: N/A Age: 3 [Emancipation Date: 07/30/2029] Birth Date: 07/30/2011 Deceased Date: Place Of Birth:	Race: Black Ethnicity: Nationality: United States Religion: Gang:
Person Type: INVOLVED PARTY: 1 Name: HURT, BREON L Address: 17002 GLENDALE AVE CLEVELAND, OH 44121 SSN/ID: Redacted Phone: 216.538.1672 (M) University/College Use Student Faculty Staff Non-Affiliated Injuries No Injury Apparent Broken Bones Possible Internal	Person is a Complainant Resident Status: Resident Driver Lic. No.: RK695869 State/Prov: Ohio Expiration Date: Sex Offender: No Severe Laceration Loss of Teeth
Demograhics Sex: Female Marital Status: N/A Age: 36 Birth Date: 05/07/1978 Deceased Date: Place Of Birth:	Race: Black Ethnicity: Nationality: United States Religion: Gang:

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Person Type: OFFENDER: 1 Name: CLARK, FRANK Address: 2825 BYMEN DR YPSILANTI, MI 48197 SSN/ID: Redacted Phone: University/College Use Student Faculty Staff Non-Affiliated Injuries No Injury Apparent Broken Bones Possible Internal Unconsciousness Other Major Injury	Person is a Complainant Resident Status: Resident Driver Lic. No.: TR163105 State/Prov: Ohio Expiration Date: Sex Offender: No Severe Laceration Loss of Teeth Apparent Minor Injury Juvenile at time of incident Juvenile at time of incident Loss of Teeth Unknown
Demograhics Sex: Male Marital Status: N/A Age: 21 Birth Date: 06/14/1993 Deceased Date: Place Of Birth:	Race: Black Ethnicity: Nationality: United States Religion: Gang:
<u>Charges</u> <u>Code</u> <u>Description</u>	<u>Charge No.</u> <u>Date Issue Date Counts</u>
2903.13 Assault	11/15/2014 11/15/2014 1
2919.25 Domestic Violence	11/15/2014 11/15/2014 1
Person Type: VICTIM: 1 Name: HURT, DIAMOND A Address: 2825 BYMEN DR YPSILANTI, MI 48197 SSN/ID: Redacted Phone: 440.264.3424 (M) University/College Use Student Faculty Staff Non-Affiliated Injuries	Person is a Complainant Resident Status: Resident Driver Lic. No.: TQ999357 State/Prov: Ohio Expiration Date: Sex Offender: No
No Injury Apparent Broken Bones Possible Internal Unconsciousness Other Major Injury	Severe Laceration Loss of Teeth Apparent Minor Injury Unknown
DemograhicsSex:FemaleMarital Status:N/AAge:20Birth Date:02/08/1994Deceased Date:Place Of Birth:	Race: White Ethnicity: Nationality: United States Religion: Gang:
Person Type: WITNESS: 1 Name: FROST, DONTEZ Address: 17002 GLENDALE AVE CLEVELAND, OH 44121 SSN/ID: Redacted Phone: 216.538.1672 (M) University/College Use Student Faculty Staff Non-Affiliated Injuries	Person is a Complainant Resident Status: Resident Driver Lic. No.: State/Prov: Expiration Date: Sex Offender: No
No Injury Apparent Broken Bones Possible Internal Unconsciousness Other Major Injury	Severe Laceration Loss of Teeth Apparent Minor Injury Unknown

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DemograhicsSex:MaleMarital Status:N/AAge:15 [Emancipation Date: 12/26/2016]Birth Date:12/26/1998Deceased Date:Place Of Birth:	Race: Black Ethnicity: Nationality: United States Religion: Gang:
Person Type: WITNESS: 2 Name: ALLEN, CATARE Address: 17002 GLENDALE AVE CLEVELAND, OH 44121 SSN/ID: Redacted Phone: 216.538.1672 (M) University/College Use Student Faculty Staff Non-Affiliated Injuries No Injury Apparent Broken Bones Possible Internal	Person is a Complainant Resident Status: Resident Driver Lic. No.: State/Prov: Expiration Date: Sex Offender: No Severe Laceration Loss of Teeth
Demograhics Sex: Male Marital Status: N/A Age: 12 [Emancipation Date: 06/25/2020] Birth Date: 06/25/2002 Deceased Date: Place Of Birth:	Race: Black Ethnicity: Nationality: United States Religion: Gang:
Person Type: WITNESS: 3 Name: BURKHART, STEPHAINE M Address: 915 TAYLOR RD SANDUSKY, OH 44870 SSN/ID: Redacted Phone: 419.217.2618 (M) University/College Use Student Faculty Staff Non-Affiliated Injuries	Person is a Complainant Resident Status: Resident Driver Lic. No.: State/Prov: Expiration Date: Sex Offender: No
No Injury Apparent Broken Bones Possible Internal Unconsciousness Other Major Injury	Severe Laceration Loss of Teeth Apparent Minor Injury Unknown
Demograhics Sex: Female Marital Status: N/A Age: 22 Birth Date: 02/20/1992 Deceased Date: Place Of Birth:	Race: White Ethnicity: Nationality: United States Religion: Gang:
Person Type: WITNESS: 4 Name: COLIE, KRISTIE Address: , SSN/ID: Redacted Phone: 412.559.8393 (M) University/College Use Student Faculty Staff Non-Affiliated	Person is a Complainant Resident Status: Resident Driver Lic. No.: State/Prov: Expiration Date: Sex Offender: No
Injuries No Injury Apparent Broken Bones Dother Major Injury Injuries Other Major Injury	Severe Laceration Loss of Teeth Apparent Minor Injury Unknown

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POLICE
FOUND 885
PERKINS TWP.

Demograhics Sex: Female Marital Status: N/A Age: Birth Date: Deceased Date: Place Of Birth:	Race: Unknown Ethnicity: Nationality: United States Religion: Gang:
Person Type: WITNESS: 5 Name: BABSON, LIS Address: 2319 SWANSEA RD UPPER ARLINGTON, OH 43221 SSN/ID: Redacted Phone: 614.226.2116 (M) University/College Use Student Faculty Staff Non-Affiliated	Person is a Complainant Juvenile at time of incident Resident Status: Resident Driver Lic. No.: State/Prov: Expiration Date: Sex Offender: No
Injuries No Injury Apparent Broken Bones Dother Major Injury Other Major Injury	Severe Laceration Loss of Teeth Apparent Minor Injury Unknown
Demograhics Sex: Female Marital Status: N/A Age: 43 Birth Date: 01/28/1971 Deceased Date: Place Of Birth:	Race: White Ethnicity: Nationality: United States Religion: Gang:

Attachments

Acquired Date Notes

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DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

11/16/2014 Left cheek area of Hurt





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DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

11/16/2014 Left Cheek of Hurt





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DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

11/16/2014 Lamp to right of bed





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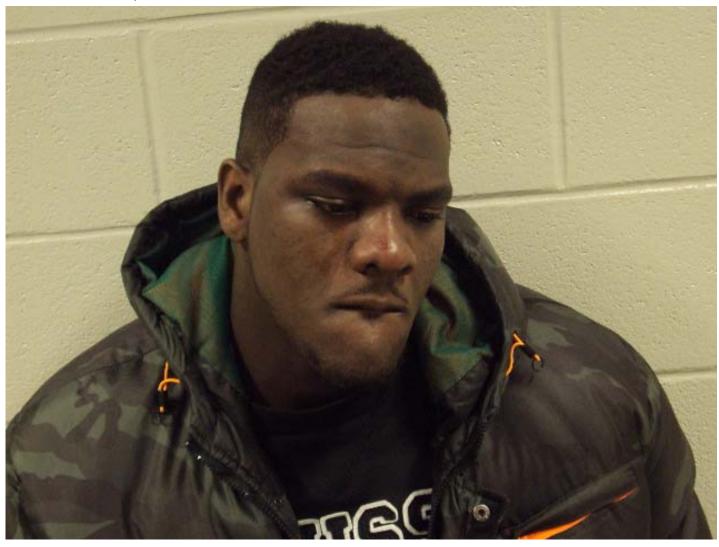
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11/16/2014 Clark, refused to look at camera



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11/16/2014 Hurt neck





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DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

11/16/2014 Lamp damage in hallway





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11/16/2014 Hurt neck area





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11/16/2014 Hurt neck area





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DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

11/16/2014 Towel on floor near hallway





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DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

11/16/2014 Rug burn on right lower hip area





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DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

11/16/2014 Clark nose





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DOMESTIC - Domestic Violence Printed On: 11/17/2014 11:26 AM

11/16/2014 Hurt left side of face



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