



**Ohio Attorney General's Office
Bureau of Criminal Investigation
Investigative Report**



2025-3318

Officer Involved Critical Incident - 681 4th St. SW, Warren,
OH 44483, Trumbull County (L)

Investigative Activity: Brad Bailey Prior Law Enforcement Contact and CCH Review

Involves: Brad Bailey (S)

Activity Date: 02/04/2026

Activity Location: BCI Boardman - 760 Boardman-Canfield Road, Boardman, OH 44512

Authoring Agent: SA Joseph Lamping #184

Narrative:

On Wednesday, February 4, 2026, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Joe Lamping (SA Lamping) reviewed an assortment of documents related to Brad Bailey's (Brad) past interaction with law enforcement personnel. The information obtained relevant to Bailey was reviewed and documented in the below sections.

[Prior Law Enforcement Contacts](#)

Bailey had an assortment of contacts with various agencies in Trumbull County to include the Trumbull County Sheriff's Office (TCSO) and the Warren Police Department (WPD). The reports provided by each agency were attached to this report where they can be reviewed in their entirety. A summation of each report is included below and only contains the information deemed most relevant by SA Lamping.

[TCSO Report # \[REDACTED\]](#)

On October 12, 2025, at 0034 hours TCSO was dispatched to the home of Brad, and his wife Sarah Bailey (Sarah). When deputies arrived on scene, they interviewed both parties. It was determined that Brad and Sarah had an argument about relationship issues. To alleviate the argument, Brad was offered a ride away from the residence by [REDACTED]

[TCSO Report # 24-01260](#)

On January 24, 2024, at 0700 hours TCSO was dispatched to the Bailey residence. The report was in reference to a fraudulent credit card charge reported by Sarah. It did not appear to have any relation to Brad.

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TCSO Report # [REDACTED]

TCSO was dispatched to the Bailey residence at 1322 hours on May 16, 2021. The deputies described the incident as follows:

Seq	Narrative Date	Time	Narrative By	<input type="checkbox"/> Investigative
1	05-16-2021	16:08	08462 - ROMO, DEP KEN	
NARRATIVE	On the noted date and time Deputies were dispatched to a physical domestic in progress at 7123 Oakfield North Road in Bristol Township [REDACTED] and myself, Deputy Romo responded to the scene. While enroute the dispatcher further advised that the male had allegedly fled into the woods where he was now texting the victim that he was going to kill himself. The victim stated that the male had gone into the garage before fleeing but she did not believe he had any weapons.			

During the incident, Brad had reportedly assaulted Sarah and then fled the residence. Brad eventually made contact with Sarah via phone while the deputies were present. During the phone call, Brad made suicidal statements. Brad was eventually located, at which time he told the officers to shoot him. Prior to his apprehension, Brad engaged in a physical altercation with Deputy Ken Romo in which he attempted to pin the deputy to the ground. Brad was ultimately charged with Domestic Violence and Resisting Arrest¹.

WPD Prior RMS History – Brad Bailey

WPD provided a report management system search pertaining to any reports involving Brad. The chart is pictured below:

Name	Person Type	Reference #	Date	S.S.N.	DOB	Street	City	State	Activity Code
BAILEY, BRAD	PRIMARY CALLER	08-00427	01-05-2008	[REDACTED]		829 NE TERRA ALTA ST	WARREN CITY 394-2521	OH	GUN -
BAILEY, BRAD M		19-03617	02-10-2019	[REDACTED]	12-22-1985	849 NE TERRA ALTA ST	WARREN	OH	545.05 - PETTY THEFT
BAILEY, BRAD M		19-03617	02-10-2019	[REDACTED]	12-22-1985	849 NE TERRA ALTA ST	WARREN	OH	PETTY THEFT
BAILEY, BRAD M	OTHER	0000014422	08-25-2008	[REDACTED]	12-22-1985	849 NE TERRA ALTA ST	WARREN	OH	4311.20 - RECKLESS OPERATION OF VEH
BAILEY, BRAD MICHAEL	SUSPECT	[REDACTED]	10-12-2025	[REDACTED]	12-22-1983			OH	ETIEP - TRAUMATIC INJURY
BAILEY, BRAD MICHAEL	SUSPECT	[REDACTED]	10-12-2025	[REDACTED]	12-22-1983	7123 OAKFIELD RD N	N BLOOMFIELD	OH	DOM - DOMESTIC
BAILEY, BRAD MICHAEL		20-01549	01-20-2020	[REDACTED]	12-22-1983	7123 OAKFIELD RD N	N BLOOMFIELD	OH	C4P - CRASH WITH REPORTED INJURIES
BAILEY, BRAD MICHAEL	VIOLATOR	14610	01-20-2020	[REDACTED]	12-22-1983	2939 VERA AVE.	SOUTHINGTON	OH	333.01 - DRIVING/PHYSICAL CONTROL WHILE UNDER THE INFLUENCE 333.01 - DRIVING/PHYSICAL CONTROL WHILE UNDER THE INFLUENCE 335.07 - "DRIVING UNDER SUSPENSION, REVOCATION, RESTRICTION"
BAILEY, BRAD MICHAEL		19-18397	07-08-2019	[REDACTED]	12-22-1983	2939 VERA AVE.	SOUTHINGTON	OH	CKW - CHECK WELFARE
BAILEY, BRAD MICHAEL	VICTIM	19-15208	06-09-2019	[REDACTED]	12-22-1983	2939 VERA AVE.	SOUTHINGTON	OH	EODP - OVERDOSE

WPD Incident # 19-03617

On February 10, 2019, at 0005 hours the WPD was dispatched to 1567 Kenilworth Avenue SE, Warren, Ohio 44484 for a theft offense. When officers arrived, they met

¹ TCSO Incident # [REDACTED] bears many similarities to the officer involved critical incident that occurred on October 12, 2025, involving Brad. This document is the property of the Ohio Bureau of Criminal Investigation and is confidential in nature. Neither the document nor its contents are to be disseminated outside your agency except as provided by law - a statute, an administrative rule, or any rule of procedure.



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with Robert Bailey who reported that his brother Brad had stolen his television. He believed that Brad did this with the intent of selling the television to purchase narcotics.

[WPD Call 08-00427](#)

WPD provided a short call record in reference to a canceled call for service at 829 NE Terra Alta Street, Warren, Ohio that occurred on January 5, 2008. Based on the brief call record, it appeared that Brad had called in some sort of weapons-related complaint. No report was made.

[WPD Call 19-15208](#)

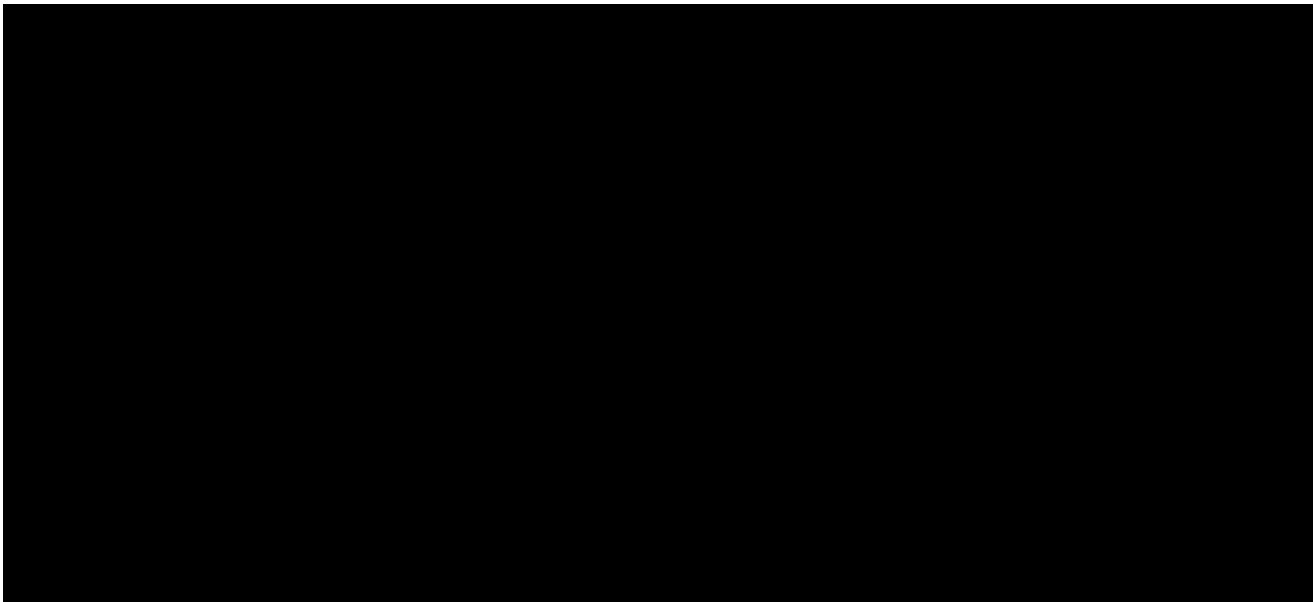
Another WPD call records from June 9, 2019, provided brief details regarding Brad suffering from a drug overdose. The overdose occurred at 2939 Vera Avenue, Southington, Ohio. No report was included in the record.

[WPD Call 19-18397](#)

The final WPD call record pertained to a welfare check that was called in on July 8, 2019. The caller requested a check on Brad due to his failure to appear for several appointments. WPD was able to make contact with Brad.

[Review of Brad Bailey's Computerized Criminal History](#)

A review of Brad's Computerized Criminal History revealed entries for the following offenses:



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All LEADS/CCH reports were disposed of according to applicable policies and procedures.

Brad Bailey's Parole/Probation Records

On February 4, 2026, SA Lamping contacted Adult Parole Supervisor Brad Windle (Windle). Windle reviewed Brad's parole records and advised that Brad had no violations during his time under supervision. Brad was, however, given one sanction for driving a vehicle without a valid license and an additional sanction for being charged with obstructing official business and driving without a license.

References:

None

Attachments:

1. Call_for_Service_20-01549
2. Call_for_Service_19-18397
3. Call_for_Service_19-15208
4. Call_for_Service_08-00427
5. Incident-19-03617
6. Prior_RMS_History_-_Brad_Bailey
7. Prior Incident Reports - TCSO

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CFS SUMMARY

CFS SUMMARY				INCIDENT NUMBER				
CFS# 20-01549		DISPATCH# #WAR2002389		RECEIVED DATE/TIME 01-20-2020 16:21		INCIDENT DATE/TIME		
DESCRIPTIVES	ACTIVITY CRASH WITH REPORTED INJURIES				OTHER INFO			
	CALL ORIGIN WIRELESS 911		REG & DL					
	DISPATCHER 0 -							
	RESPONSE							
DISPOSITION COMPLETED								
CALLER	NAME CC				CALL BACK		PHONE	
	ADDRESS							
LOCATION	ADDRESS NORTH LEAVITT RD NW/PARKMAN RD NW, WARREN, OH							
	LOCATION					TOWNSHIP		
	GRID				PATROL AREA			
CALL DESCRIPTION	<p>CALL TAKEN BY: 0 DISPATCHED BY: 0 01/20/2020 16:22:19 - THARRELL - 2 VEHICLES UNK INJURY 01/20/2020 16:25:49 - PREA - REGISTRATION BY PLATE (HGN2250, OH, PC) 01/20/2020 16:25:49 - PREA - VEHICLE STRUCK HER .. //QL @HGN2250 // HIT HER CAR AND HE TOOK OFF ON FOOT // CALLER IS ACROSS THE STREET FORM THE CIRCLC K // TOOK OFF ON FOOT 01/20/2020 16:25:50 - PREA - REGISTRATION BY PLATE (HGN2250, OH, PC) 01/20/2020 16:25:50 - PREA - REGISTRATION BY PLATE (HGN2250, OH, PC) 01/20/2020 16:26:20 - THARRELL - MALE WALKING AWAY FROM THE ACCIDENT-DOWN NORTH RIVER ROAD 01/20/2020 16:26:26 - THARRELL - WHITE MALE 01/20/2020 16:26:40 - THARRELL - DK BLUE JACKET-BLUE JEANS-BLACK AND NEON GREEN SHOES 01/20/2020 16:27:26 - THARRELL - CALLER BEHIND HIM IN A GRAY CHEV TAHOE 01/20/2020 16:27:30 - PREA - WHITE MALE - LOOKED TO BE IN HIS LATE 20-30'S // STUMBLING // BLUE JEANS AND A BLACK OR BLUE HOODIE // CALLER STATES THAT SHE CAN POINT THE WAY HE WENT BUT DOES NOT KNOW THE NAME OF THE STREET 01/20/2020 16:27:31 - THARRELL - NOW WALKING INTO THE WOODS 01/20/2020 16:27:58 - THARRELL - NO TRESPASSING SIGN JUST WHERE HE WENT IN 01/20/2020 16:28:10 - THARRELL - NOW HE'S RUNNING INTO THE WOODS-WHERE THEY JUST CLEARED IT 01/20/2020 16:28:19 - THARRELL - THINKS IT'S BEHIND THE OLD COPPERWELD 01/20/2020 16:29:04 - THARRELL - NOW COMING BACK OUT OF THE WOODS 01/20/2020 16:29:28 - THARRELL - NEAR 2705 NORTH RIVER ROAD 01/20/2020 16:29:41 - THARRELL - HE'S BEHIND THE FENCELINE 01/20/2020 16:29:50 - THARRELL - APPROACHING A SIDE ROAD 01/20/2020 16:30:34 - THARRELL - MY CALLER IS DAN DEVLIN-330 766 7636 01/20/2020 16:30:50 - THARRELL - NOW BEHIND SOME BUSHES-CALLER NO LONGER SEES HIM 01/20/2020 16:31:32 - THARRELL - NOW NEAR 2292 N RIVER ROAD 01/20/2020 16:32:15 - MPOWELL - WARREN TWP ENR TO ASSIT 01/20/2020 16:32:35 - THARRELL - CALLER IN DRIVE OF 2292-NOW SEES HIM 01/20/2020 16:32:43 - THARRELL - BETWEEN THE HOUSE AND FENCELINE 01/20/2020 16:33:01 - THARRELL - KEEPS GETTING ON THE PHONE 01/20/2020 16:33:06 - THARRELL - LIKE HE'S CALLING FOR A RIDE 01/20/2020 16:33:42 - MPOWELL - 69 ON N RIVER 01/20/2020 16:33:54 - MPOWELL - EMT ON SCENE EVERYONE OK 01/20/2020 16:34:29 - MPOWELL - 4669 C6 // OK 01/20/2020 16:34:37 - MPOWELL - 4734 HE CAME BACK HERE RAN INTO THE WOODS 01/20/2020 16:34:44 - MPOWELL - 4734 FOLLOWING PRINTS 01/20/2020 16:34:44 - THARRELL - CALLER SEES OFFICER-WILL TALK TO HIM-DISCONNECT 01/20/2020 16:34:56 - MPOWELL - 4734 - I AM BACK IN THE WOODS ON NORTH RIVER GOING EAST 01/20/2020 16:35:07 - MPOWELL - 4734 TWDS COOPERWELD 01/20/2020 16:35:59 - KLAPMARDO - 4669 WILL GO TO THE DEAD END OF RIVERSIDE AND SEE IF HE COMES OUT THAT WAY</p>							
DISPATCHED UNITS	AGENCY	UNIT	OFFICER	DISPATCH	ENROUTE	ONSCENE	CLEAR	MINUTES
	4600	4648	COLEMAN, G	17:21	17:21	17:21	17:56	35
	4600	4711	GILLAM, DANIA B	16:29			17:00	31
	4600	4711	GILLAM, DANIA B	17:05	17:05	17:05	17:21	16
	4600	4669	FUSCO, G A	16:27			16:30	3
	4600	4669	FUSCO, G A	16:34	16:34	16:34	16:50	16
	4600	4669	FUSCO, G A	16:52		16:52	20:51	239
	4600	4712	ADKINS, LANCE	16:30		16:40	17:29	59
4600	4734	HOFFMAN, RAEGAN N	16:26		16:33	17:29	63	

CFS#		DISPATCH#		RECEIVED DATE / TIME			ACTIVITY	
20-01549		#WAR2002389		01-20-2020 16:21			CRASH WITH REPORTED INJURIE	
PERSON 1	Name Type			Name				
	COMPLAINANT			CC				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
	Gender	Race		Complexion			Build	
Employer Name			Employer Phone					
PERSON 2	Name Type			Name				
				BAILEY, BRAD MICHAEL				
	Address						Phone	
	7123 OAKFIELD NORTH RD, N BLOOMFIELD, OH 44450							
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
12-22-1983			OH	600	210	BLOND	BLUE	
Gender	Race		Complexion			Build		
MALE								
Employer Name			Employer Phone					
PERSON 3	Name Type			Name				
	DRIVER			VANDERBLOOM, CASEY LYNN				
	Address						Phone	
	388 S LEAVITT RD, LEAVITTSBURG, OH 44430							
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
04-24-1982			OH	503	127	BLOND	BLUE	
Gender	Race		Complexion			Build		
FEMALE								
Employer Name			Employer Phone					
PERSON 4	Name Type			Name				
	COMPLAINANT			ZANDERBOLL, CASEY				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					
PERSON 5	Name Type			Name				
				BAILEY, ROBERT L				
	Address						Phone	
	4657 HERNER COUNTY LINE RD, SOUTHLINGTON, OH 44470							
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
08-21-1982			OH	602	240	BROWN	BLUE	
Gender	Race		Complexion			Build		
MALE								
Employer Name			Employer Phone					
PERSON 6	Name Type			Name				
	VEHICLE OWNER			PARKER, RHONDA C				
	Address						Phone	
	5898 HUNTER RD, ENON, OH 45323							
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
10-27-1966			OH	505	145	BROWN	BLUE	
Gender	Race		Complexion			Build		
FEMALE								
Employer Name			Employer Phone					
PERSON 7	Name Type			Name				
	COMPLAINANT							
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					

CFS#		DISPATCH#		RECEIVED DATE / TIME		ACTIVITY	
20-01549		#WAR2002389		01-20-2020 16:21		CRASH WITH REPORTED INJURIE	
VEHICLE 1	Year	Make	Model	Type	Color		
	2018	CHEVROLET	MALIBU	4 DOOR	GRAY		
	VIN	Plate #	State	Plate Type	Expire Date		
	1G1ZD5ST8JF139235	HSN2250	OH	PC			
Impound Number	Disposition	Immobilized Type					
Remarks							
OWNER NAME: BAILEY, ROBERT L; OWNER ADDRESS: 4657 HERNER COUNTY LINE RD, SOUTHINGTON, OH 44470							
VEHICLE 2	Year	Make	Model	Type	Color		
	2008	GENERAL MOTORS CORP	ACADIA	CARRY-ALL	SILVER		
	VIN	Plate #	State	Plate Type	Expire Date		
	1GKER23778J225770	GPG8110	OH	PC			
Impound Number	Disposition	Immobilized Type					
Remarks							
OWNER NAME: VANDERBLOOM, CASEY LYNN; OWNER ADDRESS: 388 S LEAVITT RD, LEAVITTSBURG, OH 44430							
VEHICLE 3	Year	Make	Model	Type	Color		
	2011	DODGE	AVENGER	4 DOOR	SILVER		
	VIN	Plate #	State	Plate Type	Expire Date		
	1B3BD1FB4BN536890	HGN2250	OH	PC			
Impound Number	Disposition	Immobilized Type					
Remarks							
OWNER NAME: PARKER, RHONDA C; OWNER ADDRESS: 5898 HUNTER RD, ENON, OH 45323							
VEHICLE 4	Year	Make	Model	Type	Color		
	VIN	Plate #	State	Plate Type	Expire Date		
	Impound Number	Disposition	Immobilized Type				
	Remarks						
VEHICLE 5	Year	Make	Model	Type	Color		
	VIN	Plate #	State	Plate Type	Expire Date		
	Impound Number	Disposition	Immobilized Type				
	Remarks						
VEHICLE 6	Year	Make	Model	Type	Color		
	VIN	Plate #	State	Plate Type	Expire Date		
	Impound Number	Disposition	Immobilized Type				
	Remarks						
VEHICLE 7	Year	Make	Model	Type	Color		
	VIN	Plate #	State	Plate Type	Expire Date		
	Impound Number	Disposition	Immobilized Type				
	Remarks						

CFS SUMMARY

							INCIDENT NUMBER	
CFS# 19-18397		DISPATCH# #WAR1926850		RECEIVED DATE/TIME 07-08-2019 14:26		INCIDENT DATE/TIME		
DESCRIPTIVES	ACTIVITY CHECK WELFARE					OTHER INFO		
	CALL ORIGIN 10 DIGIT LINE		REG & DL					
	DISPATCHER 0 -							
	RESPONSE							
DISPOSITION COMPLETED								
CALLER	NAME BAILEY, BRAD MICHAEL					CALL BACK		PHONE
	ADDRESS 2939 VERA AVE, SOUTHTON, OH 44470							
LOCATION	ADDRESS 1567 KENILWORTH AVE SE, WARREN, OH							
	LOCATION					TOWNSHIP		
	GRID				PATROL AREA			
CALL DESCRIPTION	<p>CALL TAKEN BY: 0 DISPATCHED BY: 0 07/08/2019 14:29:56 - EEMERINE - BRAD BAILEY HAVE NOT BEEN TO SEVERAL APT. HISTORY OF DRUG USED AND INFECTION DISEASE // CALLER WOULD LIKE HIM CHECK ON AND ADVISED HIM TO GO BACK TO ST JOES TO GET PIC. LINE REMOVED 07/08/2019 14:46:12 - EEMERINE - QS @ [REDACTED] 07/08/2019 14:46:13 - EEMERINE - PERSON BY SSN [REDACTED] OH) 07/08/2019 14:46:44 - MBOWER - CONTACT WAS MADE AND OTHER ARRANGEMENTS WERE MADE PER CALLER</p>							
DISPATCHED UNITS	AGENCY	UNIT	OFFICER	DISPATCH	ENROUTE	ONSCENE	CLEAR	MINUTES
	4600	4628	STABILE, M	14:45			14:47	2
	4600	4712	ADKINS, LANCE	14:45			14:47	2

CFS#		DISPATCH#		RECEIVED DATE / TIME			ACTIVITY	
19-18397		#WAR1926850		07-08-2019 14:26			CHECK WELFARE	
PERSON 1	Name Type			Name				
				BAILEY, BRAD MICHAEL				
	Address						Phone	
	2939 VERA AVE, SOUTHINGTON, OH 44470							
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
12-22-1983			OH	600	202	BLOND	BLUE	
Gender	Race		Complexion			Build		
MALE								
Employer Name			Employer Phone					
PERSON 2	Name Type			Name				
	COMPLAINANT			NURSE MARYLIN				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					
PERSON 3	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					
PERSON 4	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					
PERSON 5	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					
PERSON 6	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					
PERSON 7	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					

CFS SUMMARY

							INCIDENT NUMBER	
CFS# 19-15208		DISPATCH# #WAR1922118		RECEIVED DATE/TIME 06-09-2019 07:51		INCIDENT DATE/TIME		
DESCRIPTIVES	ACTIVITY OVERDOSE						OTHER INFO	
	CALL ORIGIN WIRELESS 911		REG & DL					
	DISPATCHER 0 -							
	RESPONSE							
	DISPOSITION REFERRED TO							
CALLER	NAME BAILEY, BRAD MICHAEL						CALL BACK	PHONE
	ADDRESS 2939 VERA AVE, SOUTHLINGTON, OH 44470							
LOCATION	ADDRESS 1567 KENILWORTH AVE SE, WARREN, OH							
	LOCATION						TOWNSHIP	
	GRID				PATROL AREA			
CALL DESCRIPTION	<p> CALL TAKEN BY: 0 DISPATCHED BY: 0 06/09/2019 07:52:59 - TFISHER - 35 Y/O MALE, MOANING AND GURGLING, POSS OD 06/09/2019 07:57:53 - MMIGLIOZZI - 4731 / ONE DOSE NARCAN 06/09/2019 07:59:17 - MMIGLIOZZI - EMT ADVISED OF NARCAN USE 06/09/2019 08:01:32 - MMIGLIOZZI - 4665 / BRAD BAILEY 06/09/2019 08:01:45 - MMIGLIOZZI - 12-22-83 06/09/2019 08:04:25 - MMIGLIOZZI - PERSON BY OLN (REDACTED) OH) 06/09/2019 08:05:52 - MMIGLIOZZI - NEG LOCALS 06/09/2019 08:06:03 - MMIGLIOZZI - 4731 / UNITS C6 06/09/2019 08:16:40 - MMIGLIOZZI - 4665 / C6 / DONT CK 06/09/2019 08:23:02 - TFISHER - 4731: EMT HAS HIM, EN ROUTE TO STATION TO DO A NARCAN REPORT 06/09/2019 08:24:07 - TFISHER - 4665: EMT GOING TO TMH WITH HIM </p>							
DISPATCHED UNITS	AGENCY	UNIT	OFFICER	DISPATCH	ENROUTE	ONSCENE	CLEAR	MINUTES
	4600	4665	HETMANSKI, E	07:53		07:57	08:24	31
	4600	4731	MCDANIELS, BRANDON M	07:53		07:56	08:23	30

CFS#		DISPATCH#		RECEIVED DATE / TIME			ACTIVITY	
19-15208		#WAR1922118		06-09-2019 07:51			OVERDOSE	
PERSON 1	Name Type			Name				
	VICTIM			BAILEY, BRAD MICHAEL				
	Address						Phone	
	2939 VERA AVE, SOUTHINGTON, OH 44470							
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
12-22-1983			OH	600	202	BLOND	BLUE	
Gender	Race		Complexion			Build		
MALE								
Employer Name			Employer Phone					
PERSON 2	Name Type			Name				
	COMPLAINANT			BAILEY, ROBERT				
	Address						Phone	
	1567 KENILWORTH AVE SE, WARREN							
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
Gender	Race		Complexion			Build		
Employer Name			Employer Phone					
PERSON 3	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
	Gender	Race		Complexion			Build	
Employer Name			Employer Phone					
PERSON 4	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
	Gender	Race		Complexion			Build	
Employer Name			Employer Phone					
PERSON 5	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
	Gender	Race		Complexion			Build	
Employer Name			Employer Phone					
PERSON 6	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
	Gender	Race		Complexion			Build	
Employer Name			Employer Phone					
PERSON 7	Name Type			Name				
	Address						Phone	
	Date of Birth	SSN	Driver Lic #	State	Height	Weight	Hair	Eyes
	Gender	Race		Complexion			Build	
Employer Name			Employer Phone					

CFS SUMMARY

INCIDENT NUMBER

CFS# 08-00427	DISPATCH#	RECEIVED DATE/TIME 01-05-2008 16:04	INCIDENT DATE/TIME
-------------------------	-----------	---	--------------------

DESCRIPTIVES	ACTIVITY		OTHER INFO
	CALL ORIGIN 911 CALL	REG & DL	
	DISPATCHER -		
	RESPONSE		
	DISPOSITION CANCEL OR DISREGARD		

CALLER	NAME BAILEY, BRAD	CALL BACK 330-219-3380	PHONE 330-219-3380
	ADDRESS 829 NE TERRA ALTA ST, WARREN CITY 394-2521		

LOCATION	ADDRESS 829 NE TERRA ALTA ST	
	LOCATION	TOWNSHIP
	GRID 3A	PATROL AREA

GUNS SHOTS FROM ABOVE DIDNT C WHO CMP IS 839

DISPATCHED UNITS	AGENCY	UNIT	OFFICER	DISPATCH	ENROUTE	ONSCENE	CLEAR	MINUTES
	OH0780733	4674	HARRELL, B	16:05	16:04	16:09	16:16	11
	OH0780733	4675	GREAVER, J	16:05	16:04			0
	OH0780733	4635	McMahon, S.		16:04	16:08	16:16	12

NARRATIVE SUPPLEMENTInvestigative Narrative

CFS#

08-00427

Dispatch Narrative

Information on the units assigned to the call follows.

Unit#: 4674 Radio#: Ofcr 1: 4674 Ofcr 2: 4674
DSP: 01/05/08 16:05 ARV: 01/05/08 16:09 CLR: 01/05/08 16:16
Unit#: 4675 Radio#: Ofcr 1: 4675 Ofcr 2: 4675
DSP: 01/05/08 16:05 ARV: : CLR: 01/05/08 16:13
Unit#: 4635 Radio#: Ofcr 1: 4635 Ofcr 2: 4635
DSP: : ARV: 01/05/08 16:08 CLR: 01/05/08 16:16

Information on the units assigned to the call follows.

Unit#: 4674 Radio#: Ofcr 1: 4674 Ofcr 2: 4674
DSP: 01/05/08 16:05 ARV: 01/05/08 16:09 CLR: 01/05/08 16:16
Unit#: 4675 Radio#: Ofcr 1: 4675 Ofcr 2: 4675
DSP: 01/05/08 16:05 ARV: : CLR: 01/05/08 16:13
Unit#: 4635 Radio#: Ofcr 1: 4635 Ofcr 2: 4635
DSP: : ARV: 01/05/08 16:08 CLR: 01/05/08 16:16
4635 C4//C4 OK 16:09:48
4635 C4//C4 OK 16:11:23
4635 PRINT UP OWNERS INFO FOR ME 16:12:35
4635 C4//C4 OK 16:15:07
4674 MALES DIDN'T DENY THEY HAD GUNS / BUT ADV THEM TO LEAVE THEM ALONE AND IN THE HOUSE 16:16:35
16:16:42
PAUL STRANIAK [REDACTED] // WANTS OFFICER TO CALL HIM AND ADV HIS WHY NO ONE WENT TO JAIL CUZ ITS SCARY OVER HERE// 16:32:46
16:33:14
952 ADV 4674 16:35:35
4674 WILL F/U 16:35:37

REPORTING OFFICER

BADGE NO.

DATE

01-05-2008

NARRATIVE SUPPLEMENT

Investigative Narrative

CFS#

08-00427

CAD System Narrative

Incident Recalled From: 2008-00000427 OH0780733

16:32:16

REPORTING OFFICER

BADGE NO.

DATE

01-05-2008



Warren City Police Department
141 South Street SE
Warren, OH 44483
(330) 841-2536

Incident No. **19-03617**
 Call for Service No. **19-03617**
 Occurred From Date: **02-10-2019** Time: **00:05**
 Occurred To Date: **02-10-2019** Time: **00:26**
 Report Date: **02-10-2019** Time: **01:05**

INCIDENT PAGE 1

DETAILS	Location Address 1567 KENILWORTH AVE SE; WARREN OH 44484						Township WARREN	Case Number
	Location Name			Beat	Sub Beat	Geo Code 44484	Latitude	Longitude
	Response		Shift		Weather Conditions		Lighting Conditions	
	Agency Status		<input type="checkbox"/> Arrest(s) Made		<input type="checkbox"/> Evidence Collected		<input type="checkbox"/> Gang Related	
			<input type="checkbox"/> Photo(s) Taken		<input checked="" type="checkbox"/> Unknown Offender			
Source		Case Clearance		Cleared By		Clearance Date		

OFFENSE	Seq 1	Description [545.05] PETTY THEFT	A/C C	Location 01	Bias Motives N	Usings D	<input type="checkbox"/> Domestic	Count 1	# of Premises
	Category NR	Entry Metho	Entry Locs.	Entry Dir.	Exit Locs.	Exit Dir.	Methods of Operation	Activities	Weapons U

VICTIM	Seq 1	Victim Type Individual	Victim (Last, First Middle - Business) BAILEY, ROBERT L			DOB [REDACTED]	SSN [REDACTED]	DL#/ID#	State	
	Resident Status RESIDENT		Address 1567 KENILWORTH AVE SE; WARREN OH 44484			Contact Info LP: [REDACTED]				
	Occupation		Employer		Employment Address					
	Offense Link 1 - [545.05]		Age (or range) 36 -	<input type="checkbox"/> Unknown	Sex M	Race W	Ethnicity N	Height (or range) 6' 2" -	<input type="checkbox"/> Unknown	Weight (or range) 220 -
	Offender Link/Relationship		Injuries		Treated By		Transported To		Hair	Eyes BRO
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		<input type="checkbox"/> Victim Crime Rights Served		Circumstances		Justified Homicide Circumstances	
	LEOKA Assignment		LEOKA Circumstance		LEOKA Other ORI		LEOKA Status			
	State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By			

SUSPECT / OFFENDER	Seq	Offender Type	Offender (Last, First Middle)			DOB	SSN	DL#/ID#	State	
	Resident Status		Address			Contact Info				
	Occupation		Employer		Employment Address					
	Place of Birth		Age (or range) -	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range) -	<input type="checkbox"/> Unknown	Weight (or range) -
	Offense Links		Injury		Gang Affiliation		Aliases		Clothing Description	Runaway/Missing
	Scars/Marks/Tattoos/Other		Hair	Eyes	Hair Style	Facial Hair	Complexion	Build	Speech	Handed
	Teeth		Glasses	Marital Status						
	Treated By		Transported To		Master Name #		Arrest			
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By				

ADMIN	Assisting Officers		<input type="checkbox"/> Custody Rel. Death		<input type="checkbox"/> Ofc. Non-Fatal Shooting		<input type="checkbox"/> School Related		
	Follow Up Assignment		Assigned		Related Case Number(s)				
	Reported By 4733 - MATASH, MARIO		Submitted for Review 02-10-2019 00:00		Sgt / Lt		Sgt / Lt Approved		



Warren City Police Department
141 South Street SE
Warren, OH 44483
(330) 841-2536

Incident No.	19-03617		
Call for Service No.	19-03617		
Occurred From Date:	02-10-2019	Time:	00:05
Occurred To Date:	02-10-2019	Time:	00:26
Report Date:	02-10-2019	Time:	01:05

INCIDENT PAGE 2

PERSON	Seq	Person Type	Name (Last, First Middle - Business)		DOB	SSN	DL#/ID#	State				
	1	COMPLAINANT	BAILEY, ROBERT									
	Resident Status			Address			Contact Info					
							LP: [REDACTED]					
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
	1 - [545.05]	-		U	N		-		-			
	Victim Link	Offender Link	Injury			Treated By			Transported To			
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type							
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		

VEHICLE	Seq	Vehicle Type	Color	Year	Make	Model	Style	State	Registration	Exp. Date	
	VIN	Value	<input type="checkbox"/> Unknown	Damage Amount	Classification	Towed By	Tow Reason				
	Offense Link	Victim Link	Offender Link	Person Link	Loss Type	Stored At		Other Number			
	Ownership Verified By	Verification Method	Owner (Last, First Middle - Business)			Owner Address	Owner Contact Info				
	Insurance Company	Insurance Address			Ins. Telephone	Notes/Remarks					
	<input type="checkbox"/> Reg. Current <input type="checkbox"/> Doors Locked <input type="checkbox"/> Key in Vehicle <input type="checkbox"/> Hold Vehicle <input type="checkbox"/> Damage <input type="checkbox"/> Theft from Vehicle <input type="checkbox"/> Evidence <input type="checkbox"/> Vehicle is Cargo										
	Impound Number	Impound Date	Time	Impound Location							
	Recovered Date	Time	Recovered Location				Recovered By	Recovered Agency	Recovered Value		
	Released Date	Time	Released Location				Released By	<input type="checkbox"/> Released Contents			
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By	

PROPERTY	Seq	Property Type	Quantity	Description							
	1	STEREO EQUIPMENT/TV /RADIOS (NOT VEHICLE)	1	FLATSCREEN TV							
	Make / Brand		Color	Serial Number		Classification					
	TOSHIBA		BLK								
	Value	<input type="checkbox"/> Unknown	Damage Amount	Drug Quantity	Drug Measurement	Drug Type Suspected	Other Number				
	\$400.00										
	Offense Link	Victim Link	Offender Link	Person Link	Vehicle Link	Loss Type	Stored At				
	1					5 - STOLEN/ETC.					
	Ownership Verified By	Owner (Last, First Middle - Business)			Owner Address	Owner Contact Info					
	Insurance Company	Notes/Remarks					<input type="checkbox"/> Evidence		<input type="checkbox"/> Cargo		
Impound Date	Time	Impound Location									
Recovered Date	Time	Recovered Location				Recovered By	Recovered Value				
Released Date	Time	Released Location				Released By					
State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		

NARRATIVE	Seq	Narrative Date	Time	Narrative By							
	1	02-10-2019	01:15	4733 - MATASH, MARIO							
	Ptl. Matash 4733										
	02/10/2019										
Case number - 19-03617											
<input type="checkbox"/> Investigative											



Warren City Police Department
 141 South Street SE
 Warren, OH 44483
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Report Date:	02-10-2019	Time:	01:05

NARRATIVE #1

Seq	Narrative Date	Time	Narrative By	<input type="checkbox"/> Investigative
1	02-10-2019	01:15	4733 - MATASH, MARIO	<input type="checkbox"/>

Offense- Theft

- On the above date at approximately 0021 hrs. Officer Ladner and myself were dispatched to 1567 Kenilworth Ave Se, Warren, Oh 44484 in reference to a theft report. Upon arrival we knocked on the door and were met by the caller, Robert Bailey. Bailey had us come inside, and he began to explain to us what happened.
- Bailey stated to us that he had an argument with is brother, Brad Bailey. After the argument Bailey said Brad stormed out, and Bailey went back to his room with his son. Some time later Bailey left his room and returned to his living room. He discovered his TV was not on the TV stand were it should be. His brother was back in the house at this time. Bailey asked Brad were his TV was. Brad replied that "well you were mean to me and now its gone." Bailey said he told his brother he was calling the cops. Brad got upset, and left the house.
- Bailey said he believed his brother took the TV and probably sold it for drugs already. The TV was a Toshiba 50 in. black in color. Bailey was given an incident number, and advised on the proper procedure to file charges.

NARRATIVE



Warren City Police Department
 141 South Street SE
 Warren, OH 44483
 (330) 841-2536

Incident No.	19-03617		
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Occurred From Date:	02-10-2019	Time:	00:05
Occurred To Date:	02-10-2019	Time:	00:26
Report Date:	02-10-2019	Time:	01:05

PERSONS

PERSON	Seq	Person Type	Name (Last, First Middle - Business)			DOB	SSN	DL#/ID#	State			
	2		BAILEY, ROBERT L			08-21-1982	[REDACTED]					
	Resident Status		Address			Contact Info						
			1567 KENILWORTH AVE SE; WARREN OH 44484									
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
	1 - [545.05]	36 -		M	U	N	-		-			
Victim Link	Offender Link	Injury			Treated By			Transported To				
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type								
State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By			

PERSON	Seq	Person Type	Name (Last, First Middle - Business)			DOB	SSN	DL#/ID#	State			
	3		BAILEY, BRAD M			12-22-1985	[REDACTED]					
	Resident Status		Address			Contact Info						
			849 NE TERRA ALTA ST; WARREN OH 44483									
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
	1 - [545.05]	33 -		M	W	N	-		-			
Victim Link	Offender Link	Injury			Treated By			Transported To				
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type								
State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By			

PERSON	Seq	Person Type	Name (Last, First Middle - Business)			DOB	SSN	DL#/ID#	State			
	Resident Status		Address			Contact Info						
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
		-					-		-			
Victim Link	Offender Link	Injury			Treated By			Transported To				
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type								
State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By			

PERSON	Seq	Person Type	Name (Last, First Middle - Business)			DOB	SSN	DL#/ID#	State			
	Resident Status		Address			Contact Info						
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
		-					-		-			
Victim Link	Offender Link	Injury			Treated By			Transported To				
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type								
State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By			



Warren City Police Department
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CONVERSION NOTES

CONVERSION NOTES

ADMIN

9/12/2025

Beats: SE

SubBeats: SE

Further Action Required: N

NIBRS Compliant: Y

MGIS: Y

Incident Non-Criminal: N

Is Supplement: N

Supervisor: 4673 - PARANA, T

Supervisor DateTime: 2/10/2019 12:00:00 AM

OFFENSE 1

9/12/2025

Charge Type: M1

PROPERTY 1

9/12/2025

Brand Name: TOSHIBA

Property Color: BLK

VICTIM 1: BAILEY, ROBERT L

9/12/2025

Person Profile

HairColors: BLU

InjuryTypes: 0



Warren City Police Department
 141 South Street SE
 Warren, OH 44483
 (330) 841-2536

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Report Date:	02-10-2019	Time:	01:05

APPROVALS

<input type="checkbox"/>	Units Notified	<input type="checkbox"/>	Detective Notified	<input type="checkbox"/>	Received By Investigation	<input type="checkbox"/>	Received By Intelligence	<input type="checkbox"/>	Received By Records		
<input checked="" type="checkbox"/>	Reporting Officer	(4733) MATASH, MARIO									
<input checked="" type="checkbox"/>	Submitted By	(4733) MATASH, MARIO								Submitted On	02-10-2019 00:00
<input type="checkbox"/>	Sgt / Lt Approved By									Sgt / Lt Approved On	(pending)
<input type="checkbox"/>	Investigations Approved By									Investigations Approved On	(pending)
<input type="checkbox"/>	Inv Final Approved By									Inv Final Approved On	(pending)
<input type="checkbox"/>	Records Approved By									Records Approved On	(pending)
<input type="checkbox"/>	Approved By									Approved On	(pending)
<input type="checkbox"/>	Final Approved By									Final Approved On	(pending)

SUMMARY



Master Name Search Results

Name	Person Type	Reference #	Date	S.S.N.	DOB	Street	City	State	Activity Code
BAILEY, BRAD	PRIMARY CALLER	08-00427	01-05-2008	[REDACTED]		829 NE TERRA ALTA ST	WARREN CITY 394-2521		GUN -
BAILEY, BRAD M		19-03617	02-10-2019	[REDACTED]	12-22-1985	849 NE TERRA ALTA ST	WARREN	OH	545.05 - PETTY THEFT
BAILEY, BRAD M		19-03617	02-10-2019	[REDACTED]	12-22-1985	849 NE TERRA ALTA ST	WARREN	OH	PETTY THEFT
BAILEY, BRAD M	OTHER	0000014422	08-25-2008	[REDACTED]	12-22-1985	849 NE TERRA ALTA ST	WARREN	OH	4511.20 - RECKLESS OPERATION OF VEH
BAILEY, BRAD MICHAEL	SUSPECT	[REDACTED]	10-12-2025	[REDACTED]	12-22-1983				ETIEP - TRAUMATIC INJURY
BAILEY, BRAD MICHAEL	SUSPECT	[REDACTED]	10-12-2025	[REDACTED]	12-22-1983	7123 OAKFIELD RD N	N BLOOMFIELD	OH	DOM - DOMESTIC
BAILEY, BRAD MICHAEL		20-01549	01-20-2020	[REDACTED]	12-22-1983	7123 OAKFIELD RD N	N BLOOMFIELD	OH	C4P - CRASH WITH REPORTED INJURIES
BAILEY, BRAD MICHAEL	VIOLATOR	14610	01-20-2020	[REDACTED]	12-22-1983	2939 VERA AVE	SOUTHINGTON	OH	333.01 - DRIVING/PHYSICAL CONTROL WHILE UNDER THE INFLUENCE 333.01 - DRIVING/PHYSICAL CONTROL WHILE UNDER THE INFLUENCE 335.07 - "DRIVING UNDER SUSPENSION, REVOCATION, RESTRICTION"
BAILEY, BRAD MICHAEL		19-18397	07-08-2019	[REDACTED]	12-22-1983	2939 VERA AVE	SOUTHINGTON	OH	CKW - CHECK WELFARE
BAILEY, BRAD MICHAEL	VICTIM	19-15208	06-09-2019	[REDACTED]	12-22-1983	2939 VERA AVE	SOUTHINGTON	OH	EODP - OVERDOSE



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
 Warren, OH 44481
 330-675-2508

Incident No.	[REDACTED]		
Call for Service No.	[REDACTED]		
Occurred From Date:	10-12-2025	Time:	00:34
Occurred To Date:	10-12-2025	Time:	01:14
Report Date:	10-12-2025	Time:	00:34

INCIDENT PAGE 1

DETAILS

OFFENSE

OFFENSE

VICTIM

SUSPECT/OFFENDER

ADMIN

Location Address 7123 OAKFIELD NORTH RD NW; BRISTOL TWP OH 44450										Township BRISTOL		Case Number [REDACTED]					
Location Name					Beat	Sub Beat	Geo Code	Latitude 41.414372	Longitude -80.845633								
Response 3 - EMERGENCY			Shift MIDNIGHT - MIDNIGHT TURN			Weather Conditions NONE - NO ADVERSE CONDITION			Lighting Conditions NITE - NIGHT								
Agency Status 05 - FAILED TO FILE COMPLAINT OR PROSECUTE - FAILE...			<input type="checkbox"/> Arrest(s) Made			<input type="checkbox"/> Evidence Collected			<input type="checkbox"/> Gang Related			<input type="checkbox"/> Photo(s) Taken			<input type="checkbox"/> Unknown Offender		
Source VOIP - VOIP			Case Clearance J - CLOSED			Cleared By LEWIS, JAMES - 9593			Clearance Date 10-12-2025								
Seq 1	Description All Other Offenses				A/C	Location 01		Bias Motives	Usings	<input type="checkbox"/> Domestic	Count 1	# of Premises					
Category 90Z	Entry Meth N		Entry Locs.	Entry Dir.	Exit Locs.	Exit Dir.	Methods of Operation		Activities	Weapons							
Seq	Description				A/C	Location		Bias Motives	Usings	<input type="checkbox"/> Domestic	Count	# of Premises					
Category	Entry Meth		Entry Locs.	Entry Dir.	Exit Locs.	Exit Dir.	Methods of Operation		Activities	Weapons							
Seq 1	Victim Type Individual	Victim (Last, First Middle - Business) BAILEY, SARAH G				DOB 10-01-1981	SSN [REDACTED]	DL#/ID# [REDACTED]	State OH								
Resident Status RESIDENT		Address 7123 OAKFIELD RD N; N BLOOMFIELD OH 44450				Contact Info											
Occupation		Employer				Employment Address											
Offense Link 1 - [90Z]	Age (or range) 44 -	<input type="checkbox"/> Unknown	Sex F	Race W	Ethnicity N	Height (or range) 5' 1" -	<input type="checkbox"/> Unknown	Weight (or range) 115 -	<input type="checkbox"/> Unknown								
Offender Link/Relationship 1 SE	Injuries 0 - NONE		Treated By R - REFUSED			Transported To		Hair BRO	Eyes BLU								
<input checked="" type="checkbox"/> Discovered Crime			<input type="checkbox"/> Can ID Suspect			<input type="checkbox"/> Victim Crime Rights Served			Circumstances 01	Justified Homicide Circumstances							
LEOKA Assignment		LEOKA Circumstance		LEOKA Other ORI		LEOKA Status											
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By											
Seq 1	Offender Type SUSPECT	Offender (Last, First Middle) BAILEY, BRAD MICHAEL				DOB 12-22-1983	SSN [REDACTED]	DL#/ID#	State								
Resident Status		Address 7123 OAKFIELD RD N; N BLOOMFIELD OH 44450				Contact Info											
Occupation		Employer				Employment Address											
Place of Birth	Age (or range) 41 -	<input type="checkbox"/> Unknown	Sex M	Race W	Ethnicity	Height (or range) 6' 0" -	<input type="checkbox"/> Unknown	Weight (or range) 190 -	<input type="checkbox"/> Unknown								
Offense Links 1 - [90Z]	Injury 0	Gang Affiliation		Aliases			Clothing Description		Runaway/Missing								
Scars/Marks/Tattoos/Other	Hair BLN	Eyes BLU	Hair Style	Facial Hair	Complexion	Build	Speech	Handed	Teeth	Glasses	Marital Status						
Treated By		Transported To			Master Name #		Arrest										
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By											
Assisting Officers 9593 - LEWIS, JAMES [REDACTED]					<input type="checkbox"/> Custody Rel. Death		<input type="checkbox"/> Ofc. Non-Fatal Shooting		<input type="checkbox"/> School Related								
Follow Up Assignment			Assigned		Related Case Number(s)												
Reported By 9593 - LEWIS, JAMES			Submitted for Review 10-12-2025 09:05		Approved			Approved Approved									



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
 Warren, OH 44481
 330-675-2508

Incident No. [REDACTED]
 Call for Service No. [REDACTED]
 Occurred From Date: **10-12-2025** Time: **00:34**
 Occurred To Date: **10-12-2025** Time: **01:14**
 Report Date: **10-12-2025** Time: **00:34**

INCIDENT PAGE 2

PERSON	Seq	Person Type	Name (Last, First Middle - Business)			DOB	SSN	DL#/ID#	State		
	1	OTHER	BAILEY, BRAD MICHAEL			12-22-1983	[REDACTED]		OH		
	Resident Status		Address			Contact Info					
			7123 OAKFIELD RD NORTH; N BLOOMFIELD OH 44450								
	Occupation		Employer		Employment Address						
Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
	41		M			6' 0"		190		BLN	BLU
Victim Link	Offender Link	Injury			Treated By			Transported To			
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type							
State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		

VEHICLE	Seq	Vehicle Type	Color	Year	Make	Model	Style	State	Registration	Exp. Date		
	VIN		Value	<input type="checkbox"/> Unknown	Damage Amount	Classification	Towed By	Tow Reason				
	Offense Link	Victim Link	Offender Link	Person Link	Loss Type		Stored At	Other Number				
	Ownership Verified By		Verification Method	Owner (Last, First Middle - Business)		Owner Address		Owner Contact Info				
	Insurance Company		Insurance Address		Ins. Telephone	Notes/Remarks						
	<input type="checkbox"/> Reg. Current		<input type="checkbox"/> Doors Locked	<input type="checkbox"/> Key in Vehicle	<input type="checkbox"/> Hold Vehicle	<input type="checkbox"/> Damage	<input type="checkbox"/> Theft from Vehicle	<input type="checkbox"/> Evidence	<input type="checkbox"/> Vehicle is Cargo			
	Impound Number		Impound Date	Time	Impound Location							
	Recovered Date		Time	Recovered Location			Recovered By	Recovered Agency	Recovered Value			
	Released Date		Time	Released Location			Released By	<input type="checkbox"/> Released Contents				
State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By			

PROPERTY	Seq	Property Type	Quantity	Description								
	Make / Brand		Model	Color	Serial Number			Classification				
	Value	<input type="checkbox"/> Unknown	Damage Amount	Drug Quantity	Drug Measurement	Drug Type Suspected	Other Number					
	Offense Link	Victim Link	Offender Link	Person Link	Vehicle Link	Loss Type		Stored At				
	Ownership Verified By		Owner (Last, First Middle - Business)		Owner Address		Owner Contact Info					
	Insurance Company		Notes/Remarks					<input type="checkbox"/> Evidence	<input type="checkbox"/> Cargo			
	Impound Date		Time	Impound Location								
	Recovered Date		Time	Recovered Location			Recovered By	Recovered Value				
	Released Date		Time	Released Location			Released By					
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		

NARRATIVE	Seq	Narrative Date	Time	Narrative By			<input type="checkbox"/> Investigative
	1	10-12-2025	08:24	9593 - LEWIS, JAMES			
<p>On October 12 2025 at approximately 0035 hours Trumbull County 911 advised of a disturbance at 7123 Oakfeild North Road within Bristol Township. Dispatch advised the caller stated a male there was acting like he was on narcotics. Dispatch advised the male was outside and the female was inside. Dispatch explained the male was attempting to get back into the residence as we were responding.</p>							



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
 Warren, OH 44481
 330-675-2508

Incident No.	[REDACTED]	
Call for Service No.	[REDACTED]	
Occurred From Date:	10-12-2025	Time: 00:34
Occurred To Date:	10-12-2025	Time: 01:14
Report Date:	10-12-2025	Time: 00:34

NARRATIVE #1

Seq	Narrative Date	Time	Narrative By	<input type="checkbox"/> Investigative
1	10-12-2025	08:24	9593 - LEWIS, JAMES	

[REDACTED] and I arrived at the residence and were able to see the male half sitting in the shed by the driveway and the female standing on the porch. [REDACTED] spoke with the male half who was later identified as Brad Bailey. I went to the porch and spoke with the caller who was identified as Sarah Bailey. I asked Sarah what happened, she explained Brad has been accusing her of cheating on him with other males. Sarah said Brad came to her job at McDonlads in Bazetta and attempted to block her in. Sarah said she was able to get out of the parking lot and drove to the Trumbull County Sheriff's Office in an attempt to make contact with an officer. Sarah stated she spoke to someone in the jail that told her they were just the jail staff and she needed to go to a police department. Sarah said Brad had her cell phone and was not able to call anyone and went home.

Sarah said tonight they began arguing because he touched her in a sexual way and said she smelled and again accused her of cheating on him. Sarah stated Brad has been very paranoid about her cheating on him recently and believes it is due to him possibly using some type of illegal substance. Sarah said after he accused her there was a mutual tussle over her cell phone but they did not have any injuries. Sarah said Brad walked outside and moved the truck and was concerned he was going to leave. Sarah said Brad did not have a license and is not supposed to drive. [REDACTED] spoke with Brad and he also stated they both fought over the phone but was nothing serious. Sarah said she just wanted Brad to leave for the evening. Sarah was advised to call if she needed anything further and was advised how to go about getting a protection order. Sarah was also informed to go to another place of residence if she felt necessary until she could get a protection order. Brad agreed that he would leave and [REDACTED] said he could transport him to State Route 305 and State Route 45 in Champion Township.

[REDACTED] then assisted Brad with getting into his cruiser and I advised the Sarah to call if she needed anything else. We then cleared the residence and [REDACTED] transported Brad to the intersection of State Route 305 and State Route 45 within Champion Township.

NARRATIVE



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No.	[REDACTED]		
Call for Service No.	[REDACTED]		
Occurred From Date:	10-12-2025	Time:	00:34
Occurred To Date:	10-12-2025	Time:	01:14
Report Date:	10-12-2025	Time:	00:34

PERSONS

PERSON	Seq	Person Type	Name (Last, First Middle - Business)				DOB	SSN	DL#/ID#	State		
	2	COMPLAINANT	BAILEY, SARAH							OH		
	Resident Status		Address				Contact Info					
			7123 OAKFIELD NORTH RD NW; BRISTOL TWP OH 44450				LP: [REDACTED]					
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
		-					-		-			
	Victim Link	Offender Link	Injury				Treated By		Transported To			
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type							
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		
PERSON	Seq	Person Type	Name (Last, First Middle - Business)				DOB	SSN	DL#/ID#	State		
	3		BAILEY, SARAH G				10-01-1981		[REDACTED]	OH		
	Resident Status		Address				Contact Info					
			7123 OAKFIELD RD NORTH; N BLOOMFIELD OH 44450									
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
		44 -		F			5' 1" -		115 -		BRO	BLU
	Victim Link	Offender Link	Injury				Treated By		Transported To			
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type							
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		
PERSON	Seq	Person Type	Name (Last, First Middle - Business)				DOB	SSN	DL#/ID#	State		
	Resident Status		Address				Contact Info					
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
	Victim Link	Offender Link	Injury				Treated By		Transported To			
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type							
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		
PERSON	Seq	Person Type	Name (Last, First Middle - Business)				DOB	SSN	DL#/ID#	State		
	Resident Status		Address				Contact Info					
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
	Victim Link	Offender Link	Injury				Treated By		Transported To			
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type							
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
 Warren, OH 44481
 330-675-2508

Incident No.	[REDACTED]		
Call for Service No.	[REDACTED]		
Occurred From Date:	10-12-2025	Time:	00:34
Occurred To Date:	10-12-2025	Time:	01:14
Report Date:	10-12-2025	Time:	00:34

APPROVALS

Units Notified
 Detective Notified
 Received By Investigation
 Received By Intelligence
 Received By Records

<input checked="" type="checkbox"/>	Reporting Officer (9593) LEWIS, JAMES	
<input checked="" type="checkbox"/>	Submitted By (9593) LEWIS, JAMES	Submitted On 10-12-2025 09:05
<input type="checkbox"/>	Approved Approved By	Approved Approved On (pending)
<input type="checkbox"/>	Final Approved By	Final Approved On (pending)

SUMMARY



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No.	[REDACTED]		
Call for Service No.	[REDACTED]		
Occurred From Date:	10-12-2025	Time:	00:34
Occurred To Date:	10-12-2025	Time:	01:14
Report Date:	10-12-2025	Time:	08:15

SUPPLEMENT COVER PAGE

Parent Incident Number

Supplement Number

1



Incident Supplement

ADMIN	Follow Up Assignment	Assigned	
	Reported By 9593 - LEWIS, JAMES	Submitted for Review	Approved Approved Approved



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No.	[REDACTED]		
Call for Service No.	[REDACTED]		
Occurred From Date:	10-12-2025	Time:	00:34
Occurred To Date:	10-12-2025	Time:	01:14
Report Date:	10-12-2025	Time:	08:15

APPROVALS

- Units Notified
 Detective Notified
 Received By Investigation
 Received By Intelligence
 Received By Records

Reporting Officer
(9593) LEWIS, JAMES

Submitted By Submitted On
(pending)

Approved Approved By Approved Approved On
(pending)

Final Approved By Final Approved On
(pending)

SUMMARY



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No. 24-01260
Call for Service No. 24-01260
Occurred From Date: 01-24-2024 Time: 07:00
Occurred To Date: 01-26-2024 Time:
Report Date: 01-30-2024 Time: 09:59

INCIDENT PAGE 1

DETAILS

OFFENSE

OFFENSE

VICTIM

SUSPECT/OFFENDER

ADMIN

Location Address 7123 OAKFIELD RD N; BRISTOLVILLE OH 44402		Township BRISTOL		Case Number	
Location Name		Beat COUNTY	Sub Beat W	Geo Code BRIST	Longitude
Response	Shift DAYTURN - DAYTURN SHIFT		Weather Conditions		Lighting Conditions
Agency Status	<input type="checkbox"/> Arrest(s) Made <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Gang Related <input checked="" type="checkbox"/> Photo(s) Taken <input checked="" type="checkbox"/> Unknown Offender				
Source	Case Clearance I - INVESTIGATION PENDING	Cleared By		Clearance Date	
Seq 1	Description [2913.21] Misuse of Credit Card	A/C C	Location 01	Bias Motives N	Usings N
Category 26B	Entry Meth		Entry Locs.	Entry Dir.	Exit Locs.
		Exit Dir.	Methods of Operation		Count 1
		Activities		Weapons U	
Seq	Description	A/C	Location	Bias Motives	Usings
Category	Entry Meth		Entry Locs.	Entry Dir.	Exit Locs.
		Exit Dir.	Methods of Operation		Count
		Activities		Weapons	
Seq 1	Victim Type Individual	Victim (Last, First Middle - Business) KASZIAN, SARAH A		DOB 05-29-1962	SSN [REDACTED]
Resident Status RESIDENT	Address 4250 SODOM HUTCHINGS RD; CORTLAND OH 44410		Contact Info		
Occupation	Employer		Employment Address		
Offense Link 1 - [2913.21]	Age (or range) 61	<input type="checkbox"/> Unknown	Sex F	Race W	Ethnicity N
		Height (or range) 5' 2"	<input type="checkbox"/> Unknown	Weight (or range) 170	
Offender Link/Relationship	Injuries	Treated By		Transported To	Hair BRO
				Eyes HAZ	
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		<input type="checkbox"/> Victim Crime Rights Served	
LEOKA Assignment		LEOKA Circumstance		LEOKA Other ORI	
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By	
				NCIC Cancellation # - Date - By	
Seq	Offender Type	Offender (Last, First Middle)		DOB	SSN
Resident Status	Address		Contact Info		
Occupation	Employer		Employment Address		
Place of Birth	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity
		Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	
Offense Links	Injury	Gang Affiliation		Aliases	
		Clothing Description		Runaway/Missing	
Scars/Marks/Tattoos/Other	Hair	Eyes	Hair Style	Facial Hair	Complexion
		Build	Speech	Handed	Teeth
		Glasses	Marital Status		
Treated By		Transported To		Master Name #	Arrest
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By	
				NCIC Cancellation # - Date - By	
Assisting Officers			<input type="checkbox"/> Custody Rel. Death	<input type="checkbox"/> Ofc. Non-Fatal Shooting	<input type="checkbox"/> School Related
Follow Up Assignment		Assigned		Related Case Number(s)	
Reported By 04254 - CARR, SGT. RON		Submitted for Review		Approved	
				Approved Approved	



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No. 24-01260
Call for Service No. 24-01260
Occurred From Date: 01-24-2024 Time: 07:00
Occurred To Date: 01-26-2024 Time:
Report Date: 01-30-2024 Time: 09:59

INCIDENT PAGE 2

PERSON	Seq	Person Type	Name (Last, First Middle - Business)			DOB	SSN	DL#ID#	State			
	1	COMPLAINANT	BAILEY, SARAH G			10-01-1981			OH			
	Resident Status		Address			Contact Info						
			7123 OAKFIELD NORTH RD; N BLOOMFIELD OH 44450			LP						
	Occupation		Employer		Employment Address							
	Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
	1 - [2913.21]	42 -		F	W	N						
	Victim Link	Offender Link	Injury			Treated By		Transported To				
	<input checked="" type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type							
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		

VEHICLE	Seq	Vehicle Type	Color	Year	Make	Model	Style	State	Registration	Exp. Date	
	VIN		Value	<input type="checkbox"/> Unknown	Damage Amount	Classification	Towed By		Tow Reason		
	Offense Link	Victim Link	Offender Link	Person Link	Loss Type		Stored At		Other Number		
	Ownership Verified By		Verification Method	Owner (Last, First Middle - Business)		Owner Address		Owner Contact Info			
	Insurance Company		Insurance Address		Ins. Telephone		Notes/Remarks				
	<input type="checkbox"/> Reg. Current		<input type="checkbox"/> Doors Locked	<input type="checkbox"/> Key in Vehicle	<input type="checkbox"/> Hold Vehicle	<input type="checkbox"/> Damage	<input type="checkbox"/> Theft from Vehicle	<input type="checkbox"/> Evidence	<input type="checkbox"/> Vehicle is Cargo		
	Impound Number		Impound Date	Time	Impound Location						
	Recovered Date		Time	Recovered Location			Recovered By		Recovered Agency		Recovered Value
	Released Date		Time	Released Location			Released By		<input type="checkbox"/> Released Contents		
	State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By	

PROPERTY	Seq	Property Type	Quantity	Description							
	1	CREDIT/DEBIT CARDS	1								
	Make / Brand		Model	Color	Serial Number			Classification			
	VISA		CARE SOURCE	U							
	Value	<input type="checkbox"/> Unknown	Damage Amount	Drug Quantity	Drug Measurement	Drug Type Suspected		Other Number			
	\$0.00										
	Offense Link	Victim Link	Offender Link	Person Link	Vehicle Link	Loss Type		Stored At			
	1 - [2913.21]					5 - STOLEN/ETC.					
	Ownership Verified By		Owner (Last, First Middle - Business)		Owner Address		Owner Contact Info				
	Insurance Company		Notes/Remarks					<input type="checkbox"/> Evidence	<input type="checkbox"/> Cargo		
Impound Date		Time	Impound Location								
Recovered Date		Time	Recovered Location			Recovered By		Recovered Value			
Released Date		Time	Released Location			Released By					
State Entry # - Date - By			State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		

NARRATIVE	Seq	Narrative Date	Time	Narrative By			<input type="checkbox"/> Investigative
	1	02-01-2024	10:20	04254 - CARR, SGT. RON			
	On the above listed date and time, Dispatch advised the above listed would like to make a report in reference to unauthorized purchases on a credit card.						
I arrived on scene and spoke with Sarah Bailey who advised that she is the caretaker for her mother who is living in Concord Care Center in Cortland. Ms. Bailey advised that she uses her mothers Care Source Visa to make purchases for							



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
 Warren, OH 44481
 330-675-2508

Incident No.	24-01260		
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Occurred From Date:	01-24-2024	Time:	07:00
Occurred To Date:	01-26-2024	Time:	
Report Date:	01-30-2024	Time:	09:59

NARRATIVE #1

Seq	Narrative Date	Time	Narrative By	<input type="checkbox"/> Investigative
1	02-01-2024	10:20	04254 - CARR, SGT. RON	

things her mother needs while living in the nursing home. Ms. Bailey advised that she discovered several charges from Walmart.com totaling \$352.19 that did not belong and wanted a report so she could inform the credit card company.

Ms. Bailey advised that she contacted the credit card company and canceled the card. At this time it is unknown who would have made these purchases.

NARRATIVE



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
 Warren, OH 44481
 330-675-2508

Incident No.	24-01260		
Call for Service No.	24-01260		
Occurred From Date:	01-24-2024	Time:	07:00
Occurred To Date:	01-26-2024	Time:	
Report Date:	01-30-2024	Time:	09:59

ATTACHMENTS

Transaction History	Transaction History
DOC020124-02012024100925-0001.jpg	DOC020124-02012024100925-0002.jpg
Link to Section	Link to Section
Transaction History	Transaction History
DOC020124-02012024100925-0003.jpg	DOC020124-02012024100925-0004.jpg
Link to Section	Link to Section
Transaction History	Transaction History
DOC020124-02012024100925-0005.jpg	
Link to Section	Link to Section



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
 Warren, OH 44481
 330-675-2508

Incident No.	24-01260		
Call for Service No.	24-01260		
Occurred From Date:	01-24-2024	Time:	07:00
Occurred To Date:	01-26-2024	Time:	
Report Date:	01-30-2024	Time:	09:59

CONVERSION NOTES

CONVERSION NOTES

ADMIN

9/7/2025

Evidence Collected: N

Tape Recording: N

Photos Taken: N

Further Action Required: N

Agency Providing Service For: TCSO

NIBRS Compliant: Y

MGIS: Y

Incident Non-Criminal: N

Is Supplement: N

Completed DateTime: 1/30/2024 1:00:00 PM

OFFENSE 1

9/7/2025

Charge Type: M1

Charge Degree: P

PROPERTY 1

9/7/2025

Brand Name: VISA

Property Type Code: CDC

Property Color: U

VICTIM 1: KASZIAN, SARAH A

9/7/2025

InjuryTypes: 0



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No.	24-01260		
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Occurred From Date:	01-24-2024	Time:	07:00
Occurred To Date:	01-26-2024	Time:	
Report Date:	01-30-2024	Time:	09:59

APPROVALS

Units Notified
 Detective Notified
 Received By Investigation
 Received By Intelligence
 Received By Records

<input checked="" type="checkbox"/>	Reporting Officer (04254) CARR, SGT. RON	
<input type="checkbox"/>	Submitted By (04254) CARR, SGT. RON	Submitted On (pending)
<input type="checkbox"/>	Approved Approved By	Approved Approved On (pending)
<input type="checkbox"/>	Final Approved By	Final Approved On (pending)

SUMMARY



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No. [REDACTED]
Call for Service No. [REDACTED]
Occurred From Date: 05-16-2021 Time: 13:22
Occurred To Date: 05-16-2021 Time: 15:09
Report Date: 05-16-2021 Time: 13:22

INCIDENT PAGE 1

DETAILS	Location Address 7123 OAKFIELD RD N; NORTH BLOOMFIELD OH 44450				Township BRISTOL		Case Number		
	Location Name				Beat COUNTY	Sub Beat W	Geo Code BRIST	Latitude	Longitude
	Response DAYTURN - DAYTURN SHIFT		Shift			Weather Conditions		Lighting Conditions	
	Agency Status		<input checked="" type="checkbox"/> Arrest(s) Made		<input type="checkbox"/> Evidence Collected	<input type="checkbox"/> Gang Related	<input checked="" type="checkbox"/> Photo(s) Taken	<input type="checkbox"/> Unknown Offender	
	Source		Case Clearance F - CLEARED BY ARREST - ADULT		Cleared By		Clearance Date 05-16-2021		

OFFENSE	Seq 1	Description [2919.25(A)] DOMESTIC VIOLENCE	A/C C	Location 01	Bias Motives N	Usings N	<input checked="" type="checkbox"/> Domestic	Count 1	# of Premises
	Category 13A	Entry Meth		Entry Locs.	Entry Dir.	Exit Locs.	Exit Dir.	Methods of Operation	Activities N
OFFENSE	Seq 2	Description [2921.33(B)] RESISTING ARREST - CAUSING PHYSICAL HARM TO LAW ENFORCEMENT OFFICER	A/C C	Location 01	Bias Motives N	Usings N	<input type="checkbox"/> Domestic	Count 1	# of Premises
	Category 13A	Entry Meth		Entry Locs.	Entry Dir.	Exit Locs.	Exit Dir.	Methods of Operation	Activities 99

VICTIM	Seq 1	Victim Type Individual	Victim (Last, First Middle - Business) FORTNEY, SARAH G			DOB 10-01-1981	SSN [REDACTED]	DL#/ID#	State OH		
	Resident Status RESIDENT		Address 7123 OAKFIELD N; N BLOOMFIELD OH 44450			Contact Info LP: [REDACTED]					
	Occupation		Employer			Employment Address					
	Offense Link 1 - [2919.25(A)]		Age (or range) 39 -	<input type="checkbox"/> Unknown	Sex F	Race W	Ethnicity N	Height (or range) 5' 1" -	<input type="checkbox"/> Unknown	Weight (or range) 110 -	<input type="checkbox"/> Unknown
	Offender Link/Relationship 1 SE		Injuries		Treated By		Transported To		Hair BRO	Eyes BLU	
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		<input type="checkbox"/> Victim Crime Rights Served		Circumstances		Justified Homicide Circumstances		
	LEOKA Assignment		LEOKA Circumstance		LEOKA Other ORI		LEOKA Status				
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By					

SUSPECT/OFFENDER	Seq 1	Offender Type ARRESTEE	Offender (Last, First Middle) BAILEY, BRAD MICHAEL			DOB 12-22-1983	SSN [REDACTED]	DL#/ID#	State OH				
	Resident Status RESIDENT		Address 7123 OAKFIELD N RD; NORTH BLOOMFIELD OH 44450			Contact Info LP: 2342433926							
	Occupation		Employer			Employment Address							
	Place of Birth		Age (or range) 37 -	<input type="checkbox"/> Unknown	Sex M	Race W	Ethnicity N	Height (or range) 6' 0" -	<input type="checkbox"/> Unknown	Weight (or range) 230 -	<input type="checkbox"/> Unknown		
	Offense Links 1 - [2919.25(A)], 2 - [2921.33(B)]		Injury		Gang Affiliation		Aliases		Clothing Description		Runaway/Missing		
	Scars/Marks/Tattoos/Other		Hair BLN	Eyes BLU	Hair Style	Facial Hair	Complexion	Build	Speech	Handed	Teeth	Glasses	Marital Status
	Treated By		Transported To		Master Name #		Arrest 21-05334-A: BAILEY, BRAD MICHAEL - 05/16/2021						
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By							

ADMIN	Assisting Officers				<input type="checkbox"/> Custody Rel. Death	<input type="checkbox"/> Ofc. Non-Fatal Shooting	<input type="checkbox"/> School Related
	Follow Up Assignment		Assigned		Related Case Number(s)		
	Reported By 08462 - ROMO, DEP KEN		Submitted for Review		Approved		Approved Approved



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No.			
Call for Service No.			
Occurred From Date:	05-16-2021	Time:	13:22
Occurred To Date:	05-16-2021	Time:	15:09
Report Date:	05-16-2021	Time:	13:22

INCIDENT PAGE 2

PERSON

VEHICLE

PROPERTY

NARRATIVE

Seq	Person Type	Name (Last, First Middle - Business)	DOB	SSN	DL#/ID#	State					
Resident Status		Address		Contact Info							
Occupation		Employer		Employment Address							
Offense Link	Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	Hair	Eyes
Victim Link	Offender Link	Injury		Treated By		Transported To					
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect		Statement Type							
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By					

Seq	Vehicle Type	Color	Year	Make	Model	Style	State	Registration	Exp. Date	
VIN		Value	<input type="checkbox"/> Unknown	Damage Amount	Classification	Towed By		Tow Reason		
Offense Link	Victim Link	Offender Link	Person Link	Loss Type		Stored At		Other Number		
Ownership Verified By		Verification Method	Owner (Last, First Middle - Business)		Owner Address		Owner Contact Info			
Insurance Company		Insurance Address		Ins. Telephone	Notes/Remarks					
<input type="checkbox"/> Reg. Current		<input type="checkbox"/> Doors Locked	<input type="checkbox"/> Key in Vehicle	<input type="checkbox"/> Hold Vehicle	<input type="checkbox"/> Damage	<input type="checkbox"/> Theft from Vehicle	<input type="checkbox"/> Evidence	<input type="checkbox"/> Vehicle is Cargo		
Impound Number		Impound Date	Time	Impound Location						
Recovered Date	Time	Recovered Location			Recovered By	Recovered Agency		Recovered Value		
Released Date	Time	Released Location			Released By		<input type="checkbox"/> Released Contents			
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By				

Seq	Property Type	Quantity	Description							
Make / Brand			Model		Color	Serial Number		Classification		
Value		<input type="checkbox"/> Unknown	Damage Amount	Drug Quantity	Drug Measurement	Drug Type Suspected		Other Number		
Offense Link	Victim Link	Offender Link	Person Link	Vehicle Link	Loss Type		Stored At			
Ownership Verified By		Owner (Last, First Middle - Business)		Owner Address		Owner Contact Info				
Insurance Company		Notes/Remarks					<input type="checkbox"/> Evidence	<input type="checkbox"/> Cargo		
Impound Date		Time	Impound Location							
Recovered Date	Time	Recovered Location			Recovered By	Recovered Value				
Released Date	Time	Released Location			Released By					
State Entry # - Date - By		State Cancellation # - Date - By		NCIC Entry # - Date - By		NCIC Cancellation # - Date - By				

Seq	Narrative Date	Time	Narrative By		<input type="checkbox"/> Investigative
1	05-16-2021	16:08	08462 - ROMO, DEP KEN		
On the noted date and time Deputies were dispatched to a physical domestic in progress at 7123 Oakfield North Road in Bristol Township. [REDACTED] and myself, Deputy Romo responded to the scene. While enroute the dispatcher further advised that the male had allegedly fled into the woods where he was now texting the victim that he was going to kill himself. The victim stated that the male had gone into the garage before fleeing but she did not believe he had any weapons.					



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
 Warren, OH 44481
 330-675-2508

Incident No.	[REDACTED]		
Call for Service No.	[REDACTED]		
Occurred From Date:	05-16-2021	Time:	13:22
Occurred To Date:	05-16-2021	Time:	15:09
Report Date:	05-16-2021	Time:	13:22

NARRATIVE #1

Seq	Narrative Date	Time	Narrative By	<input type="checkbox"/> Investigative
1	05-16-2021	16:08	08462 - ROMO, DEP KEN	

NARRATIVE

Upon arrival we made contact with the victim, Sarah Fortney who further advised that her and her husband had been in an argument in the front yard when he attempted to take her purse from her resulting in a struggle. The landscaping lights that lined the sidewalk were broken on both sides and scattered across the front yard, Fortney advised that the damage was new. Fortney's purse was also broken, Fortney stated that the purse got broken when Bailey grabbed her from behind and attempted to take the purse from her. A neighbor, Kaitlyn Hildreth also advised that she observed Bailey and Fortney fighting, seeing Bailey grab Forney and push her into the wall in front of the house near where the damaged landscaping lights were.

Fortney stated that Bailey was somewhere in the woods at this time. [REDACTED] then began to search through the woods for the male, as he was doing this the male, Brad Bailey called Fortney to tell her that he was going to kill himself. I had Fortney keep Bailey on the phone and attempt to get him to come out of the woods and speak with us, without telling him that we were on scene. I overheard Bailey tell Fortney that he was going to hang himself, at that time I got his phone number and had dispatch begin to ping the phone on account of the suicidal statements. At this time myself and [REDACTED] were also coordinating and directing units from the Bristol and Farmington Fire Departments, the Ohio State Highway Patrol as well as the Champion Township Police Department in order to set up a perimeter to attempt to locate Bailey.

As I was at the residence directing the Troopers to where they were needed one of the Bristol fire fighters directed my attention to the rear of the residence where a male matching Bailey's description had just run from the woods. I moved to the rear of the residence to make contact with him, at which time he ran toward the front of the home. I drew my firearm and began to order Bailey to the ground at gunpoint. At first Bailey began to lay down, but then stood back up yelling "shoot me" and "I would rather be dead". I continued to order Bailey to lay on the ground with loud, clear, verbal commands. At that time Bailey began to run away from me toward the wood line, I holstered my firearm and ran toward Bailey. As I closed the gap between myself and Bailey he turned to face me, spreading his feet and taking a fighting stance. I made contact with Bailey with my shoulder, tackling him to the ground and landing on top of him to his right side, with him on his back. At this time Bailey began to grab around my head and neck in an apparent move to pin my head. As he did this I delivered two strike with a closed fist to Bailey's head, which resulted in him loosening his grasp on my head/neck. Firefighters Dyer and Hawk then assisted with my attempts to take Bailey into custody with one pinning his shoulders and the other on his back, Bailey continued to fight with the three of us, at this time I disengaged and drew my Taser (Serial no [REDACTED] discharging one cartridge into Bailey's stomach. Due to the proximity to Bailey I did not achieve Nuero Muscular Incapacitation with the probes alone prompting me to deliver a drive stun to Bailey's Common Peronial on his left leg. At this time Bailey said that he was done and myself, Dyer and Hawk rolled Bailey onto his stomach where I then placed him in handcuffs. After placing Bailey in handcuffs I searched him incident to arrest discovering no weapons or contraband. Immediately after the search was completed we rolled Bailey onto his side to ensure a clear airway.

At this time multiple Troopers from the Ohio State Highway Patrol arrived on scene and we assisted Bailey to his feet and walked him to my patrol vehicle. Bailey was placed in the rear of marked cruiser [REDACTED] where Firefighters with the Bristol Fire Department removed the Taser probes from his stomach and checked to make sure he did not need further medical attention.

I collected written statements from Firefighters Dyer and Hawk, as well as Fortney. Fortney was given multiple chances to sign the Domestic Violence form but refused every time.

I had Birstol Fire check to make sure I had no serious injuries and they advised that they all appeared to be minor.

Bailey was transported by [REDACTED] to the Trumbull County jail to be booked on Domestic Violence (ORC.2919.25)



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NARRATIVE #1

Seq	Narrative Date	Time	Narrative By	<input type="checkbox"/> Investigative
1	05-16-2021	16:08	08462 - ROMO, DEP KEN	

as well Resisting Arrest (ORC2921.33).

All on scene Deputies, troopers and fire department personal cleared with no further incident to return to normal duties.

Charges will be filled in Newton Falls Municipal Court on Monday 05/17/2021.

NARRATIVE



TRUMBULL COUNTY SHERIFF'S OFFICE
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Incident No.	[REDACTED]		
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Report Date:	05-16-2021	Time:	13:22

ARREST

ARREST

Seq	Incident Tracking Number	Offender
1	21-05334-A	1 - BAILEY, BRAD MICHAEL

Arrest Charges

13A: 2919.25(A) - DOMESTIC VIOLENCE, COMPLETED
13A: 2921.33(B) - RESISTING ARREST - CAUSING PHYSICAL HARM TO LAW ENFORCEMENT OFFICER, COMPLETED

Cautions

<input type="checkbox"/> Locked Down	<input checked="" type="checkbox"/> Charge(s) Filed	<input type="checkbox"/> Charge(s) Pending	<input type="checkbox"/> Photo(s)
<input type="checkbox"/> Prints	<input type="checkbox"/> Arrest Produced Clearance	<input type="checkbox"/> Non-Delinquent or Status Offender	<input type="checkbox"/> Detained At Station

Arrest Address: **7123 OAKFIELD RD N** On Behalf of Agency

Arrest Date	Time	Arrest Disposition	Disposition Under 18	Release Date	Time
05-16-2021	13:55				

Multi Arrest	Mirandized Date	Time	Mirandized Location	Miranda Witness
N - Not Applicable			7123 OAKFIELD NORTH ROAD	

Parent/Guardian 1	P/G 1 Address	P/G 1 Contact Info	P/G 1 Relationship	Custody Disposition	P/Gs Notified By
Parent/Guardian 2	P/G 2 Address	P/G 2 Contact Info	P/G 2 Relationship	Notified Date	Time

Arrest Type	Armed With	Transferred To Location	Photo ID #
2 - CRIME IN PROGRESS	99		

Warrants

Livescan TCN

Citation/Summons #	Booking #	Jail ID	State ID #	FBI #
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Bond Amount	Bond Date	Bond Receipt	Cash Deposit
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Bond Information

MUGSHOTS



TRUMBULL COUNTY SHERIFF'S OFFICE
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Incident No.	[REDACTED]		
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COURT DISPOSITION RECORD

COURT CASE	Seq	Arrest				
	1	21-05334-A: BAILEY, BRAD MICHAEL - 05/16/2021				
COURT CASE	Court Name		Court Case Number		Court Room	Court Date
	NEWTON FALLS MUNICIPAL COURT					05-17-2021
	Court Time					
	00:00					
CHARGE	Seq	Court Charge				Trial or Plea
	1					
	Charge Disposition		Court Disposition	Disposition Date	Supervision	
Narrative						
Victims						
CHARGE	Seq	Court Charge				Trial or Plea
	2					
	Charge Disposition		Court Disposition	Disposition Date	Supervision	
Narrative						
Victims						
CHARGE	Seq	Court Charge				Trial or Plea
	Charge Disposition		Court Disposition	Disposition Date	Supervision	
Narrative						
Victims						
CHARGE	Seq	Court Charge				Trial or Plea
	Charge Disposition		Court Disposition	Disposition Date	Supervision	
Narrative						
Victims						



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 Report Date: **05-16-2021** Time: **13:22**

OFFENSES

OFFENSE	Seq	Description	A/C	Location	Bias Motives	Usings	<input type="checkbox"/> Domestic	Count	# of Premises
	Category	Entry Meth	Entry Locs.	Entry Dir.	Exit Locs.	Exit Dir.	Methods of Operation	Activities	Weapons
	3	[TS] THREATENING SUICIDE	C	01	R	N	<input type="checkbox"/>	1	
	NR								99
OFFENSE							<input type="checkbox"/> Domestic		
OFFENSE							<input type="checkbox"/> Domestic		
OFFENSE							<input type="checkbox"/> Domestic		
OFFENSE							<input type="checkbox"/> Domestic		
OFFENSE							<input type="checkbox"/> Domestic		
OFFENSE							<input type="checkbox"/> Domestic		
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OFFENSE							<input type="checkbox"/> Domestic		
OFFENSE							<input type="checkbox"/> Domestic		
OFFENSE							<input type="checkbox"/> Domestic		



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Report Date: 05-16-2021 Time: 13:22

VICTIMS

VICTIM	Seq	Victim Type	Victim (Last, First Middle - Business)				DOB	SSN	DL#/ID#	State	
	2	Society/Public	STATE OF OHIO								
	Resident Status		Address			Contact Info					
	Occupation		Employer			Employment Address					
	Offense Link		Age (or range)	<input checked="" type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown
	Offender Link/Relationship		Injuries	Treated By			Transported To			Hair	Eyes
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect	<input type="checkbox"/> Victim Crime Rights Served			Circumstances			Justified Homicide Circumstances	
	LEOKA Assignment		LEOKA Circumstance			LEOKA Other ORI			LEOKA Status		
	State Entry # - Date - By		State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		
	VICTIM	Seq	Victim Type	Victim (Last, First Middle - Business)				DOB	SSN	DL#/ID#	State
Resident Status		Address			Contact Info						
Occupation		Employer			Employment Address						
Offense Link		Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	
Offender Link/Relationship		Injuries	Treated By			Transported To			Hair	Eyes	
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect	<input type="checkbox"/> Victim Crime Rights Served			Circumstances			Justified Homicide Circumstances		
LEOKA Assignment		LEOKA Circumstance			LEOKA Other ORI			LEOKA Status			
State Entry # - Date - By		State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By			
VICTIM		Seq	Victim Type	Victim (Last, First Middle - Business)				DOB	SSN	DL#/ID#	State
	Resident Status		Address			Contact Info					
	Occupation		Employer			Employment Address					
	Offense Link		Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown
	Offender Link/Relationship		Injuries	Treated By			Transported To			Hair	Eyes
	<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect	<input type="checkbox"/> Victim Crime Rights Served			Circumstances			Justified Homicide Circumstances	
	LEOKA Assignment		LEOKA Circumstance			LEOKA Other ORI			LEOKA Status		
	State Entry # - Date - By		State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By		
	VICTIM	Seq	Victim Type	Victim (Last, First Middle - Business)				DOB	SSN	DL#/ID#	State
Resident Status		Address			Contact Info						
Occupation		Employer			Employment Address						
Offense Link		Age (or range)	<input type="checkbox"/> Unknown	Sex	Race	Ethnicity	Height (or range)	<input type="checkbox"/> Unknown	Weight (or range)	<input type="checkbox"/> Unknown	
Offender Link/Relationship		Injuries	Treated By			Transported To			Hair	Eyes	
<input type="checkbox"/> Discovered Crime		<input type="checkbox"/> Can ID Suspect	<input type="checkbox"/> Victim Crime Rights Served			Circumstances			Justified Homicide Circumstances		
LEOKA Assignment		LEOKA Circumstance			LEOKA Other ORI			LEOKA Status			
State Entry # - Date - By		State Cancellation # - Date - By			NCIC Entry # - Date - By			NCIC Cancellation # - Date - By			



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
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 330-675-2508

Incident No. [REDACTED]
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 Occurred To Date: **05-16-2021** Time: **15:09**
 Report Date: **05-16-2021** Time: **13:22**

DOMESTIC VIOLENCE

DV CALL INFO

Victim Name
1 - FORTNEY, SARAH G

Reporting Address
7123 OAKFIELD N; N BLOOMFIELD OH 44450

RELATIONSHIPS INVOLVED

	ALLEGED VICTIM			ALLEGED OFFENDER / PRIMARY PHYSICAL AGGRESSOR		
	Fatal Injury	Non-Fatal Injury	No Injury	Fatal Injury	Non-Fatal Injury	No Injury
1. Wife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Non-Spousal Relationship w /Child in Common	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Other Family or Household Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Former Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Live-In Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RACE / ETHNICITY

AGE RANGE

SEX

Asian	Victim	Offender
Black / African American	Victim	Offender
White / Caucasian	Victim 1	Offender 1
Indian / Native American	Victim	Offender
Hispanic	Victim	Offender
Other	Victim	Offender
0-17	Victim	Offender
18-40	Victim 1	Offender 1
41-59	Victim	Offender
60-84	Victim	Offender
85 and Older	Victim	Offender
Male	Victim	Offender 1
Female	Victim 1	Offender

RESPONSE

Response to DVI
F - DOMESTIC VIOLENCE CHARGES FILED



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Report Date:	05-16-2021	Time:	13:22

ATTACHMENTS

Trumbull County Sheriff's Office
410 High St
Warren, OH 44481

Domestic Violence Complaint

Case No. [REDACTED]

Case File No. [REDACTED]

Case Title [REDACTED]

Case Date [REDACTED]

Case Time [REDACTED]

Case Location [REDACTED]

Case Status [REDACTED]

Case Type [REDACTED]

Case Category [REDACTED]

Case Sub-Category [REDACTED]

Case Priority [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

SUPERVISORY USE-ONLY REPORT

Case No. [REDACTED]

Case File No. [REDACTED]

Case Title [REDACTED]

Case Date [REDACTED]

Case Time [REDACTED]

Case Location [REDACTED]

Case Status [REDACTED]

Case Type [REDACTED]

Case Category [REDACTED]

Case Sub-Category [REDACTED]

Case Priority [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

DV Complaint.jpg

TASER UOF Page 1.jpg

Link to Section

Link to Section

TASER UOF Page 2

Case No. [REDACTED]

Case File No. [REDACTED]

Case Title [REDACTED]

Case Date [REDACTED]

Case Time [REDACTED]

Case Location [REDACTED]

Case Status [REDACTED]

Case Type [REDACTED]

Case Category [REDACTED]

Case Sub-Category [REDACTED]

Case Priority [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Trumbull County Sheriff's Office
Voluntary Statement

Case No. [REDACTED]

Case File No. [REDACTED]

Case Title [REDACTED]

Case Date [REDACTED]

Case Time [REDACTED]

Case Location [REDACTED]

Case Status [REDACTED]

Case Type [REDACTED]

Case Category [REDACTED]

Case Sub-Category [REDACTED]

Case Priority [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

TASER UOF Page 2.jpg

Statement0001.jpg

Link to Section

Link to Section

Trumbull County Sheriff's Office
Voluntary Statement

Case No. [REDACTED]

Case File No. [REDACTED]

Case Title [REDACTED]

Case Date [REDACTED]

Case Time [REDACTED]

Case Location [REDACTED]

Case Status [REDACTED]

Case Type [REDACTED]

Case Category [REDACTED]

Case Sub-Category [REDACTED]

Case Priority [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Trumbull County Sheriff's Office
Voluntary Statement

Case No. [REDACTED]

Case File No. [REDACTED]

Case Title [REDACTED]

Case Date [REDACTED]

Case Time [REDACTED]

Case Location [REDACTED]

Case Status [REDACTED]

Case Type [REDACTED]

Case Category [REDACTED]

Case Sub-Category [REDACTED]

Case Priority [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Case Assigned To [REDACTED]

Case Assigned On [REDACTED]

Case Assigned By [REDACTED]

Statement0002.jpg

Statement0003.jpg

Link to Section

Link to Section



TRUMBULL COUNTY SHERIFF'S OFFICE
150 High Street NW
Warren, OH 44481
330-675-2508

Incident No.	[REDACTED]		
Call for Service No.	[REDACTED]		
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Report Date:	05-16-2021	Time:	13:22

ATTACHMENTS



[21-05334 Picture 1.jpg](#)



[21-05334 Picture 2.jpg](#)

[Link to Section](#)

[Link to Section](#)

[Link to Section](#)

[Link to Section](#)

[Link to Section](#)

[Link to Section](#)



TRUMBULL COUNTY SHERIFF'S OFFICE
 150 High Street NW
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 330-675-2508

Incident No.	[REDACTED]		
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Report Date:	05-16-2021	Time:	13:22

CONVERSION NOTES

CONVERSION NOTES

ADMIN

9/7/2025

Evidence Collected: N

Tape Recording: N

Photos Taken: Y

Further Action Required: N

Agency Providing Service For: TCSO

NIBRS Compliant: Y

MGIS: Y

Incident Non-Criminal: N

Is Supplement: N

Supervisor: 03173 - JONES, SGT JOSEPH

Supervisor DateTime: 5/16/2021 4:33:00 PM

Completed DateTime: 5/16/2021 3:30:00 PM

OFFENDER 1: BAILEY, BRAD MICHAEL

9/7/2025

Court DateTime: 05-17-2021 00:00

Incident Tracking Number: [REDACTED]

OFFENSE 1

9/7/2025

Charge Type: M1

OFFENSE 2

9/7/2025

Charge Type: M1

VICTIM 1: FORTNEY, SARAH G

9/7/2025

InjuryTypes: 0



TRUMBULL COUNTY SHERIFF'S OFFICE
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Occurred From Date:	05-16-2021	Time: 13:22
Occurred To Date:	05-16-2021	Time: 15:09
Report Date:	05-16-2021	Time: 13:22

APPROVALS

<input checked="" type="checkbox"/> Units Notified	<input type="checkbox"/> Detective Notified	<input type="checkbox"/> Received By Investigation	<input type="checkbox"/> Received By Intelligence	<input type="checkbox"/> Received By Records	
Reporting Officer <input checked="" type="checkbox"/> (08462) ROMO, DEP KEN					
Submitted By <input type="checkbox"/> (08462) ROMO, DEP KEN				Submitted On (pending)	
Approved Approved By <input type="checkbox"/>				Approved Approved On (pending)	
Final Approved By <input type="checkbox"/>				Final Approved On (pending)	

SUMMARY



Trumbull County Sheriff's Office
150 High St.
Warren, Oh 44481



Domestic Violence Complaint

Complaint #: _____

Complainant's Statement

I, Fortney, Sarah, would like to make the following statement.

On, 05/16/2021, at 1400 hrs, at, 7123 Oakfield North Rd.
(date) (time) (location)

Brad Bailey, did :
(name of assailant)

A. Knowingly attempt to cause or recklessly caused bodily injury to a family or household

Member, namely

Fortney, Sarah
Name of injured person

B. Knowingly place another person, by the threat of force, in fear of imminent serious physical harm, namely

Name of Threatened or Injured person

C. Knowingly commit an act upon a child that would result in the child being an abused child, as defined in Section 2151.031 of The Revised Code.

Name and Age of Child

Refused
Signature of Complainant

Date

Witness to Signing

Date

SUPERVISORY TASER® USE REPORT

Date/Time: 05/16/2021 TASER Officer's Name: Deputy K.Romo

Email soromo@co.trumbull.oh.us Department: TCSO Patrol

Dept. Address: 150 High Street Phone: (330)675-2508

On Scene Supervisor: Sgt. Jones Officer(s) Involved Romo

TASER Model (check one): [X] X26

TASER Serial#: [REDACTED] Medical Facility: N/A Doctor: N/A

Nature of the Call or Incident: Domestic Violence Charges: DV/Resisting Arrest Booked [Y] [N]

Location of Incident: [] Indoor [X] Outdoor [] Jail [] Hospital

Type of Force Used (Check All that Apply): [X] Physical [X] Less-lethal [] Firearm [] Chemical

Nature of the Injuries and Medical Treatment Required: Minor, No treatment

Admitted to Hospital for Injuries [Y] [N] Admitted to Hospital for Psychiatric [Y] [N]

Medical Exam [Y] [N] Suspect Under the Influence: Alcohol / Drugs (specify): Unknown

Was an Officer, Police Employee, Volunteer or Citizen Injured Other than by TASER? [Y] [N]

Incident Type (check appropriate response(s) below):

[X] Civil Disturbance [X] Suicide [X] Suicide by Cop [X] Violent Suspect [] Barricaded [] Warrant [] Other

Age: 38 Sex: M Height: 600 Race: W Weight: 220

TASER Use: [X] Success [] Failure Suspect Wearing Heaving Clothes [Y] [N]

Number of Air Cartridges Fired: 1 Number of Cycles Applied: 1

Usage (check one): [] Arc Display Only [] Laser Display Only [X] TASER Application

TASER: Is this a Dart Probe Contact [Y] [N] Is this a Drive Stun Contact [Y] [N]

Approximate Target Distance at the Time of the Dart Launch: 5 feet

Distance Between the two Probes: 6 inches Need for an Additional Shot? [Y] [N]

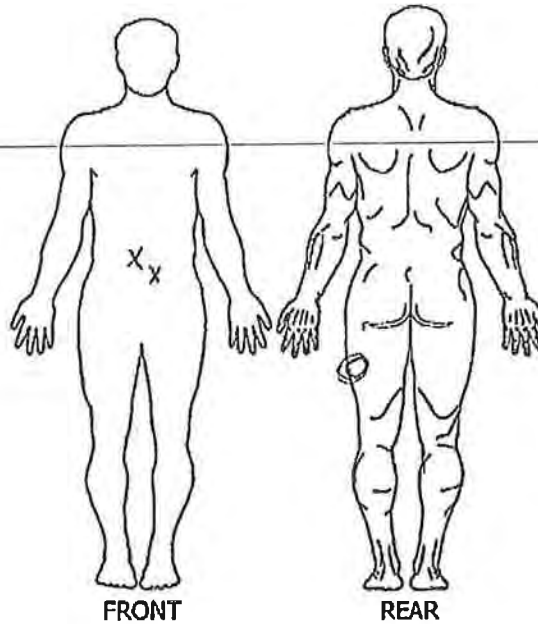
Did Dart Contacts Penetrate the Subject's Skin? [Y] [N] Probes Removed on Scene [Y] [N]

Did TASER Application Cause Injury? [Y] [N] If Yes, was the Subject Treated for the Injury? [Y] [N]

Description of Injury: [] [] [] []

APPLICATION AREAS

(Place "X's" where probes hit suspect AND "O's" where stunned)



SYNOPSIS: Both probes struck suspect's stomach, drive stun applied to left thigh in order to complete cycle.

Need for Additional Applications? Y N Did the Device Respond Satisfactorily? Y N

Describe the Subject's Demeanor after the Device was Used or Displayed? Stopped fighting and allowed people on scene to take him into custody.

Chemical Spray: Y N Baton or Blunt Instrument: Y N

Authorized Control Holds: Y N If Yes, what Types? _____

Describe other means attempted to control the subject: Closed hand strikes.

Photographs Taken: Y N Report Completed by: Deputy K.Romo

ADDITIONAL INFORMATION



Trumbull County Sheriff's Office

Voluntary Statement

[Redacted]	Date 05/16/21	Time 1403	Location 7123 1/2 Oakfield North Rd. Bristol, Oh.
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I, Sarah Fortney hereby make the following voluntary statement to
Deputy Romir 86 of the Trumbull County Sheriff's Office.

We had been fighting/arguing for several days due to his drug usage. I was leaving the house to go to the store when he demanded money in which I refused he then attempted to take my purse which I gripped he hovered over top of me and tried to pull it away from me in the process the strap broke and we stumbled into the front of the house he proceeded to come towards me when I called 911 then he took my car keys and said if I didn't hang up the phone he was leaving I refuse to hang up. My neighbors were outside I'm not sure what they seen or heard he told me he was killing himself and walked into the woods he kept calling me telling me he loved me and was sorry I had the call on speaker so the officer heard. He wanted to know if the cops were here I refused to answer he sent me a picture of a rope around his neck said if he couldn't be with him he was killing himself. The call dropped and I didn't answer any further calls He ended up coming out of the woods at which point the officers went after him

Q: Did you make contact?
 A: "He hovered over top of me from behind"
 Q: So he grabbed you from behind?
 A: "He was on top of me from behind which is what caused me to stumble"

Name: Sarah Fortney	DOB: 10/1/81
Address: 7123 Oakfield North Rd North Bloomfield	Phone # [Redacted]

Sarah Fortney
 Signature of person giving voluntary statement



Trumbull County Sheriff's Office

Voluntary Statement

Report #	Date	Time	Location
[REDACTED]	05/16/21	1400	7123 Oakfield North Rd, Bristol, Oh

I, BENJAMIN DYER hereby make the following voluntary statement to
Deputy Romo 86 of the Trumbull County Sheriff's Office.

BRISTOL PD DISPATCHED FOR A POSSIBLE DOMESTIC. U/A CREWS AWAITED ASSIGNMENT. DURING THAT TIME THE SUBJECT EMERGED FROM WOODS. DEPUTY ROMO HAD SUBJECT AT GUN POINT ORDERING MALE TO LAY ON THE GROUND. THE MALE ASKED THE DEPUTY "TO SHOOT HIM BECAUSE HE WOULD RATHER BE DEAD." THE SUBJECT BEGAN WALKING AWAY FROM THE DEPUTY. DEPUTY ROMO HOLSTERED FIRE ARM AND WENT HANDS ON WITH THE SUBJECT WHO TURNED DURING DEPUTY ROMO'S APPROACH AND ATTEMPTED TO ASSAULT DEPUTY ROMO. DEPUTY TALKED SUBJECT WHO THEN ATTEMPTED TO GRAB THE DEPUTIES NECK. I ASSISTED THE SUBJECT OFF OF THE DEPUTY AND GAINED ARM CONTROL WHILE FF HAWK GAINED HEAD CONTROL. DEPUTY ROMO DEPLOYED TASER, SUBJECT BEGAN COMPLYING. SUBJECT HAND CUFFED AND TAKEN TO DEPUTIES CRUISER. TASER BATTERIES REMOVED. SUBJECT DENIES ANY FURTHER MEDICAL CARE. DEPUTY'S HANDS ASSESSED W/ NO OBVIOUS SIGNS OF TRAUMA. - BTZ

Name: BENJAMIN DYER	DOB:
Address: 2100 GREENVILLE RD BRISTOL OH	Phone #: [REDACTED]

BTZ
 Signature of person giving voluntary statement



Trumbull County Sheriff's Office

Voluntary Statement

Report #	Date	Time	Location
[REDACTED]	05/16/21	1400	7123 ^{1/2} Hyde Oakfield Rd, Bristol, Oh.

I, Robert Hawk hereby make the following voluntary statement to Deputy Rom 86 of the Trumbull County Sheriff's Office.

Bristol FD dispatched for possible domestic. Crew responded and were told this would be a search for a possibly violent suspect. Crew noted while performing search that person was running behind property after running out of the woods. Crew and SO ran after person and they stated "they wanted to die" and told the deputy to shoot them. Suspect changed footing to an aggressive stance and the deputy pulled out his taser. Suspect turned around and attempted to flee. Crew and deputy tackled the suspect and detained him. Deputy placed suspect in handcuffs and the suspect was moved to deputy's vehicle.

ZIT

Name: <u>Robert Hawk</u>	DOB: <u>08/24/1999</u>
Address: <u>2100 Greenville Rd Bristol OH</u>	Phone #: [REDACTED]

[Signature]

Signature of person giving voluntary statement



