



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



2022-2888
Officer Involved Critical Incident – 1010 Wapakoneta Ave., Sidney,
OH 45365 (L)

Investigative Activity: Records Received, Review of Records
Involves: Todd I Jordan (S)
Date of Activity: 12/22/2022
Activity Location: Ohio Bureau of Criminal Investigation – 1560 SR-56 SW, London,
OH 43140, Madison County
Author: SA Steven Seitzman

Narrative:

On December 21, 2022, the Ohio Bureau of Criminal Investigation (BCI) was requested to investigate the facts and circumstances surrounding an officer-involved critical incident (OICI) that occurred at Sidney Foodtown, located at 1010 Wapakoneta Avenue, Sidney, Shelby County, Ohio. The OICI occurred when Sidney police officers encountered Todd I. Jordan (Jordan), who was armed with a gun inside Sidney Foodtown.

On December 22, 2022, BCI Special Agent Steven Seitzman spoke with Jackson Center Chief of Police Chuck Wirick (Chief Wirick) regarding police incident reports the Jackson Center Police Department may have involving Jordan. Chief Wirick located four incident reports from 2016-2022. Chief Wirick emailed the incident reports to SA Seitzman.

SA Seitzman reviewed the reports and noted the following:

- Incident Report 16-25124 involved a civil dispute between Jordan and his former employer. The former employer requested a company-issued welding helmet that was in Jordan's possession.
- Incident Report 17-4569 involved a domestic dispute between Annette Wooddell (Annette) and Jordan after Annette contacted the Jackson Center Police Department to report that Jordan was drunk and verbally abusive. Annette also reported that Jordan inadvertently backed his vehicle into hers as he left the property. A private property accident report was attached to the incident report.
- Incident Report 18-10517 involved an assistance request from the Botkins Police Department. No additional information was included in the report.
- Incident Report 2221045 was taken for corrupting another with drugs. Jordan contacted the Jackson Center Police Department to report that Annette put "oxy" in his beer sometime approximately ten years ago.

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.

The police incident reports are attached below.

Attachments:

Attachment # 01: PDF - 16-025124

Attachment # 02: PDF - 17-004569

Attachment # 03: PDF - 18-010517

Attachment # 04: PDF - 2221045

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Exhibit 1

JACKSON CENTER PD

CFS: 16-025124

LOCATION: 105 JERRY DR JACKSON CENTER, OH 45334

SIGNAL CODE: 9

CALL DATE/TIME: 12/05/2016 15:29

PEOPLE

	NAME	ALIAS	DOB	AGE	SEX	RACE	HGT	WGT	HAIR	EYES	BUILD	COMP	MARKS/SCARS
	SSN	OLN	STATE	TYPE			CLOTHNG			EMPLOYER/SCHOOL			PARENT/LOCAL REFERENCE
	ADDRESS						POB			PHONE	PERSON TYPE		
1.	JORDAN, TODD I		08/27/1969	47	M		510	155	BRO	HAZ			
	Redacted	Redacted	OH										
	300 CLAY ST LOT 33 JACKSON CENTER, OH 45334												
2.													
	Redacted	Redacted											
3.													
	Redacted	Redacted											
4.													
	Redacted	Redacted											

VEHICLE

	YEAR	MAKE	MODEL	STYLE	COLOR	PLATE	STATE	VIN
1.								
2.								

ACTIVITY

On this date, I spoke with Todd Jordan by telephone. He advised me that a couple weeks ago he had left his job at Lippert Components on Jerry Drive. He stated that he has been in contact with the staff there to get his property back. He stated that he had all the property back except for one welding helmet. He that the helmet was given to his by another associate at Lipperts and that he had the text messages to prove that.

I advised Mr. Jordan that I was not able to get in the middle of the civil issue that he was dealing with. I further advised him that if he wanted to go to Lipperts to talk with the management staff and would like for me to escort him there, I would be able to do that, but I could not force anyone to give him property. He was advised that if he wanted the property back and he had message to prove that it was his, he would have to file a civil claim against them.

Mr. Jordan stated that he would make contact with them by telephone and would call me back if he needed me to escort him out there.

Exhibit 2

JACKSON CENTER PD

CFS: 17-004569

LOCATION: 300 CLAY ST JACKSON CENTER, OH 45334

SIGNAL CODE: 20

CALL DATE/TIME: 03/12/2017 15:16

Page 1 of 2

PEOPLE

NAME	ALIAS	DOB	AGE	SEX	RACE	HGT	WGT	HAIR	EYES	BUILD	COMP	MARKS/SCARS
SSN	OLN	STATE	TYPE	CLOTHNG			EMPLOYER/SCHOOL			PARENT/LOCAL REFERENCE		
ADDRESS						POB			PHONE	PERSON TYPE		
1. WOODDELL, ANNETTE I		02/27/1972	45	F		504	185	BLN	BLU			
Redacted	Redacted	OH										
300 CLAY ST LOT 33 JACKSON CENTER, OH 45334												
2. JORDAN, TODD I		08/27/1969	47	M		510	155	BRO	HAZ			
Redacted	Redacted	OH										
300 CLAY ST LOT 33 JACKSON CENTER, OH 45334												
3.												
Redacted	Redacted											
4.												
Redacted	Redacted											

VEHICLE

YEAR	MAKE	MODEL	STYLE	COLOR	PLATE	STATE	VIN
1. 1994	Dodge	Truck			GZE4839	OH	1B7HF16Y8RS518413
2. 1997	Geo				GTC9930	OH	2CNBJ1860V6911346

ACTIVITY

While on scene with Lt. Wirick on a code 16, I was dispatched to 300 Clay Street Lot 33 on a report of a domestic dispute. I arrived and spoke with the reportee Annette Wooddell of the village and she advised me that her and her live in boyfriend Todd Jordan had been arguing the past several days mainly over his drinking problem. She stated he had began drinking that morning and had gotten intoxicated and verbally abusive towards her. She advised that he wanted to leave and take one of their new puppies with him and she would not let him. As he was leaving the residence he backed into her Geo Tracker and left a dent on the front bumper. Pictures were taken at the scene.

She advised that she did not want to pursue a protection order or get him in trouble in any way, she just did not want him out driving anywhere as he was heavily intoxicated. I asked where he might have gone and she stated she thought he might either be at the Botkins Motel or Sidney Motel, but she was not sure. She tried TEXTING him and he had not responded at the time. I advised Shelby County Dispatch of the make and model of Mr. Todd's vehicle and asked them to let their deputies know the situation.

Officer Mahan assisted me on the call and helped gather insurance information as well as giving her options on counselor she could talk to who help family members and spouses deal with alcoholics. She advised she had

REPORTING OFFICER

Officer Richard March

BADGE NUMBER

8

JACKSON CENTER PD

CFS: 17-004569

LOCATION: 300 CLAY ST JACKSON CENTER, OH 45334

SIGNAL CODE: 20

CALL DATE/TIME: 03/12/2017 15:16

Page 2 of 2

been to such counselor before.

I obtained a written statement from Ms. Wooddell and she was advised that if Mr. Todd returned home tonight she was to call us.

Non-Criminal Report

JACKSON CENTER PD

CFS: 17-004569

Date of Call: 03/12/2017

Time of Call: 15:16

Report Date/Time: 03/12/2017

Location: 300 CLAY ST JACKSON CENTER, OH 45334

Township: JACKSON

Page 1 of 1

Signal/Code: 20

TOD: 15:18

TOA: 15:22

TOC: 16:12

Call Summary:

Received a request from Unit 8, Officer March to respond to the trailer court, 300 Clay St., lot 33 to assist him reference a domestic dispute.

Upon arrival I assist Officer March.

The complainant, Annette Wooddell, DOB: 02/27/1972 advised that her live in boy friend, Todd I. Jordan had been drinking. She advised that he has a drinking problem and that he had been drinking today. Apparently they got into an argument over his drinking and he decided he was going to leave. He wanted to take his puppy and she advised no. He then shut off the electric and left in his 94 Dodge pick up truck, lic # GZE4839. He is also under suspension.

His name is Todd I. Jordan, 300 Clay St., Lot 33, Jackson Center, DOB 08/27/1969, 5ft10in, 155 lbs., Brown hair, hazel eyes, wears glasses and has a suspended license.

In the course of Todd leaving he backed his pickup truck into Ms. Wooddell's 1997 GEO Tracker, Lic #GTC9930. Apparently the trailer hitch hit the front bumper and cased a dent and the plastic bumper to crack.

Ms. Wooddell stated there wasn't any threat of harm and that she did not want to file charges. She just wanted him found due to his intoxicated state so that he wasn't driving and endangering others.

Officer March took a written statement from Ms. Wooddell.

Ms. Wooddell's son, Dylan, age 15 was also in the trailer at the time of the argument and verified his mothers story as to what happened.

Ms. Wooddell has insurance with Lotz Ins, P.O.Box 300 Jackson Center.

Reporting Officer: Officer Joseph Mahan

Badge No: 13

LOCAL REPORT NO. 17-004569

JACKSON CENTER PD PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
17-004569

REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEHICLES INVOLVED 2		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED		
IN COUNTY OF SHELBY	DATE 03/12/2017	DAY SUN	TIME MILITARY 15:16	DATE REPORTED 03/13/2017	DAY REPORTED Mon	TIME REPORTED 20:10

ACCIDENT OCCURRED
300 CLAY ST UNIT 33

<input checked="" type="checkbox"/> LIGHT	<input checked="" type="checkbox"/> WEATHER	<input checked="" type="checkbox"/> ROAD CONDITIONS	DRIVER/WITNESS STATEMENT(S)
1 DAY LIGHT 4 DARK NO LIGHTS 2 DAWN 5 DARK-LIGHTED 3 DUSK 6 OTHER	1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER	1 DRY 4 ICE 2 WET 5 DIRT/SAND 3 SNOW 6 OTHER	<input type="checkbox"/> VERBAL <input checked="" type="checkbox"/> WRITTEN

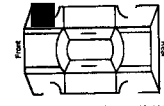
A	UNIT NO. 01	NO OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER (937) 596-6651
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) WOODDELL, ANNETTE, I	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 300 CLAY ST LOT 33 JACKSON CENTER OH, 45334
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PHONE NO. ()	BIRTH DATE 02/27/1972	AGE 45	SEX F	DRIVERS LICENSE NUMBER <i>redacted per ORC 4501:1-12</i>	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS SAME	PHONE NUMBER redacted
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VEH YR 1997	MAKE Geo	MODEL Tracker	COLOR BLACK	STYLE	STATE OH	LICENSE PLATE NO. GTC9930	TOWING SERVICE	VEH/PED DIR FROM To
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CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
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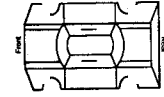
B	UNIT NO. 02	NO OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input checked="" type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ()
---	-------------	--------------------	------------------------------------	---------------------------------	-------------------------------------	---	--------------------------------------	---------------	------------------

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) JORDAN, TODD, I	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 300 CLAY ST LOT 33 JACKSON CENTER OH, 45334
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PHONE NO. ()	BIRTH DATE 08/27/1969	AGE 47	SEX M	DRIVERS LICENSE NUMBER <i>redacted per ORC 4501:1-12</i>	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS SAME	PHONE NUMBER
---	-----------------	--------------

VEH YR 1994	MAKE Dodge	MODEL Truck	COLOR	STYLE	STATE OH	LICENSE PLATE NO. GZE4839	TOWING SERVICE	VEH/PED DIR FROM To
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CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

See attached

RECEIVED CALL	CLEARED	OFFICER'S NAME Officer Richard March	BADGE NO. 8	CHECKED BY J2
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Exhibit 3

JACKSON CENTER PD

CFS: 18-010517

LOCATION: 505 STATE ST, BOTKINS OH

SIGNAL CODE: 9

CALL DATE/TIME: 06/10/2018 01:46

PEOPLE

	NAME	ALIAS	DOB	AGE	SEX	RACE	HGT	WGT	HAIR	EYES	BUILD	COMP	MARKS/SCARS
	SSN	OLN	STATE	TYPE	CLOTHNG			EMPLOYER/SCHOOL			PARENT/LOCAL REFERENCE		
	ADDRESS						POB			PHONE	PERSON TYPE		
1.	JORDAN, TODD I		08/27/1969	48	M		510	155	GRY	HAZ			
	Redacted	Redacted	OH										
	300 CLAY ST LOT 33 JACKSON CENTER, OH 45334												
2.													
	Redacted	Redacted											
3.													
	Redacted	Redacted											
4.													
	Redacted	Redacted											

VEHICLE

	YEAR	MAKE	MODEL	STYLE	COLOR	PLATE	STATE	VIN
1.								
2.								

ACTIVITY

Assisted Botkins Police Department with a call at the above location.

Exhibit 4

NARRATIVE SUPPLEMENT

VICTIM JORDAN, TODD, I		INCIDENT NUMBER	INCIDENT DATE AND TIME 12/18/2015 08:00
OFFENSE CORRUPTING ANOTHER W/ DRUGS W/			

On 10/31/2022, I received a call from a Todd Jordan stating he was drugged 10 years ago on Clay Street. I asked him how does he know. Todd said "they told me so." I asked him who "they" are but he did not say. Todd alleges that Annette put Oxy in his beer and about killed him. I asked Todd why he is just now calling. He said well "they" just told me. Todd said he called Sidney PD but they transferred him to the Sheriffs Office. He says they then transferred me out to you. I explained to Todd that if the incident happened in Jackson Center, that is why it was transferred to us. Todd was unable provide a address where the incident happened. He alleges he has 20 minutes audio of her saying she did put stuff in his drink. I told Todd I would do a report on it and if I needed anything further I would reach out to him. Todd was unable to provide any details about this incident or remember this happening.

I spoke to Chief Wirick regarding the incident and he looked to see if there was any past incidents with that name. There was a prior domestic incident where Todd had been heavily intoxicated and backed his car into Annette's car.

Nothing further at this time.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER Officer Zach Stillings	BADGE NO. 4	DATE 10/31/2022			
APPROVING OFFICER	BADGE NO.	DATE			

NARRATIVE SUPPLEMENT

VICTIM JORDAN, TODD, I		INCIDENT NUMBER	INCIDENT DATE AND TIME 12/18/2015 08:00
OFFENSE CORRUPTING ANOTHER W/ DRUGS W/			

On this date, I was transferred a call from the Shelby County Dispatch Center. Upon speaking with the male, I asked him how I could help him and he stated that he had been drugged some time ago by Annette Woodell. I asked him to go into detail and he stated that he was not able to. He stated that he was only recently told about this and that he had spoken with Officer Shappie at the Sidney Police Department and that Officer Shappie got her to confess to it. I asked the male if Officer Shappie had taken the report and had a confession, why was he reporting it to me and he stated that he was told to do so by Officer Shappie since it happened in Jackson Center and he had no jurisdiction.

I asked the male to stop speaking so that I could ask some questions and he did. I first started out with asking what the males name was and he identified himself as Todd Jordan. Upon asking Mr. Jordan where he resided, he stated that he lived on Brooklyn Ave in Sidney, Ohio and had lived there for four years. I asked Mr. Jordan if ever sought medical attention for this and he stated that he had not and that he had not known about this until within the last couple weeks. Mr. Jordan stated that he was not aware of any of this until he was told a couple weeks ago. He stated that he has audio recordings that are over twenty minutes long that explain everything.

I advised Mr. Jordan that I needed to talk with Officer Shappie. I advised him that I would like to get a number that I can call him back at. Mr. Jordan provided me with a number. He was advised that I would call and try to speak with Officer Shappie and that I would be in contact with him after I knew more.

I contacted the Sidney Police Department and spoke with Officer Shappie. He was advised that Mr. Jordan had called our office and filed a complaint. He was advised that Mr. Jordan had told me that he spoke with him and a report was taken. I asked Officer Shappie what was found when he investigated and he stated that the female in question did admit to placing pills in his drink and that he also talked with a witness that recorded her saying as such. He stated that he had advised Mr. Jordan that since this happened in Jackson Center, he would have to contact the Sheriffs Office or our office to handle the case.

I asked Officer Shappie if he would be able to forward his case file to me and he stated that I would need to contact the records division for that as everything need to go through them. Officer Shappie advised me to make sure that I asked for the body camera footage and any other audio recordings that are attached to the case as well. Contact was made with the Sidney Police Records Division. I requested a copy of Officer Shappie's report and also the body camera footage and also any other audio recordings that may be attached to the case files. The female that I spoke with stated that she would email it up to me and that the audio recordings may take a little longer.

At approximately 1409 hours, I received an email from Angie Kitzmiller of the Sidney Police Department. The email stated that the video and audio files that I requested have been put onto a disk and that they were available for pick up in the business office at the Police Department. I contacted Officer Honeycutt and requested that he stop at the Police Department on his way in for shift to pick those up for me. I received the disk from Officer Honeycutt at approximately 1520 hours on this date.

Contact was made with Mr. Jordan at approximately 1445 hours. I advised Mr. Jordan that I had called and spoke briefly with Officer Shappie. I advised him that I requested the case report and also all the video and audio files that they have. He stated that he also has the audio files if I do not receive them. I advised Mr. Jordan that I do not know when I will receive the information and that once I do, I will go over everything and that I would then make contact back with him. He thanked me for my time.

This case will be ongoing at this time.

REASON CLEARED	A <input type="checkbox"/> DEATH OF OFFENDER	D <input type="checkbox"/> VICTIM REFUSED TO COOP.	G <input type="checkbox"/> ARREST - JUVENILE	J <input type="checkbox"/> CLOSED	DATE CLEARED
	B <input type="checkbox"/> PROSECUTION DECLINED	E <input type="checkbox"/> JUVENILE/NO CUSTODY	H <input type="checkbox"/> WARRANT ISSUED	K <input type="checkbox"/> UNFOUNDED	
	C <input type="checkbox"/> EXTRADITION DENIED	F <input type="checkbox"/> ARREST - ADULT	I <input type="checkbox"/> INVEST. PENDING	U <input type="checkbox"/> UNKNOWN	
REPORTING OFFICER	Chief Charles Wirick			BADGE NO. J1	DATE 11/02/2022
APPROVING OFFICER				BADGE NO.	DATE

ADMINISTRATIVE	AGENCY NAME JACKSON CENTER PD				*INCIDENT NUMBER			
	CALL NUMBER 2221045		*GEOCODE		*CLEARANCES			
	TOD 13:28		<input type="checkbox"/> INCIDENT <input checked="" type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT		A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest - Juvenile	
	TOA 13:28				B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued	
TOC 13:29		C <input type="checkbox"/> In Custody of Other Jurisd.			I <input type="checkbox"/> Invest. Pending			
				D <input type="checkbox"/> Victim Refused to Coop.		J <input type="checkbox"/> Closed		
				E <input type="checkbox"/> Juvenile/No Custody		K <input type="checkbox"/> Unfounded		
				F <input type="checkbox"/> Arrest - Adult		U <input type="checkbox"/> Unknown		
OHIO UNIFORM INCIDENT REPORT				*CLEARANCE DATE:		CLEARED BY:		

MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
10	31	2022	13:28	12	18	2015	08:00	07	15	2018	23:00

INCIDENT LOCATION (Street, Apt., City, State, Zip)
300 CLAY ST JACKSON CENTER, OH 45334

*OFFENSE	*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY
1. CORRUPTING ANOTHER W/ DRUGS_W	1. 2925.02A2	C	F-2	N		1. U 2. 3. (Enter up to three for each offense)
2.	2.					1. 2. 3.
3.	3.					1. 2. 3.
4.	4.					1. 2. 3.
5.	5.					1. 2. 3.

*LOCATION OF OFFENSE (Enter up to two)

1. 01 2. 12 Jail/Prison	59 Daycare Facility	40 Other Retail Store	OTHER	*SUSPECTED OF USING
13 Parking Garage	41 Factory/Mill/Plant	42 Other Building	53 Abandoned/	
14 Other Public Access Buildings	RETAIL	43 Yard	55 Arena/Stadium/	A <input type="checkbox"/> ALCOHOL
RESIDENTIAL STRUCTURE	26 Bar	44 Construction Site	58 Cargo Container	D <input type="checkbox"/> DRUGS
01 Single Family Home	27 Buy/Sell/Trade Shop	45 Lake/Waterway	60 Dock/Wharf/Freight/	C <input type="checkbox"/> COMPUTER EQUIPMENT
02 Multiple Dwelling	28 Restaurant	46 Field/Woods	61 Farm Facility	N <input checked="" type="checkbox"/> NOT APPLICABLE
03 Residential Facility	29 Gas Station	47 Street	62 Gambling Facility/	
04 Other Residential	30 Auto Sales Lot	48 Parking Lot	63 Casino/Race Track	
05 Garage/Shed	31 Jewelry Store	49 Park/Playground	65 Military Installation	
PUBLIC ACCESS BLDGS.	32 Clothing Store	50 Cemetery	66 Tribal Lands	
06 Transit Facility	33 Drugstore	51 Public Transit Vehicle	67 Other	
07 Government Office	34 Liquor Store	52 Other Outside Location		
08 School	35 Shopping Mall	53 Camp/Campground		
09 College	36 Sporting Goods	54 Rest Area		
67 Library	37 Grocery/Supermarket			
10 Church	38 Variety/Convenience			
11 Hospital	39 Department Store			
	56 ATM Machine Separate from Bank			

*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B&E			
1 <input type="checkbox"/> FORCE	01 <input type="checkbox"/> Motor Running/Keys in Car	ENTRY		ENTRY	ENTRY
2 <input type="checkbox"/> NO FORCE	02 <input type="checkbox"/> Unlocked	EXIT		EXIT	EXIT
*NO. PREMISES ENTERED	03 <input type="checkbox"/> Duplicate Key Used	1 <input type="checkbox"/> BASEMENT	2 <input type="checkbox"/> WINDOW	1 <input type="checkbox"/> DOOR	1 <input type="checkbox"/> FRONT
	04 <input type="checkbox"/> Window Broken	2 <input type="checkbox"/> 1 ST FLOOR	3 <input type="checkbox"/> GARAGE	2 <input type="checkbox"/> WINDOW	2 <input type="checkbox"/> SIDE
	05 <input type="checkbox"/> Towed	3 <input type="checkbox"/> 2 ND FLOOR	4 <input type="checkbox"/> SKYLIGHT	3 <input type="checkbox"/> GARAGE	3 <input type="checkbox"/> REAR
		4 <input type="checkbox"/> OTHER	5 <input type="checkbox"/> OTHER	4 <input type="checkbox"/> SKYLIGHT	4 <input type="checkbox"/> ROOF
				5 <input type="checkbox"/> OTHER	5 <input type="checkbox"/> OTHER

METHODS OF OPERATION *CARGO THEFT
Y N

*NO. 1	*TOTAL VICTIMS 1	*VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER
NAME (Last, First, Middle) JORDAN, TODD, I							
ADDRESS (Street, Apt., City, State, Zip) 744 BROOKLYN AVE LOT 16 SIDNEY, OH 45365						PHONE redacted per ORC	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE	
*AGE/ D.O.B. 46	08/27/1969	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY N	HGT 510	WGT 155	HAIR HAZ
OCCUPATION				SSN	*RESIDENT STATUS 1 <input checked="" type="checkbox"/>	*RESIDENT STATUS 3 <input type="checkbox"/>	*MILITARY 5 <input type="checkbox"/>
*VICTIM INJURED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				IF INJURED, DESCRIBE INJURIES: None			
*AGG. ASSAULT/ HOMICIDE CIRC.		*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK	
				0. 1. UU 2. 3. AQ 4. 5.		2925.02A2	
My signature verifies that the information on this report is accurate and true							
DATE _____							

REPORTING OFFICER Officer Zach Stillings	BADGE NO. 4	DATE 10/31/2022
APPROVING OFFICER Chief Charles Wirick	BADGE NO. J1	DATE
FOLLOW-UP? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, follow-up Assignment:	
ADDITIONAL SUPPLEMENTS	<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> PROPERTY <input type="checkbox"/> NARRATIVE
<input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER	FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS
SPECIAL COPIES		

INCIDENT NUMBER

INCIDENT REPORT – PART 2

INCIDENT NUMBER

VICTIM: JORDAN, TODD, I OFFENSE: CORRUPTING ANOTHER W/ DRUGS W/ INCIDENT DATE AND TIME: 12/18/2015 08:00

REPORTER

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

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

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

STATEMENTS OBTAINED Y N TYPE: WRITTEN ORAL TAPED OTHER

VEHICLE

CHECK CATEGORIES: STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTHORIZED USE ABANDONED

NO. _____ DAMAGE TO VEHICLE LIC _____ LIS _____ LIY _____ LIT _____ VIN/OAN _____ *VALUE \$0.00

THEFT FROM VEHICLE

VYR _____ VMA _____ VMO _____ VST _____ VCO TOP _____ VEHICLE LOCKED Y N KEYS IN VEHICLE Y N HOLD VEHICLE Y N RELEASE Y N

VEHICLE ASSOC. W/ SUSPECT NO. _____ VEHICLE ASSOC. W/ VICTIM NO. _____ VEHICLE TOWED? Y N TOWED BY _____ OWNERSHIP VERIFIED BY: TAG RECEIPT BILL OF SALE OTHER

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

AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) _____ PHONE _____

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED _____ DATE REC. _____ STOLEN IN YOUR JURISDICTION Y N WHERE RECOVERED? _____

PROPERTY

*TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. SEIZED 6 SEIZED 7 RECOVERED U UNKNOWN P PHOTO EVIDENCE TOTAL VALUE \$0.00

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
				\$0.00
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
				\$0.00
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
*LOSS CODE 3	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
				\$0.00
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER
*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE
				\$0.00
VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
		SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER

- PROPERTY CODES:**
- | | | | | | |
|-------------------------------|----------------------------|---|---------------------------------|-------------------------|-----------------------------|
| EXCHANGE MEDIUMS | 10 Other Valuables | 22 Photographic Equipment | 72 Musical Instruments | VEHICLES | STRUCTURES |
| 01 Money | PERSONAL EFFECTS | 23 Farm Equipment | 73 Portable Electronic Equip. | 35 Aircraft | 46 Single Occupancy |
| 02 Credit/Debit Card | 11 Clothing/Furs | 24 Heavy Construction/Industrial | 74 Watercraft Equip./Parts/Acc. | 36 Automobiles | 47 Other Dwellings |
| 03 Negotiable Instruments | 12 Purses/Handbags/Wallets | 25 Building Supplies-Const. | 29 Other Equipment | 37 Bicycles | 48 Commercial/Business |
| 04 Other Exchange Mediums | 13 Other Personal Effects | 26 Tools | CONSUMABLE ITEMS | 38 Buses | 49 Industrial/Manufacturing |
| DOCUMENTS | HOUSEHOLD ITEMS | 27 Vehicle Parts/Accessories | 30 Alcohol | 39 Trucks | 50 Public/Community |
| 05 Non-Negotiable Instruments | EQUIPMENT | 57 Aircraft Parts/Accessories | 31 Drugs/Narcotics | 40 Trailers | 51 Storage |
| 06 Personal (Identity) Papers | 15 Drug/Narcotic Equip. | 28 School Supplies | 32 Consumable Goods | 41 Watercraft | 52 Other Structure |
| 07 Other Documents | 16 Gambling Equipment | 58 Artistic Supplies/Accessories | 60 Chemicals | 42 Recreational Vehicle | OTHER |
| VALUABLES | 17 Computer Hardware/Soft. | 59 Camping/Hunting/Fishing Equipment/Supplies | 61 Crops | 43 Other Motor Vehicle | 53 Merchandise |
| 08 Jewelry/Precious Metals | 18 Office Equipment | 67 Law Enforcement Equip. | 63 Explosives | WEAPONS | 54 Other Property |
| 09 Art Objects, Antiques | 19 Stereo TV Equip. | 68 Lawn/Yard/Garden Equip. | 65 Fuel | 44 Firearms | 55 Pending Inventory |
| | 20 Recordings-Audio Visual | 69 Logging Equipment | ANIMALS | 45 Other Weapons | 56 Identity-Intangible |
| | 21 Sports Equipment | 70 Medical/Medical Lab Equip. | 33 Livestock | 64 Firearm Accessories | 57 Metals, Non-Precious |
| | | | 34 Household Pets | | |

NARRATIVE

Male called to report that he was possibly drugged.

SUSPECT/ARREST SUPPLEMENT

ARRESTING AGENCY JACKSON CENTER PD

INCIDENT NUMBER

VICTIM
JORDAN, TODD I

OFFENSE
CORRUPTING ANOTHER W/ DRUGS W/

INCIDENT DATE AND TIME 12/18/2015 8:00

NAME/DESCRIPTIVES

NO.	ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	CHECK APPROPRIATE CATEGORY			SUSPECT <input checked="" type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER _____			CHARGES FILED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N																									
NAME (Last, First, Middle) WOODDELL, ANNETTE IRENE							SSN [REDACTED]																										
ALIASES							GANG AFFILIATION																										
ADDRESS (Street, Apt., City, State, Zip) 2805 WAPAKONETA AVE LOT 48 SIDNEY, OH 45365							PHONE																										
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)							PHONE																										
PLACE OF BIRTH				DL#/STATE		OCCUPATION/SCHOOL																											
*AGE/ D.O.B. 43 02/27/1972		*SEX F	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U		ETHNICITY N	*HEIGHT 504	*WEIGHT 170	*HAIR BLN	*EYES BLU																								
MARITAL STATUS		SCARS, MARKS, TATOOS																															
ADDITIONAL DESCRIPTIVES																																	
SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		POTENTIAL INJURIES?																															
*RESIDENT STATUS 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER (explain) _____ U <input type="checkbox"/> UNKNOWN																																	
*ARRESTEE WAS ARMED WITH																																	
ARRESTEE ARMED WITH 1. _____ 2. _____ 3. _____																																	
<table style="width:100%; font-size: small;"> <tr> <td>99 NONE</td> <td>13B OTHER FULLY AUTOMATIC FIREARM</td> <td>16 IMITATION FIREARM</td> <td>50 POISON</td> </tr> <tr> <td>11 FIREARM</td> <td>14 SHOTGUN</td> <td>17 SIMULATED FIREARM</td> <td>60 EXPLOSIVES</td> </tr> <tr> <td>12 HANDGUN</td> <td>15 OTHER FIREARM</td> <td>18 BB/PELLET GUN</td> <td>65 FIRE/INCENDIARY DEVICE</td> </tr> <tr> <td>12A AUTOMATIC HANDGUN</td> <td>15A SEMI-AUTOMATIC SPORTING RIFLE</td> <td>20 KNIFE/CUTTING INSTRUMENT</td> <td>70 DRUGS/NARC/SLEEPING PILLS</td> </tr> <tr> <td>13 RIFLE</td> <td>15B SEMI-AUTOMATIC ASSAULT FIREARM</td> <td>30 BLUNT OBJECT</td> <td>80 OTHER WEAPON</td> </tr> <tr> <td>13A FULLY AUTOMATIC RIFLE</td> <td>15C MACHINE PISTOL</td> <td></td> <td></td> </tr> </table>										99 NONE	13B OTHER FULLY AUTOMATIC FIREARM	16 IMITATION FIREARM	50 POISON	11 FIREARM	14 SHOTGUN	17 SIMULATED FIREARM	60 EXPLOSIVES	12 HANDGUN	15 OTHER FIREARM	18 BB/PELLET GUN	65 FIRE/INCENDIARY DEVICE	12A AUTOMATIC HANDGUN	15A SEMI-AUTOMATIC SPORTING RIFLE	20 KNIFE/CUTTING INSTRUMENT	70 DRUGS/NARC/SLEEPING PILLS	13 RIFLE	15B SEMI-AUTOMATIC ASSAULT FIREARM	30 BLUNT OBJECT	80 OTHER WEAPON	13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL		
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13A FULLY AUTOMATIC RIFLE	15C MACHINE PISTOL																																

ASSOC. PERSONS

NAME	ADDRESS (Street, Apt., City, State, Zip)	PHONE
1.	1.	1.
2.	2.	2.

ARREST INFORMATION

ARREST/OFFENSE DESCRIPTION	*ARREST/OFFENSE CODE	F/M & DEGREE	WARRANT #	*ARREST LARCENY TYPE
1.	1.	1.	1.	23A POCKET PICKING
2.	2.	2.	2.	23B PURSE SNATCHING
3.	3.	3.	3.	23C SHOPLIFTING
4.	4.	4.	4.	23D THEFT FROM BUILDING
5.	5.	5.	5.	23E THEFT FROM COIN-OP MACH.
				23F THEFT FROM MOTOR VEHICLE
				23G MOTOR VEH. PARTS/ACCESS.
				240 THEFT OF MOTOR VEHICLE
				23H OTHER: _____

*ARREST DATE _____ TIME _____ ARREST LOCATION (Street, Apt., City, State, Zip) _____

*INCIDENT TRACKING NUMBER _____ ARREST DISPOSITION _____ BAIL \$0.00

MIRANDA WITNESSED BY: _____ TIME READ _____

FINGERPRINTED Y N FINGERPRINT CARD NO. _____ PHOTOS TAKEN Y N NO. TAKEN _____ PHOTO ID NO. _____ FBI/BCI# _____

*MULTIPLE ARRESTEE SEGMENTS INDICATOR COUNT ARRESTEE MULTIPLE ARRESTEE INDICATOR N/A *ARREST TYPE 1 COMPLAINT 2 IN-PROGRESS 3 WARRANT 4 SUMMONS 5 ORDER OF PROTECTION 9 OTHER

JUVENILE

JUV. PARENT/GDN. NOTIFIED Y N DATE/TIME NOTIFIED _____ NOTIFIED BY _____

*JUVENILE DISPOSITION HANDLED WITHIN THE DEPARTMENT REFERRED TO OTHER AUTHORITIES

PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)	RELATIONSHIP	PHONE
PARENT/GUARDIAN NAME AND ADDRESS (Street, Apt., City, State, Zip)	RELATIONSHIP	PHONE

RUNAWAYS /MISSING

PREVIOUS RUN/MISS. Y N DATE OF LAST CONTACT _____ DATE OF EMANCIPATION _____ NCIC # _____ DATE/TIME ENTERED _____

LAST SEEN WEARING _____

REPORTING OFFICER Officer Zach Stillings	BADGE NO. 4	DATE 10/31/2022
APPROVING OFFICER	BADGE NO.	DATE
COURT		DATE

VICTIM/WITNESS SUPPLEMENT

INCIDENT NUMBER

VICTIM JORDAN, TODD, I OFFENSE CORRUPTING ANOTHER W/ DRUGS W/ INCIDENT DATE AND TIME 12/18/2015 8:00

VICTIM	*NO.	*TOTAL VICTIMS	*VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER		
	NAME (Last, First, Middle)									
	ADDRESS (Street, Apt., City, State, Zip)							PHONE		
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)							PHONE		
	*AGE/ D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> W	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR	EYES
	OCCUPATION				SSN		*RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST	3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN
	*VICTIM INJURED?	<input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:							
	*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP			*VICTIM/OFFENSE LINK			
	TYPE OF ACT.		ASSIGN. TYPE	ORI - OTHER		0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____				

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

DATE _____

VICTIM	*NO.	*TOTAL VICTIMS	*VICTIM TYPE	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER		
	NAME (Last, First, Middle)									
	ADDRESS (Street, Apt., City, State, Zip)							PHONE		
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)							PHONE		
	*AGE/ D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> W	<input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY	HGT	WGT	HAIR	EYES
	OCCUPATION				SSN		*RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST	3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT	5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN
	*VICTIM INJURED?	<input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:							
	*AGG. ASSAULT/ HOMICIDE CIRC.	*LEOKA INFORMATION		*VICTIM/SUSPECT RELATIONSHIP			*VICTIM/OFFENSE LINK			
	TYPE OF ACT.		ASSIGN. TYPE	ORI - OTHER		0. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____				

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

DATE _____

WITNESS	NO.	NAME (Last, First, Middle)				AGE/ D.O.B.	SSN
	1	REDINBO, SHERRI, LYN				44 02/25/1971	
	ADDRESS (Street, Apt., City, State, Zip)						PHONE
	1201 HILLTOP APT. A SIDNEY, OH 45365						
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE

STATEMENTS OBTAINED Y N TYPE: WRITTEN ORAL TAPED OTHER

WITNESS	NO.	NAME (Last, First, Middle)				AGE/ D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)						PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER						

WITNESS	NO.	NAME (Last, First, Middle)				AGE/ D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)						PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER						

WITNESS	NO.	NAME (Last, First, Middle)				AGE/ D.O.B.	SSN
	ADDRESS (Street, Apt., City, State, Zip)						PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER						

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	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER						

REPORTING OFFICER	BADGE NO.		DATE
Chief Charles Wirick	J1		11/02/2022
APPROVING OFFICER	BADGE NO.		DATE