

ADMINISTRATIVE	AGENCY NAME MONROE PD				*INCIDENT NUMBER <b>22-003443</b>			
	CALL NUMBER 22-003443		*GEOCODE 48		*CLEARANCES			
	TOD 17:12	<input checked="" type="checkbox"/> INCIDENT <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT	A <input type="checkbox"/> Death of Suspect		G <input type="checkbox"/> Arrest - Juvenile			
	TOA 17:19		B <input type="checkbox"/> Prosecution Declined		H <input type="checkbox"/> Warrant Issued			
TOC 18:56	C <input type="checkbox"/> In Custody of Other Jurisd.		I <input type="checkbox"/> Invest. Pending					
<b>OHIO UNIFORM INCIDENT REPORT</b>				*CLEARANCE DATE: 02/09/2022		CLEARED BY: 862		
*REPORT DATE/TIME		*INCIDENT OCCURRED FROM		*INCIDENT OCCURRED TO				
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	
02	09	2022	17:10	02	09	2022	17:00	
INCIDENT LOCATION (Street, Apt., City, State, Zip) 120 BLUE GRASS MONROE, OH 45050								
*OFFENSE		*OFFENSE CODE	*A/C	F/M & DEGREE	*HATE/BIAS	*LARCENY	*TYPE CRIMINAL ACTIVITY	
1. MENTAL		1. 9845	C		N		(Enter up to three for each offense) 1. _____ 2. _____ 3. _____ B- BUYING/RECEIVING C- CULTIVATING/MFG./PUB. D- DISTRIBUTING/SELLING E- EXPLOITING CHILDREN O- OPER/PROPOTING/ASSIST. P- POSSESSING/CONCEALING T- TRANSP/TRANSMITTING U- USING/CONSUMING G- OTHER GANG ACTIVITY J- JUVENILE GANG ACTIVITY N- NO GANG ACTIVITY	
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		12 Jail/Prison	59 Daycare Facility	40 Other Retail Store	OTHER			
2. _____		13 Parking Garage		41 Factory/Mill/Plant	53 Abandoned/			
RESIDENTIAL STRUCTURE		14 Other Public Access Buildings	RETAIL	42 Other Building	Condemned Structure			
01 Single Family Home			26 Bar	OUTSIDE	55 Arena/Stadium/			
02 Multiple Dwelling		COMMERCIAL LOCATIONS	27 Buy/Sell/Trade Shop	43 Yard	Fairgrounds/Coliseum			
03 Residential Facility		15 Auto Shop	28 Restaurant	44 Construction Site	58 Cargo Container			
04 Other Residential		16 Financial Institution	29 Gas Station	45 Lake/Waterway	60 Dock/Wharf/Freight/			
05 Garage/Shed		17 Barber/Beauty Shop	30 Auto Sales Lot	46 Field/Woods	Modal Terminal			
PUBLIC ACCESS BLDGS.		18 Hotel/Motel	31 Jewelry Store	47 Street	61 Farm Facility			
06 Transit Facility		19 Dry Cleaners/Laundry	32 Clothing Store	48 Parking Lot	62 Gambling Facility/			
07 Government Office		20 Professional Office	33 Drugstore	49 Park/Playground	Casino/Race Track			
08 School		21 Doctor's Office	34 Liquor Store	50 Cemetery	63 Military Installation			
09 College		22 Other Business Office	35 Shopping Mall	51 Public Transit Vehicle	65 Shelter-Mission/			
067 Library		23 Recreation/Entertainment Center	36 Sporting Goods	52 Other Outside Location	Homeless			
10 Church		54 Amusement Park	37 Grocery/Supermarket	57 Camp/Campground	66 Tribal Lands			
11 Hospital		24 Rental Storage Facility	38 Variety/Convenience	64 Rest Area	77 Other			
		25 Other Commercial Service Loc.	39 Department Store					
		56 ATM Machine Separate from Bank						
				*SUSPECTED OF USING				
				A <input type="checkbox"/> ALCOHOL				
				D <input type="checkbox"/> DRUGS				
				C <input type="checkbox"/> COMPUTER EQUIPMENT				
				N <input checked="" type="checkbox"/> NOT APPLICABLE				
				*TYPE WEAPON/FORCE USED				
				1. 99 2. _____ 3. _____				
*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT		*METHOD OF ENTRY - BURGLARY/B&E				
1 <input type="checkbox"/> FORCE	2 <input type="checkbox"/> NO FORCE	01 <input type="checkbox"/> Motor Running/Keys in Car	06 <input type="checkbox"/> Hot Wire	ENTRY	EXIT	ENTRY	EXIT	
*NO. PREMISES ENTERED		02 <input type="checkbox"/> Unlocked	07 <input type="checkbox"/> Slim Jim/Coat Hanger	1 <input type="checkbox"/> BASEMENT	2 <input type="checkbox"/> WINDOW	1 <input type="checkbox"/> DOOR	2 <input type="checkbox"/> FRONT	
		03 <input type="checkbox"/> Duplicate Key Used	08 <input type="checkbox"/> Tumblers Removed	2 <input type="checkbox"/> 1 <sup>ST</sup> FLOOR	3 <input type="checkbox"/> GARAGE	3 <input type="checkbox"/> DOOR	3 <input type="checkbox"/> SIDE	
		04 <input type="checkbox"/> Window Broken	09 <input type="checkbox"/> Column Peeled	3 <input type="checkbox"/> 2 <sup>ND</sup> FLOOR	4 <input type="checkbox"/> SKYLIGHT	4 <input type="checkbox"/> REAR	4 <input type="checkbox"/> REAR	
		05 <input type="checkbox"/> Towed	10 <input type="checkbox"/> Ignition Peeled	4 <input type="checkbox"/> OTHER	5 <input type="checkbox"/> OTHER	5 <input type="checkbox"/> ROOF	5 <input type="checkbox"/> OTHER	
METHODS OF OPERATION							*CARGO THEFT Y <input type="checkbox"/> N <input type="checkbox"/>	
*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	
1	1							
NAME (Last, First, Middle) BOOTH, DUSTIN								
ADDRESS (Street, Apt., City, State, Zip) 120 BLUE GRASS LA MONROE 45050						PHONE redacted per ORC		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)						PHONE		
*AGE/ D.O.B.	35 03/04/1986	*SEX M	*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY N	HGT 600	WGT 225	HAIR BRO EYES BLU	
OCCUPATION		SSN	*RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 3 <input type="checkbox"/> MILITARY 5 <input type="checkbox"/> OTHER		STATUS 2 <input type="checkbox"/> TOURIST 4 <input type="checkbox"/> STUDENT U <input type="checkbox"/> UNKNOWN			
*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		
	TYPE OF ACT.	ASSIGN. TYPE	ORI - OTHER	0. VO 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	9845			
My signature verifies that the information on this report is accurate and true								
						DATE _____		
REPORTING OFFICER PO. T. Allen				BADGE NO. 862		DATE 02/10/2022		
APPROVING OFFICER Sgt. E. Myers				BADGE NO. 821		DATE 02/14/2022		
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"/> PROPERTY	<input type="checkbox"/> STATEMENTS	FORM RECEIVED BY:	<input type="checkbox"/> INTELLIGENCE	SPECIAL COPIES	
		<input type="checkbox"/> SUSPECT/ARRESTEE	<input type="checkbox"/> NARRATIVE	<input type="checkbox"/> OTHER	<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> RECORDS		

INCIDENT NUMBER 22-003443

# INCIDENT REPORT - PART 2

INCIDENT NUMBER 22-003443

VICTIM: BOOTH, DUSTIN OFFENSE: MENTAL INCIDENT DATE AND TIME: 02/09/2022 17:00

REPORTER	NO. 1	NAME (Last, First, Middle) BOOTH, BRANDI, RACHELE	AGE/D.O.B. 35 01/12/1987	SSN
	ADDRESS (Street, Apt., City, State, Zip) 120 BLUEGRASS MONROE, OH 45050			PHONE redacted per ORC
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE

STATEMENTS OBTAINED  Y  N TYPE:  WRITTEN  ORAL  TAPED  OTHER

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

NO.	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC	LIS	LIY	LIT	VIN/OAN	*VALUE \$0.00
	<input type="checkbox"/> THEFT FROM VEHICLE						

VYR	VMA	VMO	VST	VCO TOP BOTTOM	VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE <input type="checkbox"/> Y <input type="checkbox"/> N	TITLE <input type="checkbox"/> Y <input type="checkbox"/> N	CONTENTS <input type="checkbox"/> Y <input type="checkbox"/> N
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VEHICLE ASSOC. W/ SUSPECT NO.	VEHICLE ASSOC. W/ VICTIM NO.	VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY	OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> OTHER
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STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	<input type="checkbox"/> RESID. <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION
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AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) PHONE

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N	WHERE RECOVERED?
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\*TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE \$0.00

*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE \$0.00
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VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
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	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
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*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE \$0.00
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VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
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	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
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*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE \$0.00
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VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
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	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
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*LOSS CODE	QUANTITY	DESCRIPTION	*PROP CODE	*VALUE \$0.00
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VICT. NO.	VEH. NO.	MAKE/BRAND	MODEL	DATE RECOVERED
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	SERIAL NUMBER	NCIC NUMBER	OTHER NUMBER	
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|-----------------------------------|----------------------------|---|---------------------------------|-------------------------|-----------------------------|
| <b>PROPERTY CODES:</b>            | 10 Other Valuables         | 22 Photographic Equipment                     | 72 Musical Instruments          | VEHICLES                | STRUCTURES                  |
| EXCHANGE MEDIUMS                  | PERSONAL EFFECTS           | 23 Farm Equipment                             | 73 Portable Electronic Equip.   | 35 Aircraft             | 46 Single Occupancy         |
| 01 Money                          | 11 Clothing/Furs           | 24 Heavy Construction/Industrial              | 74 Watercraft Equip./Parts/Acc. | 36 Automobiles          | 47 Other Dwellings          |
| 02 Credit/Debit Card              | 12 Purses/Handbags/Wallets | 25 Building Supplies-Const.                   | 29 Other Equipment              | 37 Bicycles             | 48 Commercial/Business      |
| 03 Negotiable Instruments         | 13 Other Personal Effects  | 26 Tools                                      | CONSUMABLE ITEMS                | 38 Buses                | 49 Industrial/Manufacturing |
| 04 Other Exchange Mediums         | HOUSEHOLD ITEMS            | 27 Vehicle Parts/Accessories                  | 30 Alcohol                      | 39 Trucks               | 50 Public/Community         |
| DOCUMENTS                         | 14 Household Items         | 27 Aircraft Parts/Accessories                 | 31 Drugs/Narcotics              | 40 Trailers             | 51 Storage                  |
| 05 Non-Negotiable Instruments     | EQUIPMENT                  | 28 School Supplies                            | 32 Consumable Goods             | 41 Watercraft           | 52 Other Structure          |
| 06 Personal (Identity) Papers     | 15 Drug/Narcotic Equip.    | 58 Artistic Supplies/Accessories              | 60 Chemicals                    | 42 Recreational Vehicle | OTHER                       |
| 02 Documents/Personal or Business | 16 Gambling Equipment      | 59 Camping/Hunting/Fishing Equipment/Supplies | 61 Crops                        | 43 Other Motor Vehicle  | 53 Merchandise              |
| 07 Other Documents                | 17 Computer Hardware/Soft. | 67 Law Enforcement Equip.                     | 63 Explosives                   | WEAPONS                 | 54 Other Property           |
| VALUABLES                         | 18 Office Equipment        | 68 Lawn/Yard/Garden Equip.                    | 65 Fuel                         | 44 Firearms             | 55 Pending Inventory        |
| 08 Jewelry/Precious Metals        | 19 Stereo TV Equip.        | 69 Logging Equipment                          | ANIMALS                         | 45 Other Weapons        | 56 Identity-Intangible      |
| 09 Art Objects, Antiques          | 20 Recordings-Audio Visual | 70 Medical/Medical Lab Equip.                 | 33 Livestock                    | 64 Firearm Accessories  | 71 Metals, Non-Precious     |
|                                   | 21 Sports Equipment        |   | 34 Household Pets               |                         |                             |

**NARRATIVE**

On listed date and time, DUSTIN BOOTH was stated to be going manic by his wife BRANDI BOOTH and smashed a cell phone with a hammer in the front yard.

Upon arriving I spoke to Brandi who stated he had smashed the phone because he could. I then observed the phone off the sidewalk in the snow and it was clearly disabled. I then located Dustin and spoke to him and he stated he did have an amount of time that he was upset and now he felt great. I asked both Brandi and Dustin separately if either of them believes Dustin would cause harm to himself or others, and "no" were both of their answers. I observed signs while talking with Dustin that suggested he was going through a manic episode and that he was "coming down" off of it.

I then advised both parties and Troopers that I have no reason, by law, to remove him from the home for a hold. I did suggest to Dustin that he follow up with Kathy Becker and he stated that he would take my suggestion. I spoke to Kathy Becker and provided his Name, DOB, and Phone number, and she stated she would follow up with him. I advised Dustin to call Access Counseling tomorrow (2/10) and he stated he would.

P.O. T. ALLEN #862  
MONROE POLICE DEPARTMENT