



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



2024-0109  
Officer Involved Critical Incident – 9714 St Route 93, Pedro, OH  
45659

**Investigative Activity:** Records Received, Review of Records  
**Involves:** Skylar Corbin (S)  
**Date of Activity:** 01/22/2024  
**Author:** SA Chad Holcomb, #61

**Narrative:**

On Thursday, January 11, 2024, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Chad Holcomb (SA Holcomb) compiled background information on Skylar Corbin (Corbin), a subject involved in the incident on January 9, 2024. The information included researching past police reports involving the subject, searching criminal history records and court records (if applicable). The information gathered was obtained from the Lawrence County Sheriff's Office.

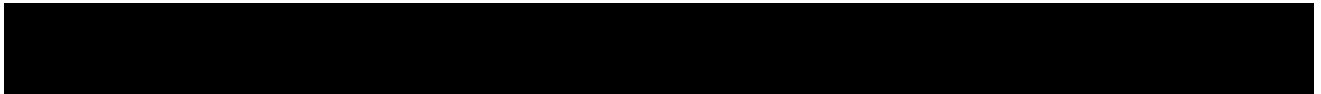
SA Holcomb reviewed the information and noted the following:

Prior Police Encounters:

- November 6, 2023: Motor Vehicle Theft & Theft
  - Skylar Corbin was arrested after he stole a motorcycle.
- September 29, 2023: Theft
  - [REDACTED] filed a report stating that Skylar Corbin and his girlfriend, [REDACTED] stole six rings.
- July 4, 2023: Domestic Violence
  - Deputies were called to a heated domestic between a mother [REDACTED] and her son [Skylar Corbin].
  - Corbin was arrested and charged with domestic violence.
- January 18, 2020: Rape
  - While in jail, Corbin was accused of raping and assaulting another male inmate.
- January 12, 2020: Rape & Assault
  - Corbin was accused or raping and assaulting a male inmate.
- January 7, 2020: Assault
  - Corbin assaulted a male inmate.
- December 18, 2016: Assault
  - Corbin filed a police report stating that he was the victim of an assault.
- December 4, 2016: Theft
  - Corbin filed a police report stating he was the victim of a theft.

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.

Computerized Criminal History (CCH) and/or Court Records:



The documents received relative to Corbin are attached to this report for further review, except for any prohibited LEADS/CCH reports which were disposed of according to applicable policies and procedures.

**Attachments:**

Attachment # 01: Reports from LCSO involving Skylar Corbin – Narrowed

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.



# Lawrence County

Incident Report for [REDACTED]

**COPY**

**Nature:** Domestic Violen  
**Location:** LOWER

**Address:** [REDACTED]  
Pedro OH 45659

|  |  |
|--|--|
| <b>Offense Codes:</b> 13C                        | <b>Statute Codes:</b> 2919.25C                                   |
| <b>Received By:</b> Silva, E                     | <b>How Received:</b> T   |
| <b>Responding Officers:</b> Mullins, C, Riley, A | <b>Agency:</b> LCSO  |
| <b>Responsible Officer:</b> Mullins, C           | <b>Disposition:</b> CLO 07/04/23                                 |
| <b>When Reported:</b> 19:09:13 07/04/23          | <b>Occurred Between:</b> 19:08:51 07/04/23 and 19:15:14 07/04/23 |

|                     |                              |                                |
|---------------------|------------------------------|--------------------------------|
| <b>Assigned To:</b> | <b>Detail:</b>               | <b>Date Assigned:</b> **/**/** |
| <b>Status:</b>      | <b>Status Date:</b> **/**/** | <b>Due Date:</b> **/**/**      |

|                          |                          |                              |
|--------------------------|--------------------------|------------------------------|
| <b>Complainant:</b> 2078 |                          |                              |
| <b>Last:</b> [REDACTED]  | <b>First:</b> [REDACTED] | <b>Mid:</b>                  |
| <b>DOB:</b> 07/27/72     | <b>Dr Lic:</b>           | <b>Address:</b> [REDACTED]   |
| <b>Race:</b> W           | <b>Sex:</b> F            | <b>City:</b> Pedro, OH 45659 |
|                          | <b>Phone:</b> [REDACTED] |                              |

### Offense Codes

|   |                  |
|---|------------------|
| <b>Reported:</b>                            | <b>Observed:</b> |
| <b>Additional Offense:</b> 13C Intimidation |                  |

### Statute Codes

**Additional Statute:** 2919.25C Domestic Violence \_ cause belief of imminent physical harm by threat or force

### Circumstances

|                             |               |
|-----------------------------|---------------|
| <b>Responding Officers:</b> | <b>Unit :</b> |
| Mullins, C                  | SO100         |
| Riley, A                    | SO27          |

**Narrative**

On 07/04/2023 at approximately 1909 hrs., I was dispatched to [REDACTED] Pedro, Oh., reference a heated domestic between a mother and her adult son. I arrived at the above mentioned location and the son, Skylar Corbin had left on foot prior to my arrival. I met with the caller, [REDACTED] who advised the following. Dep. Anthony Riley arrived a short time later to assist.

Ms. [REDACTED] advised that [REDACTED] had asked her to get food. Ms. [REDACTED] went to the room that her son, Skylar Corbin and Ms. [REDACTED] share at the residence. Mr. Corbin began arguing with Ms. [REDACTED] and she told him that she wasn't doing anything for him and to leave. Mr. Corbin became belligerent, cursing at and threatening Ms. [REDACTED]. Ms. [REDACTED] told Skylar to leave and he lunged at her. Ms. [REDACTED] then called 911. Ms. [REDACTED] advised that Skylar Corbin had stated that he would hit her and tear the door off of the hinges. Ms. [REDACTED] advised Mr. Corbin to leave or she would put him in jail. Ms. [REDACTED] gave me a written statement. I gave Ms. [REDACTED] an Ohio Crime Victim's Right Pamphlet and had her fill out Ohio Victim's Rights Request Form.

Dep. Riley and I checked the area close to the residence. Dep. Riley located Skylar Corbin at the Lawrence Furnace Church on State Route 93. I took Mr. Corbin into custody and transported him to the Lawrence County Jail, where he was lodged. Mr. Corbin was charged with domestic violence. I returned a copy of the Ohio Victim's Rights Request Form to Ms. [REDACTED]

Status of case is closed by arrest.

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**Responsible LEO:**

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**Approved by:**

-----  
**Date**



# Lawrence County

Incident Report for [REDACTED]



**COPY**

**Nature:** Larceny  
**Location:** LOWER

**Address:** [REDACTED]  
Pedro OH 45659

|  |  |
|--|--|
| <b>Offense Codes:</b> 23H                        | <b>Statute Codes:</b> 2913.02                                    |
| <b>Received By:</b> Silva, E                     | <b>How Received:</b> T   |
| <b>Responding Officers:</b> [REDACTED] Adkins, B | <b>Agency:</b> LCSO  |
| <b>Responsible Officer:</b> Adkins, B            | <b>Disposition:</b> ACT 09/29/23                                 |
| <b>When Reported:</b> 15:48:14 09/29/23          | <b>Occurred Between:</b> 15:47:48 09/29/23 and 15:51:37 09/29/23 |

|                     |                              |                                |
|---------------------|------------------------------|--------------------------------|
| <b>Assigned To:</b> | <b>Detail:</b>               | <b>Date Assigned:</b> **/**/** |
| <b>Status:</b>      | <b>Status Date:</b> **/**/** | <b>Due Date:</b> **/**/**      |

**Complainant:**

|                      |                |                 |
|----------------------|----------------|-----------------|
| <b>Last:</b>         | <b>First:</b>  | <b>Mid:</b>     |
| <b>DOB:</b> **/**/** | <b>Dr Lic:</b> | <b>Address:</b> |
| <b>Race:</b>         | <b>Sex:</b>    | <b>Phone:</b>   |
|                      |                | <b>City:</b> ,  |

**Offense Codes**

|  |                  |
|--|------------------|
| <b>Reported:</b>                                 | <b>Observed:</b> |
| <b>Additional Offense:</b> 23H All Other Larceny |                  |

**Statute Codes**

**Additional Statute:** 2913.02 Theft

**Circumstances**

**Responding Officers:**

[REDACTED]  
Adkins, B

**Unit :**

[REDACTED]

**Narrative**

On September 29th 2023, I was dispatched to [REDACTED] Pedro Ohio for a possible theft. Once I arrived I spoke with [REDACTED] [REDACTED] stated that her son, Skylar Corbin and Skylar's Girlfriend, [REDACTED] stole her rings and two cell phones. [REDACTED] stated when she got home from work today she entered her bedroom when she noticed one of her phones was missing. [REDACTED] stated that when she noticed the phone missing she began going threw her purse and that's when she noticed that her rings and another phone were missing. [REDACTED] stated that she had 2 wedding bands, 1 Diamond ring, 1 Silver engagement ring, and 2 birth stone rings. [REDACTED] stated that Skylar and [REDACTED] are the only two that have been in the house. [REDACTED] also stated that she is not worried about the phones and she only wants her rings back. [REDACTED] also stated that the reason she thinks that Skylar and [REDACTED] stole her rings and phones is because they are the only two that have access to her bedroom.

**Responsible LEO:**

**Approved by:**

**Date**



COPY



# Lawrence County

Incident Report for [REDACTED]

**Nature:** Stolen Vehicle  
**Location:** LOWER

**Address:** [REDACTED]  
Ironton OH 45638

**Offense Codes:** 240, 280, 90Z

**Statute Codes:** 2913.02, 2913.51, 2921.331B

**Received By:** Evans, R

**How Received:** T

**Agency:** LCSO

**Responding Officers:** Hanshaw, J, Cochran, B

**Responsible Officer:** Hanshaw, J

**Disposition:** CLO 11/06/23

**When Reported:** 20:38:26 11/06/23

**Occurred Between:** 20:36:26 11/06/23 and 20:40:49 11/06/23

**Assigned To:**

**Detail:**

**Date Assigned:** \*\*/\*\*/\*\*

**Status:**

**Status Date:** \*\*/\*\*/\*\*

**Due Date:** \*\*/\*\*/\*\*

### Complainant:

**Last:**

**First:**

**Mid:**

**DOB:** \*\*/\*\*/\*\*

**Dr Lic:**

**Address:**

**Race:**

**Sex:**

**Phone:**

**City:** ,

### Offense Codes

**Reported:**

**Observed:**

**Additional Offense:** 240 Motor Vehicle Theft

**Additional Offense:** 280 Stolen Property Offenses (Rece

**Additional Offense:** 90Z All Other Offenses

### Statute Codes

**Additional Statute:** 2913.02 Theft

**Additional Statute:** 2913.51 Receiving Stolen Property

**Additional Statute:** 2921.331B Failure to Comply with  
Order or Signal of P.O. \_ elude or flee

### Circumstances

**Responding Officers:**

**Unit :**

Hanshaw, J

SO41

Cochran, B

SO35

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**Narrative**

On 11-06-23 I was dispatched to [REDACTED] for a theft of a motorcycle. When I arrived I met with [REDACTED] who advised he was selling a 2003 Kawasaki ninja 636. [REDACTED] advised that he had it on marketplace through Facebook and was contacted by a Sky Corbin and showed me Sky's Facebook profile. I recognized Sky as Skylar Corbin who I have dealt with numerous times as a Deputy Sheriff. [REDACTED] advised he met Skylar at Dollar General at St Rt 93 and St Rt 522. Skylar and [REDACTED] discussed the details of the sale and came to an agreement. Skylar told [REDACTED] he was going to rider the bike to Rich Oil to get some money, [REDACTED] advised that he had a bad day and wasn't thinking clearly and was hesitate but said Skylar could test drive it to Rich Oil while he followed behind him. [REDACTED] advised Skylar jumped on the motorcycle and took off before he could even get in his car. While pulling out on ST Rt 93 [REDACTED] seen Skylar pass a car and took off flying away from him. [REDACTED] said at that point he had a bad feeling that Skylar wasn't going to be at Rich Oil. [REDACTED] got to Rich Oil and no sign of Skylar or the bike and called 911.

I returned the Sheriff Office and began the report when we received numerous calls of a white motorcycle racing back and forth from the 9 mile marker to the 11 mile marker. Sheriff Office contacted Ohio State Patrol and let them know that motorcycle had been entered as stolen into NCIC and that it was running back and forth the 9 mile marker and 11 mile marker.

I made way out 93 and parked in the church parking lot at the 11 mile marker on 93. After sitting for a short period of time a could hear a motorcycle coming north bound on 93. I witnessed a white motorcycle fitting the description that I had taken a report on just a short time before pass by and I recognized Skylar Corbin as the driver. After the motorcycle went by it sounded as if it was slowing down to possibly turn around and come back like the callers had said he had been doing. I heard the motorcycle coming back south bound on 93 so i turned my headlights on and went to the ned of the parking lot and watch the motorcycle approaching me. I turned my overhead lights on signaling for the motorcycle to stop before I pulled out on to 93. The motorcycle began to gain speed and I pulled out and began pursuing the motorcycle south bound 93 back towards Ironton. I was able to catch up to the back of the motorcycle and the driver Skylar Corbin would look back at me and gear down and speed up trying to get away. I was able to catch up to him several times due to him losing speed in the curves but Skylar still refused to pull over and continued to down shift and try to speed off the closer I would get. I pursued the motorcycle and Skylar Corbin keeping it in sight the entire time from the 11 mile marker of St Rt 93 to the round about closed to East bound 52 where Skylar drove the motorcycle up in the rocks in the center of the round about and fell over.

Skylar was placed in custody and taken to the Lawrence County Jail.

The motorcycle was confirmed as the motorcycle stolen earlier from [REDACTED] and towed by Freddies towing and [REDACTED] was contacted to pick his motorcycle up.

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**Responsible LEO:**

---

**Approved by:**

---

**Date**



AGENCY NAME **LAWRENCE COUNTY SHERIFF OFFICE**

CALL NUMBER \_\_\_\_\_ GEOCODE \_\_\_\_\_

TO: \_\_\_\_\_

TOA: \_\_\_\_\_

TOC: \_\_\_\_\_

INCIDENT NUMBER [REDACTED]

CLEARANCES

A  DEATH OF OFFENDER G  ARREST - JUVENILE

B  PROSECUTION DECLINED H  WARRANT ISSUED

C  EXTRADITION DENIED I  INVEST. PENDING

D  VICTIM REFUSED TO COOP J  CLOSED

E  JUVENILE/NO CUSTODY K  UNFOUNDED

F  ARREST - ADULT U  UNKNOWN

**OHIO UNIFORM INCIDENT REPORT**

**COPY**

CLEARANCE DATE \_\_\_\_\_ CLEARED BY: \_\_\_\_\_

| REPORT DATE/TIME |     |      |      | INCIDENT OCCURRED FROM |     |      |      | INCIDENT OCCURRED TO |     |      |      |
|------------------|-----|------|------|------------------------|-----|------|------|----------------------|-----|------|------|
| MONTH            | DAY | YEAR | TIME | MONTH                  | DAY | YEAR | TIME | MONTH                | DAY | YEAR | TIME |
| 01               | 18  | 2020 | 2220 | 01                     | 18  | 2020 | 1600 | 01                   | 18  | 2020 | 1930 |

INCIDENT LOCATION (Street, Apt, City, State, Zip) **115 Sth 5th Street, Ironton, OH 45638**

HATE / BIAS  Y  N EXPLAIN: \_\_\_\_\_

| OFFENSE | OFFENSE CODE | A/C F / M & DEGREE | TYPE OF CRIMINAL ACTIVITY |
|---------|--------------|--------------------|---------------------------|
| 1. Rape | 2907.02      | C F1               | 1. N 2. 3. _____          |
| 2.      |              |                    | 1. 2. 3. _____            |
| 3.      |              |                    | 1. 2. 3. _____            |
| 4.      |              |                    | 1. 2. 3. _____            |
| 5.      |              |                    | 1. 2. 3. _____            |

LOCATION OF OFFENSE(S) (Enter up to two for each offense)

1. **12** 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

|                         |                                  |                            |                           |
|-------------------------|----------------------------------|----------------------------|---------------------------|
| RESIDENTIAL STRUCTURE   | 12 JAIL/PRISON                   | RETAIL                     | 40 OTHER RETAIL STORE     |
| 01 SINGLE FAMILY HOME   | 13 PARKING GARAGE                | 26 BAR                     | 41 FACTORY/MILL/PLANT     |
| 02 MULTIPLE DWELLING    | 14 OTHER PUBLIC ACCESS BUILDING  | 27 BUY / SELL / TRADE SHOW | 42 OTHER BUILDING         |
| 03 RESIDENTIAL FACILITY |                                  | 28 RESTAURANT              |                           |
| 04 OTHER RESIDENTIAL    | COMMERCIAL LOCATIONS             | 29 GAS STATION             | OUTSIDE                   |
| 05 GARAGE / SHED        | 15 AUTO SHOP                     | 30 AUTO SALES LOT          | 43 YARD                   |
|                         | 16 FINANCIAL INSTITUTION         | 31 JEWELRY STORE           | 44 CONSTRUCTION SITE      |
| PUBLIC ACCESS BLDGS.    | 17 BARBER / BEAUTY SHOP          | 32 CLOTHING STORE          | 45 LAKE/WATERWAY          |
| 06 TRANSIT FACILITY     | 18 HOTEL/MOTEL                   | 33 DRUGSTORE               | 46 FIELD/WOODS            |
| 07 GOVERNMENT OFFICE    | 19 DRY CLEANER/LAUNDRY           | 34 LIQUOR STORE            | 47 STREET                 |
| 08 SCHOOL               | 20 PROFESSIONAL OFFICE           | 35 SHOPPING MALL           | 48 PARKING LOT            |
| 09 COLLEGE              | 21 DOCTOR'S OFFICE               | 36 SPORTING GOODS          | 49 PARK/PLAYGROUND        |
| 10 CHURCH               | 22 OTHER BUSINESS OFFICE         | 37 GROCERY / SUPERMARKET   | 50 CEMETERY               |
| 11 HOSPITAL             | 23 AMUSEMENT CENTER              | 38 VARIETY / CONVENIENCE   | 51 PUBLIC TRANSIT VEHICLE |
|                         | 24 RENTAL STORAGE FACILITY       | 39 DEPARTMENT STORE        | 52 OTHER OUTSIDE LOCATION |
|                         | 25 OTHER COMMERCIAL SERVICE LOC. |                            | 77 OTHER                  |

LARCENY TYPE

23A  POCKET PICKING

23B  PURSE SNATCHING

23C  SHOPLIFTING

23D  THEFT FROM BUILDING

23E  THEFT FROM COIN-OP MACH.

23F  THEFT FROM MOTOR VEH.

23G  MOTOR VEH. PARTS/ACCES.

240  THEFT OF MOTOR VEHICLE

23H  OTHER

SUSPECTED OF USING

A  ALCOHOL

D  DRUGS

C  COMPUTER EQUIP

N  NOT APPLICABLE

| 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 EXIT  |
| 2 <input type="checkbox"/> NO FORCE | 02 <input type="checkbox"/> UNLOCKED                    | 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/>  |
| NO. PREMISES ENTERED                | 03 <input type="checkbox"/> DUPLICATE KEY USED          | 2 <input type="checkbox"/> 1ST FLOOR <input type="checkbox"/> |
|                                     | 04 <input type="checkbox"/> WINDOW BROKEN               | 3 <input type="checkbox"/> 2ND FLOOR <input type="checkbox"/> |
|                                     | 05 <input type="checkbox"/> TOWED                       | 4 <input type="checkbox"/> OTHER <input type="checkbox"/>     |
|                                     | 06 <input type="checkbox"/> HOT WIRE                    | ENTRY EXIT  |
|                                     | 07 <input type="checkbox"/> SLIM JIM / COAT HANGER      | 1 <input type="checkbox"/> DOOR <input type="checkbox"/>      |
|                                     | 08 <input type="checkbox"/> TUMBLERS REMOVED            | 2 <input type="checkbox"/> WINDOW <input type="checkbox"/>    |
|                                     | 09 <input type="checkbox"/> COLUMN PEELED               | 3 <input type="checkbox"/> GARAGE <input type="checkbox"/>    |
|                                     | 10 <input type="checkbox"/> IGNITION PEELED             | 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/>  |
|                                     |   | 5 <input type="checkbox"/> OTHER <input type="checkbox"/>     |

METHODS OF OPERATION

NO. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) [REDACTED]

ADDRESS (Street, Apt., City, State, Zip) \_\_\_\_\_ PHONE \_\_\_\_\_

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

AGE / DOB **35 11/24/1984** SEX **M** RACE  B  A  W  I  U HEIGHT \_\_\_\_\_ WEIGHT **0** HAIR **BLK** EYES **BRO**

OCCUPATION \_\_\_\_\_ SSN \*\*\*\*\* RESIDENT 1  RESIDENT 3  MILITARY 5  OTHER STATUS 2  TOURIST 4  STUDENT 6  UNKNOWN

VICTIM TYPE  INDIVIDUAL  BUSINESS  FINANCIAL INSTITUTION  GOVERNMENT  POLICE OFFICERS (IN THE LINE OF DUTY)  SOCIETY / PUBLIC  OTHER  RELIGIOUS ORGANIZATION  UNKNOWN

VICTIM  Y  N IF INJURED, DESCRIBE INJURIES \_\_\_\_\_

AGG,ASLT / HOMICIDE CIRCUM \_\_\_\_\_ VICT. OFF. RELAT **15, 15, 15, 15** VICTIM LINKED TO OFFENDER NO(S) **01 02 03 04** VICTIM LINKED TO OFFENSE NO(S) **01**

My signature verifies that the information on this report is accurate and true. DATE \_\_\_\_\_

REPORTING OFFICER **Delawder, Mike** BADGE NO. \_\_\_\_\_ DATE **1/18/2020**

APPROVING OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ DATE \_\_\_\_\_

FOLLOW-UP? If yes, follow-up assignment:  Y  N

ADDITIONAL SUPPLEMENTS  VICTIM / WITNESS  PROPERTY  STATEMENT  FORM RECEIVED BY:  INTELLIGENCE  SPECIAL COPIES  SUSPECT / ARREST  NARRATIVE  OTHER  INVESTIGATION  RECORDS

ADMINISTRATIVE

OFFENSE

VICTIM

INCIDENT NUMBER 2-20-000470

# SUSPECT / ARRESTEE SUPPLEMENT

INCIDENT NO. [REDACTED]

|   |   |   |  |  |
|---|---|---|--|--|
| <b>VICTIM</b>   | <b>OFFENSE</b><br>Rape  | <b>INCIDENT DATE / TIME</b><br>1/18/2020 1600   |  |  |
| NO. <b>2</b> <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE  | CHECK APPROPRIATE CATEGORY<br><input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT / ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER   |   |  |  |
| NAME (Last, First, Middle)<br><b>Corbin, Skylar J</b>   |   | CHARGES FILED?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |  |  |
| ALIAS   |   | SSN<br>*****  |  |  |
| ADDRESS (Street, Apt., City, State, Zip)<br><b>2540.5 S 5th Street , Ironton, OH 45638</b>  |   | PHONE<br><b>(740) 547-9865</b>  |  |  |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)  |   | PHONE   |  |  |
| PLACE OF BIRTH<br><b>Huntington WV</b>  | DL# / STATE   | OCCUPATION / SCHOOL   |  |  |
| AGE / D.O.B. <b>27 YRS 12/13/1992</b>   | SEX <b>M</b> RACE <b>W</b> <input checked="" type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> HGT <b>600</b> WGT <b>150</b>  | HAIR <b>BRO</b> EYES <b>BRO</b>   |  |  |
| MARITAL STATUS <b>S</b>   | SCARS, MARKS, TATTOOS   |   |  |  |
| ADDITIONAL DESCRIPTIVES   |   |   |  |  |
| SUSPECTED OF USING:<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS  |   |   |  |  |
| POTENTIAL INJURIES  |   |   |  |  |
| RESIDENT STATUS<br>01 <input checked="" type="checkbox"/> RESIDENT 02 <input type="checkbox"/> TOURIST 03 <input type="checkbox"/> MILITARY 04 <input type="checkbox"/> STUDENT 05 <input type="checkbox"/> OTHER 06 <input type="checkbox"/> UNKNOWN       |   |   |  |  |
| TYPE WEAPON USED / ARRESTEE WAS ARMED WITH  |   |   |  |  |
| SUSPECT USED 1. <b>99</b> 2. 3. ARRESTEE ARMED WITH 1. 2. 3.  |   |   |  |  |
| 99 <input type="checkbox"/> NONE<br>11 <input type="checkbox"/> FIREARM<br>12 <input type="checkbox"/> HANDGUN<br>12A <input type="checkbox"/> AUTOMATIC HANDGUN<br>13 <input type="checkbox"/> RIFLE<br>13A <input type="checkbox"/> FULLY AUTOMATIC RIFLE | 13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM<br>14 <input type="checkbox"/> SHOTGUN<br>15 <input type="checkbox"/> OTHER FIREARM<br>15A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE<br>15B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM<br>15C <input type="checkbox"/> MACHINE PISTOL<br>16 <input type="checkbox"/> IMITATION FIREARM | 17 <input type="checkbox"/> SIMULATED FIREARM<br>18 <input type="checkbox"/> BB / PELLET GUN<br>20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT<br>30 <input type="checkbox"/> BLUNT OBJECT<br>35 <input type="checkbox"/> MOTOR VEHICLE<br>40 <input type="checkbox"/> PERSONAL WEAPON<br>50 <input type="checkbox"/> POISON<br>60 <input type="checkbox"/> EXPLOSIVES<br>65 <input type="checkbox"/> FIRE / INCENDIARY DEVICE<br>70 <input type="checkbox"/> DRUGS / NARC / SLEEPING PILLS<br>80 <input type="checkbox"/> OTHER WEAPON<br>85 <input type="checkbox"/> ASPHYXIATION<br>U <input type="checkbox"/> UNKNOWN |  |  |
| <b>ASSOC</b>  |   |   |  |  |
| NAME ADDRESS (Street, Apt., City, State, Zip) PHONE   |   |   |  |  |
| 1. 1. 1.  |   |   |  |  |
| 2. 2. 2.  |   |   |  |  |
| <b>ARREST INFORMATION</b>   |   |   |  |  |
| ARREST / OFFENSE DESCRIPTION  |   | ARREST / OFFENSE CODE   | F / M & DEGREE   | ARREST LARCENY TYPE  |
| 1.  |   | 1.  | 1.   | 23A <input type="checkbox"/> POCKET PICKING<br>23B <input type="checkbox"/> PURSE SNATCHING<br>23C <input type="checkbox"/> SHOPLIFTING<br>23D <input type="checkbox"/> THEFT FROM BUILDING<br>23E <input type="checkbox"/> THEFT FROM COIN-OP MACH.<br>23F <input type="checkbox"/> THEFT FROM MOTOR VEH.<br>23G <input type="checkbox"/> MOTOR VEH. PART<br>240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE<br>23H <input type="checkbox"/> OTHER: _____ |
| 2.  |   | 2.  | 2.   |  |
| 3.  |   | 3.  | 3.   |  |
| 4.  |   | 4.  | 4.   |  |
| 5.  |   | 5.  | 5.   |  |
| ARREST DATE   | TIME  | ARREST LOCATION (Street, Apt., City, State, Zip)  |  |  |
| ARREST TRANSACTION NUMBER   | WARRANT NUMBER  | ARREST DISPOSITION  | BAIL   |  |
| MIRANDA WITNESSED BY:   |   |   |  | TIME READ  |
| FINGERPRINTED<br><input type="checkbox"/> Y <input type="checkbox"/> N  | FINGERPRINT CARD NO.  | PHOTOS TAKEN<br><input type="checkbox"/> Y <input type="checkbox"/> N   | NO. TAKEN  | PHOTO ID NO.   |
| FBI / BCI #   |   |   |  |  |
| MULTIPLE ARREST INDICATOR<br><input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARREST INDICATOR <input type="checkbox"/> N/A  |   | ARREST TYPE<br>2 <input type="checkbox"/> IN-PROGRESS 4 <input type="checkbox"/> SUMMONS 8 <input type="checkbox"/> CUSTODY<br>1 <input type="checkbox"/> COMPLAINT 3 <input type="checkbox"/> WARRANT 5 <input type="checkbox"/> ORDER OF PROTECTION 9 <input type="checkbox"/> OTHER  |  |  |
| JUV. PARENT / GDN. NOTIFIED<br><input type="checkbox"/> Y <input type="checkbox"/> N  | DATE / TIME NOTIFIED  | NOTIFIED BY   | JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> N/A<br><input type="checkbox"/> REFERRED TO OTHER AUTHORITIES |  |
| PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)  |   | RELATIONSHIP  | PHONE  |  |
| PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)  |   | RELATIONSHIP  | PHONE  |  |
| PREVIOUS RUN / MISS<br><input type="checkbox"/> Y <input type="checkbox"/> N  | DATE OF LAST CONTACT  | DATE OF EMANCIPATION  | NCIC #   | DATE / TIME ENTERED  |
| LAST SEEN WEARING   |   |   |  |  |
| REPORTING OFFICER / ARRESTING OFFICER<br><b>Delawder, Mike</b>  |   |   | BADGE NO.  | DATE<br><b>1/18/2020</b>   |
| APPROVING OFFICER   |   |   | BADGE NO.  | DATE   |
| COURT   |   |   | COURT DATE   |  |

NAME / DESCRIPTIVES

ASSOC

ARREST INFORMATION

# NARRATIVE SUPPLEMENT

INCIDENT NUMBER

██████████

|                                   |                        |   |
|-----------------------------------|------------------------|---|
| VICTIM<br><b>Stokes, Robert B</b> | OFFENSE<br><b>Rape</b> | INCIDENT DATE / TIME<br><b>1/18/2020 1600</b> |
|-----------------------------------|------------------------|---|

**Narrative Type: Evidence Report**

**Topic:**

**Narrative Reporting Officer: Delawder, Mike**

**Narrative Date/Time: 01/18/2020 22:27**

When passing pop I was contacted by inmate ██████████ at the door of right main. He asked if the doctor was in, I said no is there something I can help you with. Or can I get you a sick call until the nurse gets here. He then said, "get me the fuck out of here they are going to kill me." I got cuffs and keys from Adkins and we opened the door to place the cuffs on ██████████ he burst out crying saying "they are going to fucking kill me please don't put me back in there."

██████████ was brought up front and he explained to us what happened He informed deputies that the other inmates had seen on his paperwork that he had a tampering charge and were under the assumption that he had hidden narcotics inside himself. he informed deputies that the inmates were making him drink coffee and soap water and watching him go to the bathroom and had an inmate posted outside of his cell. when his bowel movements weren't producing any contraband the inmates then held him down and took the spray nozzle off of a bottle of cleaner shoved the bottle opening in his anus and squeezed the contents of it into him but quickly stopped because they heard officers coming back to inform the inmates that the church was here for service. He then waited by the door for a Deputy to return for pop pass and thats when he made contact with us.

He informed Deputies that the clothes and feces were still in his cell that the inmates had tried to hide it ██████████ Was shown a line up of the inmates in right main and he identified four individuals (Skylar Corbin, Donald Malone, John Moore and James Wilson) responsible for the assault. ██████████ then was transported to SMI where he was seen by medical staff. While ██████████ was at SMI Deputies shook down right main. all of the inmates were locked into the day room Deputies Adkins Hanshaw and myself conducted a thorough shakedown. as we were walking in we noticed Moore was wearing a tank top the shirt was taken because its against inmate dress code so Moore grabbed a shirt out of the day room and put it on.

During the shake down Deputy Adkins found and inmate uniform and spoon covered in fecal matter consistent with ██████████ statement they were rolled up and concealed under his bed roll the items were photographed, When we were moving the four suspects out of the cell they were individually taken to their cells and told to get their belongings when Moore came out of his cell he was wearing a white shirt that appeared to have feces on the right arm and chest that shirt was collected as evidence as well.

|  |  |   |  |   |              |
|--|--|---|--|---|--------------|
| REASON CLEARED                             | A <input type="checkbox"/> DEATH OF OFFENDER<br>B <input type="checkbox"/> PROSECUTION DECLINED<br>C <input type="checkbox"/> EXTRADITION DENIED | D <input type="checkbox"/> VICTIM REFUSED TO COOP.<br>E <input type="checkbox"/> JUVENILE / NO CUSTODY<br>F <input type="checkbox"/> ARREST - ADULT | G <input type="checkbox"/> ARREST - JUVENILE<br>H <input type="checkbox"/> WARRANT ISSUED<br>I <input checked="" type="checkbox"/> INVEST. PENDING | J <input type="checkbox"/> CLOSED<br>K <input type="checkbox"/> UNFOUNDED<br>U <input type="checkbox"/> UNKNOWN | DATE CLEARED |
| REPORTING OFFICER<br><b>Delawder, Mike</b> | BADGE NO.  | DATE<br><b>1/18/2020</b>  |  |   |              |
| APPROVING OFFICER                          | BADGE NO.  | DATE  |  |   |              |

AGENCY NAME **LAWRENCE COUNTY SHERIFF OFFICE**

INCIDENT NUMBER [REDACTED]

CALL NUMBER **200000000780**

GEOCODE **2**

- CLEARANCES
- A  DEATH OF OFFENDER
  - B  PROSECUTION DECLINED
  - C  EXTRADITION DENIED
  - D  VICTIM REFUSED TO COOP
  - E  JUVENILE/NO CUSTODY
  - F  ARREST - ADULT
  - G  ARREST - JUVENILE
  - H  WARRANT ISSUED
  - I  INVEST. PENDING
  - J  CLOSED
  - K  UNFOUNDED
  - U  UNKNOWN

ADMINISTRATIVE

**OHIO UNIFORM INCIDENT REPORT**

COPY

CLEARANCE DATE \_\_\_\_\_ CLEARED BY: \_\_\_\_\_

| REPORT DATE/TIME |     |      |      | INCIDENT OCCURRED FROM |     |      |      | INCIDENT OCCURRED TO |     |      |      |
|------------------|-----|------|------|------------------------|-----|------|------|----------------------|-----|------|------|
| MONTH            | DAY | YEAR | TIME | MONTH                  | DAY | YEAR | TIME | MONTH                | DAY | YEAR | TIME |
| 01               | 12  | 2020 | 1100 | 01                     | 12  | 2020 | 1100 | 01                   | 12  | 2020 | 1100 |

INCIDENT LOCATION (Street, Apt, City, State, Zip) **115 S 5 ST, IRONTON, OH 45638**

HATE / BIAS  Y  N EXPLAIN: \_\_\_\_\_

| OFFENSE    | OFFENSE CODE | A/C F / M & DEGREE | TYPE OF CRIMINAL ACTIVITY |
|------------|--------------|--------------------|---------------------------|
| 1. Rape    | 2907.02      | C F1               | 1. N 2. 3. _____          |
| 2. Assault | 2903.13      | C M1               | 1. N 2. 3. _____          |
| 3.         |              |                    | 1. 2. 3. _____            |
| 4.         |              |                    | 1. 2. 3. _____            |
| 5.         |              |                    | 1. 2. 3. _____            |

- B - BUYING / RECEIVING  
 C - CULTIVATING / MFG / PUB  
 D - DISTRIBUTING / SELLING  
 E - EXPLOITING CHILDREN  
 O - OPER / PROMOTING / ASSIST.  
 P - POSSESSING / CONCEALING  
 T - TRANSPORT / TRANSMIT  
 U - USING / CONSUMING

| LOCATION OF OFFENSE(S) (Enter up to two for each offense) |                                  |                            |                           | LARCENY TYPE  |  |  |  |
|---|----------------------------------|----------------------------|---------------------------|---|--|--|--|
| 1. 12   | 2. 12                            | 3. _____                   | 4. _____                  | 23A <input type="checkbox"/> POCKET PICKING           | 23B <input type="checkbox"/> PURSE SNATCHING       | 23C <input type="checkbox"/> SHOPLIFTING             | 23D <input type="checkbox"/> THEFT FROM BUILDING     |
| RESIDENTIAL STRUCTURE                                     | 12 JAIL/PRISON                   | RETAIL                     | 40 OTHER RETAIL STORE     | 23E <input type="checkbox"/> THEFT FROM COIN-OP MACH. | 23F <input type="checkbox"/> THEFT FROM MOTOR VEH. | 23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES. | 240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE  |
| 01 SINGLE FAMILY HOME                                     | 13 PARKING GARAGE                | 26 BAR                     | 41 FACTORY/MILL/PLANT     | 23H <input type="checkbox"/> OTHER                    | SUSPECTED OF USING                                 |  |  |
| 02 MULTIPLE DWELLING                                      | 14 OTHER PUBLIC ACCESS BUILDING  | 27 BUY / SELL / TRADE SHOW | 42 OTHER BUILDING         | A <input type="checkbox"/> ALCOHOL                    | D <input type="checkbox"/> DRUGS                   | C <input type="checkbox"/> COMPUTER EQUIP            | N <input checked="" type="checkbox"/> NOT APPLICABLE |
| 03 RESIDENTIAL FACILITY                                   | COMMERCIAL LOCATIONS             | 28 RESTAURANT              | OUTSIDE                   |   |  |  |  |
| 04 OTHER RESIDENTIAL                                      | 15 AUTO SHOP                     | 29 GAS STATION             | 43 YARD                   |   |  |  |  |
| 05 GARAGE / SHED  | 16 FINANCIAL INSTITUTION         | 30 AUTO SALES LOT          | 44 CONSTRUCTION SITE      |   |  |  |  |
| PUBLIC ACCESS BLDGS.                                      | 17 BARBER / BEAUTY SHOP          | 31 JEWELRY STORE           | 45 LAKE/WATERWAY          |   |  |  |  |
| 06 TRANSIT FACILITY                                       | 18 HOTEL/MOTEL                   | 32 CLOTHING STORE          | 46 FIELD/WOODS            |   |  |  |  |
| 07 GOVERNMENT OFFICE                                      | 19 DRY CLEANER/LAUNDRY           | 33 DRUGSTORE               | 47 STREET                 |   |  |  |  |
| 08 SCHOOL   | 20 PROFESSIONAL OFFICE           | 34 LIQUOR STORE            | 48 PARKING LOT            |   |  |  |  |
| 09 COLLEGE  | 21 DOCTOR'S OFFICE               | 35 SHOPPING MALL           | 49 PARK/PLAYGROUND        |   |  |  |  |
| 10 CHURCH   | 22 OTHER BUSINESS OFFICE         | 36 SPORTING GOODS          | 50 CEMETERY               |   |  |  |  |
| 11 HOSPITAL   | 23 AMUSEMENT CENTER              | 37 GROCERY / SUPERMARKET   | 51 PUBLIC TRANSIT VEHICLE |   |  |  |  |
|   | 24 RENTAL STORAGE FACILITY       | 38 VARIETY / CONVENIENCE   | 52 OTHER OUTSIDE LOCATION |   |  |  |  |
|   | 25 OTHER COMMERCIAL SERVICE LOC. | 39 DEPARTMENT STORE        | 77 OTHER                  |   |  |  |  |

OFFENSE

| 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 | 06 <input type="checkbox"/> HOT WIRE           | 07 <input type="checkbox"/> SLIM JIM / COAT HANGER | 08 <input type="checkbox"/> TUMBLERS REMOVED | 09 <input type="checkbox"/> COLUMN PEELED | 10 <input type="checkbox"/> IGNITION PEELED | ENTRY                                | EXIT                             | ENTRY                           | EXIT                              | ENTRY                             | EXIT                                |                                  |
| 2 <input type="checkbox"/> NO FORCE | 02 <input type="checkbox"/> UNLOCKED                    | 03 <input type="checkbox"/> DUPLICATE KEY USED | 04 <input type="checkbox"/> WINDOW BROKEN          | 05 <input type="checkbox"/> TOWED            | 1 <input type="checkbox"/> BASEMENT       | 2 <input type="checkbox"/> 1ST FLOOR        | 3 <input type="checkbox"/> 2ND FLOOR | 4 <input type="checkbox"/> OTHER | 1 <input type="checkbox"/> DOOR | 2 <input type="checkbox"/> WINDOW | 3 <input type="checkbox"/> GARAGE | 4 <input type="checkbox"/> SKYLIGHT | 5 <input type="checkbox"/> OTHER |
| NO. PREMISES ENTERED                |   |  |  |  |   | 1 <input type="checkbox"/> FRONT            | 2 <input type="checkbox"/> SIDE      | 3 <input type="checkbox"/> REAR  | 4 <input type="checkbox"/> ROOF | 5 <input type="checkbox"/> OTHER  |                                   |                                     |                                  |

METHODS OF OPERATION

NO. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) [REDACTED]

ADDRESS (Street, Apt., City, State, Zip) [REDACTED], **SOUTH POINT, OH 45680** PHONE [REDACTED]

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) PHONE [REDACTED]

AGE / DOB **49 10/01/1970** SEX **M** RACE  W  B  A  I  U HEIGHT **600** WEIGHT **175** HAIR **BRO** EYES **BRO**

OCCUPATION \_\_\_\_\_ SSN \*\*\*\*\* RESIDENT STATUS  1 RESIDENT  2 TOURIST  3 MILITARY  4 STUDENT  5 OTHER  6 UNKNOWN

VICTIM TYPE  INDIVIDUAL  BUSINESS  FINANCIAL INSTITUTION  GOVERNMENT  POLICE OFFICERS (IN THE LINE OF DUTY)  RELIGIOUS ORGANIZATION  SOCIETY / PUBLIC  OTHER  UNKNOWN

VICTIM  Y  N IF INJURED, DESCRIBE INJURIES \_\_\_\_\_

AGG, ASLT / HOMICIDE CIRCUM \_\_\_\_\_ VICT. OFF. RELAT **30, 30, 30** VICTIM LINKED TO OFFENDER NO(S) **01 02 03** VICTIM LINKED TO OFFENSE NO(S) **01 02**

My signature verifies that the information on this report is accurate and true. DATE \_\_\_\_\_

VICTIM

REPORTING OFFICER **Mullins, Jeff** BADGE NO. **100** DATE **1/12/2020**

APPROVING OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ DATE \_\_\_\_\_

FOLLOW-UP?  Y  N If yes, follow-up assignment: \_\_\_\_\_

ADDITIONAL SUPPLEMENTS  VICTIM / WITNESS  PROPERTY  STATEMENT  FORM RECEIVED BY:  INTELLIGENCE  SPECIAL COPIES

SUSPECT / ARREST  NARRATIVE  OTHER  INVESTIGATION  RECORDS

INCIDENT NUMBER 2-20-000302

# SUSPECT / ARRESTEE SUPPLEMENT

INCIDENT NO. [REDACTED]

|  |   |   |
|--|---|---|
| <b>VICTIM</b><br>[REDACTED]  | <b>OFFENSE</b><br><b>Rape</b>   | <b>INCIDENT DATE / TIME</b><br>1/12/2020 1100   |
| <b>NO.</b><br>2  | <b>CHECK APPROPRIATE CATEGORY</b><br><input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT / ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER  | <b>CHARGES FILED?</b><br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |
| <b>NAME (Last, First, Middle)</b><br>Corbin, Skylar J  |   | <b>SSN</b><br>*****   |
| <b>ALIAS</b>   |   | <b>GANG AFFILIATION</b>   |
| <b>ADDRESS (Street, Apt., City, State, Zip)</b><br>2540.5 S 5th Street , Ironton, OH 45638   |   | <b>PHONE</b><br>(740) 547-9865  |
| <b>EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)</b>  |   | <b>PHONE</b>  |
| <b>PLACE OF BIRTH</b><br>Huntington WV   | <b>DL# / STATE</b><br>/   | <b>OCCUPATION / SCHOOL</b>  |
| <b>AGE / D.O.B.</b><br>27 YRS 12/13/1992   | <b>SEX</b><br>M   | <b>RACE</b><br>W <input checked="" type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>   |
| <b>HGT</b><br>600  | <b>WGT</b><br>150   | <b>HAIR</b><br>BRO  |
| <b>EYES</b><br>BRO   | <b>ADDITIONAL DESCRIPTIVES</b>  |   |
| <b>MARITAL STATUS</b><br>S   |   |   |
| <b>SCARS, MARKS, TATTOOS</b>   |   |   |
| <b>SUSPECTED OF USING:</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS  |   |   |
| <b>POTENTIAL INJURIES</b>  |   |   |
| <b>RESIDENT STATUS</b><br>01 <input checked="" type="checkbox"/> RESIDENT   02 <input type="checkbox"/> TOURIST   03 <input type="checkbox"/> MILITARY   04 <input type="checkbox"/> STUDENT   05 <input type="checkbox"/> OTHER   06 <input type="checkbox"/> UNKNOWN |   |   |
| <b>TYPE WEAPON USED / ARRESTEE WAS ARMED WITH</b>  |   |   |
| <b>SUSPECT USED</b> 1. 80   2.   3. <b>ARRESTEE ARMED WITH</b> 1.   2.   3.  |   |   |
| 99 <input type="checkbox"/> NONE<br>11 <input type="checkbox"/> FIREARM<br>12 <input type="checkbox"/> HANDGUN<br>12A <input type="checkbox"/> AUTOMATIC HANDGUN<br>13 <input type="checkbox"/> RIFLE<br>13A <input type="checkbox"/> FULLY AUTOMATIC RIFLE            | 13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM<br>14 <input type="checkbox"/> SHOTGUN<br>15 <input type="checkbox"/> OTHER FIREARM<br>16A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE<br>15B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM<br>16C <input type="checkbox"/> MACHINE PISTOL<br>16 <input type="checkbox"/> IMITATION FIREARM | 17 <input type="checkbox"/> SIMULATED FIREARM<br>18 <input type="checkbox"/> BB / PELLET GUN<br>20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT<br>30 <input type="checkbox"/> BLUNT OBJECT<br>35 <input type="checkbox"/> MOTOR VEHICLE<br>40 <input type="checkbox"/> PERSONAL WEAPON<br>50 <input type="checkbox"/> POISON<br>60 <input type="checkbox"/> EXPLOSIVES<br>65 <input type="checkbox"/> FIRE / INCENDIARY DEVICE<br>70 <input type="checkbox"/> DRUGS / NARC / SLEEPING PILLS<br>80 <input type="checkbox"/> OTHER WEAPON<br>85 <input type="checkbox"/> ASPHYXIATION<br>U <input type="checkbox"/> UNKNOWN |
| <b>ASSOCIATES</b>  | <b>ARREST INFORMATION</b>   |   |
| <b>NAME</b>  | <b>ADDRESS (Street, Apt., City, State, Zip)</b>   | <b>PHONE</b>  |
| 1.   | 1.  | 1.  |
| 2.   | 2.  | 2.  |
| <b>ARREST / OFFENSE DESCRIPTION</b>  | <b>ARREST / OFFENSE CODE</b>  | <b>F / M &amp; DEGREE</b>   |
| 1.   | 1.  | 1.  |
| 2.   | 2.  | 2.  |
| 3.   | 3.  | 3.  |
| 4.   | 4.  | 4.  |
| 5.   | 5.  | 5.  |
| <b>ARREST DATE</b>   | <b>TIME</b>   | <b>ARREST LOCATION (Street, Apt., City, State, Zip)</b>   |
| <b>ARREST TRANSACTION NUMBER</b>   | <b>WARRANT NUMBER</b>   | <b>ARREST DISPOSITION</b>   |
| <b>MIRANDA WITNESSED BY:</b>   | <b>BAIL</b>   |   |
| <b>FINGERPRINTED</b><br><input type="checkbox"/> Y <input type="checkbox"/> N  | <b>FINGERPRINT CARD NO.</b>   | <b>PHOTOS TAKEN</b><br><input type="checkbox"/> Y <input type="checkbox"/> N  |
| <b>NO. TAKEN</b>   | <b>PHOTO ID NO.</b>   | <b>FBI / BCI #</b>  |
| <b>MULTIPLE ARREST INDICATOR</b><br><input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARREST INDICATOR <input type="checkbox"/> N / A  | <b>ARREST TYPE</b><br>1 <input type="checkbox"/> COMPLAINT   2 <input type="checkbox"/> IN-PROGRESS   3 <input type="checkbox"/> WARRANT  | <b>4 <input type="checkbox"/> SUMMONS   5 <input type="checkbox"/> ORDER OF PROTECTION   6 <input type="checkbox"/> CUSTODY   7 <input type="checkbox"/> OTHER</b>  |
| <b>JUV. PARENT / GDN. NOTIFIED</b><br><input type="checkbox"/> Y <input type="checkbox"/> N  | <b>DATE / TIME NOTIFIED</b>   | <b>NOTIFIED BY</b>  |
| <b>JUVENILE DISPOSITION</b><br><input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES <input type="checkbox"/> N / A   | <b>RELATIONSHIP</b>   |   |
| <b>PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)</b>  | <b>RELATIONSHIP</b>   | <b>PHONE</b>  |
| <b>PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)</b>  | <b>RELATIONSHIP</b>   | <b>PHONE</b>  |
| <b>PREVIOUS RUN / MISS</b><br><input type="checkbox"/> Y <input type="checkbox"/> N  | <b>DATE OF LAST CONTACT</b>   | <b>DATE OF EMANCIPATION</b>   |
| <b>NCIC #</b>  | <b>DATE / TIME ENTERED</b>  |   |
| <b>LAST SEEN WEARING</b>   |   |   |
| <b>REPORTING OFFICER / ARRESTING OFFICER</b><br>Mullins, Jeff  | <b>BADGE NO.</b><br>100   | <b>DATE</b><br>1/12/2020  |
| <b>APPROVING OFFICER</b>   | <b>BADGE NO.</b>  | <b>DATE</b>   |
| <b>COURT</b>   | <b>COURT DATE</b>   |   |

NAME / DESCRIPTIVE

ASSOCIATES

ARREST INFORMATION

# NARRATIVE SUPPLEMENT

INCIDENT NUMBER

██████████

|        |            |         |      |                      |                |
|--------|------------|---------|------|----------------------|----------------|
| VICTIM | ██████████ | OFFENSE | Rape | INCIDENT DATE / TIME | 1/12/2020 1100 |
|--------|------------|---------|------|----------------------|----------------|

**Narrative Type: Initial Report**

**Topic: TRANSFERRED FROM CAD**

**Narrative Reporting Officer: Mullins, Jeff 100**

**Narrative Date/Time: 01/12/2020 11:00**

On 01-12-2020 at approximately 0730 hrs., Dep. Jeff Mullins of the Lawrence County Sheriff's Office was summoned to the B2 Cell Block by Inmate, ██████████ Mr. ██████████ advised Dep. Mullins of the following.

Mr. ██████████ stated that he had suffered injuries to his face and head while in the right main cell block. Mr. ██████████ further stated that he had been jumped by several other inmates. Dep. Mullins had read an incident report from this date, written by Dep. Kyle Stamper. The report stated that Mr. ██████████ had advised Dep. Stamper that he had fallen in the right main cell block and that inmates in that cell block had fashioned a shank. In the report it also advised that Mr. ██████████ had requested to be moved out of the cell block out of fear for his safety. Initially Mr. ██████████ advised well I did fall, but I still want medical attention. Mr. ██████████ appeared to be alert and coherent at this time. Dep. Mullins contacted Jail Nurse Rikki Waddle by phone and advised her of Mr. Roy's complaint of being injured. Nurse Waddle advised that Mr. ██████████ was to be given a sick call and that she would see him on the next medical call.

Mr. ██████████ advised again that he had been assaulted by inmates in the facility. At 0957 hrs., Dep. Mullins contacted Major John Chapman and advised him of Mr. ██████████'s Complaint. Major Chapman advised that Inmate, ██████████ was to be taken to the hospital and to be checked out. Dep. Mullins transported Mr. ██████████ to St. Mary's Ironton Emergency Room for treatment. Mr. ██████████ was attended to by Dr. Naaman Bell M.D.. Mr. ██████████ complained of injuries to his ribs, his lower abdomen, head and face in addition to his lower extremities. Mr. ██████████ was given a cat scan. In addition it was discovered that Mr. ██████████ had complained about a foreign object being inserted into his anus during the assault that had taken place in the jail. An examination was performed by Dr. Bell, there was abrasions noted and scrapes to area around Mr. ██████████ anus. There was bruising to his face and a contusion to his chest.

Mr. ██████████ was transported back to the Lawrence County Sheriff's Office by Dep. Mullins. At the sheriff's office Mr. ██████████ gave written statement initially and also gave a audio recorded statement. The taped statement was taken by Dep. Mullins with Det. Sgt. Aaron Bollinger and Major John Chapman present. The synopsis of the interview is as follow. The interviewed commenced at approximately 1416 hrs., Mr. ██████████ was advised of his rights which he waived.

Mr. ██████████ stated that on 01/11/2020, between 1400 and 1600 hrs., Mr. ██████████ was in the day room of the right main cell block. According Mr. ██████████ all inmates were ordered out of the day room by inmates whom he later identified as being James Wilson and Dustin Carver. Mr. ██████████ stated that Wilson and Carver both started hitting him. Another inmate later identified as Skylar Corbin kicked Mr. ██████████. They then had him go his cell, to not flush the toilet or run water, then either Wilson or Carver smacked ██████████. A short time later, Corbin came into the cell and smacked ██████████ as well. After a period of time Corbin, Wilson and Carver came into Mr. ██████████'s cell and ransacked it. ██████████ stated that the three suspects thought that ██████████ had smuggled methamphetamine into the jail and that he had it hidden in his cell or on his person. At this time, ██████████ advised that he was ordered to undress, Corbin, Wilson and Carver searched his clothing. After this had taken placed ██████████ stated that one of the subject had pulled his thermal bottom down below his knees, rolled him over onto his stomach, someone sat on his neck and shoulders, while someone used what ██████████ thought was two plastic spoons to probe his anus. Mr. ██████████ advised that the suspects also inserted another object into his anus that was cold, but he was unsure of what it was. After he was assaulted, ██████████ stated that the suspects told him to clean up his mess. The best estimate that Mr. ██████████ could give as to the time he was sexually assaulted was after dinner had been served. ██████████ stated that the suspects threatened that he needed to stay in his cell and not call out to jail staff. At approximately 0515 hrs., ██████████ advised Dep. Stamper that he needed to be taken out of the cell.

At approximately 1530 hrs., this date, Det. Sgt. Bollinger took charge of the investigation and it was turned over to him. A sexual assault kit was taken to the emergency room. No biological samples were taken, but Dr. Bell did document Mr. ██████████'s injuries. The kit was routed into evidence by Dep. Mullins.

Status of case is under investigation.

|                   |  |   |  |   |              |           |
|-------------------|--|---|--|---|--------------|-----------|
| REASON CLEARED    | <input type="checkbox"/> A DEATH OF OFFENDER<br><input type="checkbox"/> B PROSECUTION DECLINED<br><input type="checkbox"/> C EXTRADITION DENIED | <input type="checkbox"/> D VICTIM REFUSED TO COOP.<br><input type="checkbox"/> E JUVENILE / NO CUSTODY<br><input type="checkbox"/> F ARREST - ADULT | <input type="checkbox"/> G ARREST - JUVENILE<br><input type="checkbox"/> H WARRANT ISSUED<br><input checked="" type="checkbox"/> I INVEST. PENDING | <input type="checkbox"/> J CLOSED<br><input type="checkbox"/> K UNFOUNDED<br><input type="checkbox"/> U UNKNOWN | DATE CLEARED |           |
| REPORTING OFFICER | Mullins, Jeff  |   | BADGE NO.  | 100   | DATE         | 1/12/2020 |
| APPROVING OFFICER |  |   | BADGE NO.  |   | DATE         |           |



ADMINISTRATIVE

AGENCY NAME **LAWRENCE COUNTY SHERIFF OFFICE**

CALL NUMBER **200000000465** GEOCODE **2**

TO:  
TOA:  
TOC:

INCIDENT NUMBER [REDACTED]

CLEARANCES

|   |   |
|---|---|
| A <input type="checkbox"/> DEATH OF OFFENDER      | G <input type="checkbox"/> ARREST - JUVENILE  |
| B <input type="checkbox"/> PROSECUTION DECLINED   | H <input type="checkbox"/> WARRANT ISSUED     |
| C <input type="checkbox"/> EXTRADITION DENIED     | 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 checked="" type="checkbox"/> UNKNOWN |

### OHIO UNIFORM INCIDENT REPORT

CLEARANCE DATE \_\_\_\_\_ CLEARED BY: \_\_\_\_\_

| REPORT DATE/TIME |     |      |      | INCIDENT OCCURRED FROM |     |      |      | INCIDENT OCCURRED TO |     |      |      |
|------------------|-----|------|------|------------------------|-----|------|------|----------------------|-----|------|------|
| MONTH            | DAY | YEAR | TIME | MONTH                  | DAY | YEAR | TIME | MONTH                | DAY | YEAR | TIME |
| 01               | 07  | 2020 | 1905 | 01                     | 07  | 2020 | 1905 | 01                   | 07  | 2020 | 1905 |

INCIDENT LOCATION (Street, Apt, City, State, Zip) **115 S 5TH STREET, IRONTON, OH 45619**

HATE / BIAS  Y  N EXPLAIN: \_\_\_\_\_

| OFFENSE           | OFFENSE CODE   | A/C F / M & DEGREE | TYPE OF CRIMINAL ACTIVITY |
|-------------------|----------------|--------------------|---------------------------|
| 1. <b>Assault</b> | <b>2903.13</b> | <b>C M1</b>        | 1. <b>N</b> 2. 3. _____   |
| 2.                |                |                    | 1. 2. 3. _____            |
| 3.                |                |                    | 1. 2. 3. _____            |
| 4.                |                |                    | 1. 2. 3. _____            |
| 5.                |                |                    | 1. 2. 3. _____            |

- B - BUYING / RECEIVING
- C - CULTIVATING / MFG / PUB
- D - DISTRIBUTING / SELLING
- E - EXPLOITING CHILDREN
- O - OPER / PROMOTING / ASSIST.
- P - POSSESSING / CONCEALING
- T - TRANSPORT / TRANSMIT
- U - USING / CONSUMING

LOCATION OF OFFENSE(S) (Enter up to two for each offense)

| 1. <b>07</b>  | 2.   | 3.   | 4.  | 5.   | LARCENY TYPE  |
|---|--|--|---|--|---|
| RESIDENTIAL STRUCTURE<br>01 SINGLE FAMILY HOME<br>02 MULTIPLE DWELLING<br>03 RESIDENTIAL FACILITY<br>04 OTHER RESIDENTIAL<br>05 GARAGE / SHED | COMMERCIAL LOCATIONS<br>15 AUTO SHOP<br>16 FINANCIAL INSTITUTION<br>17 BARBER / BEAUTY SHOP<br>18 HOTEL/MOTEL<br>19 DRY CLEANER/LAUNDRY<br>20 PROFESSIONAL OFFICE<br>21 DOCTOR'S OFFICE<br>22 OTHER BUSINESS OFFICE<br>23 AMUSEMENT CENTER<br>24 RENTAL STORAGE FACILITY<br>25 OTHER COMMERCIAL SERVICE LOC. | RETAIL<br>26 BAR<br>27 BUY / SELL / TRADE SHOW<br>28 RESTAURANT<br>29 GAS STATION<br>30 AUTO SALES LOT<br>31 JEWELRY STORE<br>32 CLOTHING STORE<br>33 DRUGSTORE<br>34 LIQUOR STORE<br>35 SHOPPING MALL<br>36 SPORTING GOODS<br>37 GROCERY / SUPERMARKET<br>38 VARIETY / CONVENIENCE<br>39 DEPARTMENT STORE | 40 OTHER RETAIL STORE<br>41 FACTORY/MILL/PLANT<br>42 OTHER BUILDING | OUTSIDE<br>43 YARD<br>44 CONSTRUCTION SITE<br>46 LAKE/WATERWAY<br>48 FIELD/WOODS<br>47 STREET<br>48 PARKING LOT<br>49 PARK/PLAYGROUND<br>50 CEMETERY<br>61 PUBLIC TRANSIT VEHICLE<br>62 OTHER OUTSIDE LOCATION<br>77 OTHER | 23A <input type="checkbox"/> POCKET PICKING<br>23B <input type="checkbox"/> PURSE SNATCHING<br>23C <input type="checkbox"/> SHOPLIFTING<br>23D <input type="checkbox"/> THEFT FROM BUILDING<br>23E <input type="checkbox"/> THEFT FROM COIN-OP MACH.<br>23F <input type="checkbox"/> THEFT FROM MOTOR VEH.<br>23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES.<br>240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE<br>23H <input type="checkbox"/> OTHER |

| METHOD OF ENTRY   | METHOD OF ENTRY - MOTOR VEHICLE THEFT   | METHOD OF ENTRY - BURGLARY / B & E   |
|---|---|--|
| 1 <input type="checkbox"/> FORCE<br>2 <input type="checkbox"/> NO FORCE<br>NO. PREMISES ENTERED | 01 <input type="checkbox"/> MOTOR RUNNING / KEYS IN CAR<br>02 <input type="checkbox"/> UNLOCKED<br>03 <input type="checkbox"/> DUPLICATE KEY USED<br>04 <input type="checkbox"/> WINDOW BROKEN<br>05 <input type="checkbox"/> TOWED | 06 <input type="checkbox"/> HOT WIRE<br>07 <input type="checkbox"/> SLIM JIM / COAT HANGER<br>08 <input type="checkbox"/> TUMBLERS REMOVED<br>09 <input type="checkbox"/> COLUMN PEELED<br>10 <input type="checkbox"/> IGNITION PEELED |

METHODS OF OPERATION

NO. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) [REDACTED]

ADDRESS (Street, Apt., City, State, Zip) [REDACTED], South Point, OH 45638

EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) [REDACTED]

AGE / DOB **22 10/03/1997** SEX **M** RACE  B  W  I  A  U HEIGHT **509** WEIGHT **280** HAIR **BLK** EYES **BRO**

OCCUPATION \_\_\_\_\_ SSN \*\*\*\*\* RESIDENT STATUS 1  RESIDENT 2  TOURIST 3  MILITARY 4  STUDENT 5  OTHER 6  UNKNOWN

VICTIM TYPE I  INDIVIDUAL F  FINANCIAL INSTITUTION P  POLICE OFFICERS (IN THE LINE OF DUTY) S  SOCIETY / PUBLIC O  OTHER  
B  BUSINESS G  GOVERNMENT R  RELIGIOUS ORGANIZATION U  UNKNOWN

VICTIM INJURED?  Y  N IF INJURED, DESCRIBE INJURIES \_\_\_\_\_

AGG,ASLT / HOMICIDE CIRCUM \_\_\_\_\_ VICT. OFF. RELAT **99** VICTIM LINKED TO OFFENDER NO(S) **01** VICTIM LINKED TO OFFENSE NO(S) **01**

My signature verifies that the information on this report is accurate and true. DATE \_\_\_\_\_

REPORTING OFFICER **Barker, Wesley** BADGE NO. \_\_\_\_\_ DATE **1/07/2020**

APPROVING OFFICER **Bollinger, Det. Sgt., Aaron** BADGE NO. \_\_\_\_\_ DATE **6/30/2020**

FOLLOW-UP?  Y  N if yes, follow-up assignment: **Bollinger, Det. Sgt., Aaron**

ADDITIONAL SUPPLEMENTS  VICTIM / WITNESS  PROPERTY  STATEMENT  FORM RECEIVED BY:  INTELLIGENCE  SPECIAL COPIES  
 SUSPECT / ARREST  NARRATIVE  OTHER  INVESTIGATION  RECORDS

VICTIM

INCIDENT NUMBER 2-20-000177

# SUSPECT / ARRESTEE SUPPLEMENT

INCIDENT NO. [REDACTED]

|   |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
|---|---|--|---|--|---|--|-------------------------------------|-------------------------------------|---|--|-------------------------------------|---|--|--|--|--|--|---|-----------------------------------|---|---|--|--|---|---|--|--|---|--|------------------------------------|
| <b>VICTIM</b>   | <b>OFFENSE</b><br><b>Assault</b>  | <b>INCIDENT DATE / TIME</b><br><b>1/07/2020 1905</b>   |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| NO. <b>1</b> <input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE  | CHECK APPROPRIATE CATEGORY<br><input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT / ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| NAME (Last, First, Middle)<br><b>Corbin, Skylar J</b>   |   | SSN<br><b>*****</b>                                    |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| ADDRESS (Street, Apt., City, State, Zip)<br><b>2540.5 S 5th Street , Ironton, OH 45638</b>  |   | PHONE<br><b>(740) 547-9865</b>                         |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)  |   | PHONE  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| PLACE OF BIRTH<br><b>Huntington WV</b>  | DL# / STATE   | OCCUPATION / SCHOOL                                    |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| AGE / D.O.B. <b>27 YRS 12/13/1992</b>   | SEX <b>M</b> RACE <b>W</b> <input checked="" type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> HGT <b>600</b> WGT <b>150</b> HAIR <b>BRO</b> EYES <b>BRO</b>  |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| MARITAL STATUS <b>S</b>   | SCARS, MARKS, TATTOOS   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| ADDITIONAL DESCRIPTIVES   |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| SUSPECTED OF USING: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS   |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| POTENTIAL INJURIES  |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| RESIDENT STATUS: 01 <input checked="" type="checkbox"/> RESIDENT 02 <input type="checkbox"/> TOURIST 03 <input type="checkbox"/> MILITARY 04 <input type="checkbox"/> STUDENT 05 <input type="checkbox"/> OTHER 06 <input type="checkbox"/> UNKNOWN   |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| TYPE WEAPON USED / ARRESTEE WAS ARMED WITH  |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| SUSPECT USED 1. <b>99</b> 2. 3. ARRESTEE ARMED WITH 1. 2. 3.  |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| <table style="width:100%; border:none;"> <tr> <td style="width:25%;">99 <input type="checkbox"/> NONE</td> <td style="width:25%;">13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM</td> <td style="width:25%;">17 <input type="checkbox"/> SIMULATED FIREARM</td> <td style="width:25%;">50 <input type="checkbox"/> POISON</td> </tr> <tr> <td>11 <input type="checkbox"/> FIREARM</td> <td>14 <input type="checkbox"/> SHOTGUN</td> <td>18 <input type="checkbox"/> BB / PELLET GUN</td> <td>60 <input type="checkbox"/> EXPLOSIVES</td> </tr> <tr> <td>12 <input type="checkbox"/> HANDGUN</td> <td>15 <input type="checkbox"/> OTHER FIREARM</td> <td>20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT</td> <td>65 <input type="checkbox"/> FIRE / INCENDIARY DEVICE</td> </tr> <tr> <td>12A <input type="checkbox"/> AUTOMATIC HANDGUN</td> <td>15A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE</td> <td>30 <input type="checkbox"/> BLUNT OBJECT</td> <td>70 <input type="checkbox"/> DRUGS / NARC / SLEEPING PILLS</td> </tr> <tr> <td>13 <input type="checkbox"/> RIFLE</td> <td>15B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM</td> <td>35 <input type="checkbox"/> MOTOR VEHICLE</td> <td>80 <input type="checkbox"/> OTHER WEAPON</td> </tr> <tr> <td>13A <input type="checkbox"/> FULLY AUTOMATIC RIFLE</td> <td>16C <input type="checkbox"/> MACHINE PISTOL</td> <td>40 <input type="checkbox"/> PERSONAL WEAPON</td> <td>85 <input type="checkbox"/> ASPHYXIATION</td> </tr> <tr> <td></td> <td>16 <input type="checkbox"/> IMITATION FIREARM</td> <td></td> <td>U <input type="checkbox"/> UNKNOWN</td> </tr> </table> |   |  | 99 <input type="checkbox"/> NONE                          | 13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM   | 17 <input type="checkbox"/> SIMULATED FIREARM | 50 <input type="checkbox"/> POISON                                 | 11 <input type="checkbox"/> FIREARM | 14 <input type="checkbox"/> SHOTGUN | 18 <input type="checkbox"/> BB / PELLET GUN | 60 <input type="checkbox"/> EXPLOSIVES   | 12 <input type="checkbox"/> HANDGUN | 15 <input type="checkbox"/> OTHER FIREARM             | 20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT | 65 <input type="checkbox"/> FIRE / INCENDIARY DEVICE | 12A <input type="checkbox"/> AUTOMATIC HANDGUN | 15A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE | 30 <input type="checkbox"/> BLUNT OBJECT | 70 <input type="checkbox"/> DRUGS / NARC / SLEEPING PILLS | 13 <input type="checkbox"/> RIFLE | 15B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM | 35 <input type="checkbox"/> MOTOR VEHICLE | 80 <input type="checkbox"/> OTHER WEAPON | 13A <input type="checkbox"/> FULLY AUTOMATIC RIFLE | 16C <input type="checkbox"/> MACHINE PISTOL | 40 <input type="checkbox"/> PERSONAL WEAPON | 85 <input type="checkbox"/> ASPHYXIATION |  | 16 <input type="checkbox"/> IMITATION FIREARM |  | U <input type="checkbox"/> UNKNOWN |
| 99 <input type="checkbox"/> NONE  | 13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM  | 17 <input type="checkbox"/> SIMULATED FIREARM          | 50 <input type="checkbox"/> POISON                        |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 11 <input type="checkbox"/> FIREARM   | 14 <input type="checkbox"/> SHOTGUN   | 18 <input type="checkbox"/> BB / PELLET GUN            | 60 <input type="checkbox"/> EXPLOSIVES                    |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 12 <input type="checkbox"/> HANDGUN   | 15 <input type="checkbox"/> OTHER FIREARM   | 20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT | 65 <input type="checkbox"/> FIRE / INCENDIARY DEVICE      |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 12A <input type="checkbox"/> AUTOMATIC HANDGUN  | 15A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE  | 30 <input type="checkbox"/> BLUNT OBJECT               | 70 <input type="checkbox"/> DRUGS / NARC / SLEEPING PILLS |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 13 <input type="checkbox"/> RIFLE   | 15B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM   | 35 <input type="checkbox"/> MOTOR VEHICLE              | 80 <input type="checkbox"/> OTHER WEAPON                  |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 13A <input type="checkbox"/> FULLY AUTOMATIC RIFLE  | 16C <input type="checkbox"/> MACHINE PISTOL   | 40 <input type="checkbox"/> PERSONAL WEAPON            | 85 <input type="checkbox"/> ASPHYXIATION                  |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
|   | 16 <input type="checkbox"/> IMITATION FIREARM   |  | U <input type="checkbox"/> UNKNOWN                        |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| <b>ASSOC</b>  |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| NAME ADDRESS (Street, Apt., City, State, Zip) PHONE   |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 1. 1. 1.  |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 2. 2. 2.  |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| <b>ARREST INFORMATION</b>   |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| ARREST / OFFENSE DESCRIPTION  |   |  |   | ARREST / OFFENSE CODE  |   |  |                                     | F / M & DEGREE                      |   |  |                                     | ARREST LARCENY TYPE                                   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 1.  |   |  |   | 1.   |   |  |                                     | 1.                                  |   |  |                                     | 23A <input type="checkbox"/> POCKET PICKING           |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 2.  |   |  |   | 2.   |   |  |                                     | 2.                                  |   |  |                                     | 23B <input type="checkbox"/> PURSE SNATCHING          |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 3.  |   |  |   | 3.   |   |  |                                     | 3.                                  |   |  |                                     | 23C <input type="checkbox"/> SHOPLIFTING              |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 4.  |   |  |   | 4.   |   |  |                                     | 4.                                  |   |  |                                     | 23D <input type="checkbox"/> THEFT FROM BUILDING      |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 5.  |   |  |   | 5.   |   |  |                                     | 5.                                  |   |  |                                     | 23E <input type="checkbox"/> THEFT FROM COIN-OP MACH. |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| 6.  |   |  |   | 6.   |   |  |                                     | 6.                                  |   |  |                                     | 23F <input type="checkbox"/> THEFT FROM MOTOR VEH.    |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
|   |   |  |   |  |   |  |                                     |                                     |   |  |                                     | 23G <input type="checkbox"/> MOTOR VEH. PART          |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
|   |   |  |   |  |   |  |                                     |                                     |   |  |                                     | 240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
|   |   |  |   |  |   |  |                                     |                                     |   |  |                                     | 23H <input type="checkbox"/> OTHER: _____             |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| ARREST DATE   |   | TIME   |   | ARREST LOCATION (Street, Apt., City, State, Zip)   |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| ARREST TRANSACTION NUMBER   |   |  |   | WARRANT NUMBER   |   |  |                                     | ARREST DISPOSITION                  |   |  |                                     | BAIL  |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| MIRANDA WITNESSED BY:   |   |  |   |  |   |  |                                     |                                     |   |  |                                     | TIME READ   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| FINGERPRINTED <input type="checkbox"/> Y <input type="checkbox"/> N   |   | FINGERPRINT CARD NO.                                   |   |  |   | PHOTOS TAKEN <input type="checkbox"/> Y <input type="checkbox"/> N |                                     | NO. TAKEN                           |   | PHOTO ID NO.   |                                     |   |  | FBI / BCI #  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| MULTIPLE ARREST INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARREST INDICATOR <input type="checkbox"/> N / A   |   |  |   | ARREST TYPE 1 <input type="checkbox"/> COMPLAINT 2 <input type="checkbox"/> IN-PROGRESS 3 <input type="checkbox"/> WARRANT 4 <input type="checkbox"/> SUMMONS 5 <input type="checkbox"/> ORDER OF PROTECTION 6 <input type="checkbox"/> CUSTODY 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> OTHER |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| JUV. PARENT / GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N   |   | DATE / TIME NOTIFIED                                   |   |  |   | NOTIFIED BY  |                                     |                                     |   | JUVENILE DISPOSITION <input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> N / A <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)  |   |  |   |  |   |  |                                     | RELATIONSHIP                        |   |  |                                     | PHONE   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)  |   |  |   |  |   |  |                                     | RELATIONSHIP                        |   |  |                                     | PHONE   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| PREVIOUS RUN / MISS <input type="checkbox"/> Y <input type="checkbox"/> N   |   | DATE OF LAST CONTACT                                   |   |  |   | DATE OF EMANCIPATION   |                                     |                                     |   | NCIC #   |                                     |   |  | DATE / TIME ENTERED                                  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| LAST SEEN WEARING   |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| REPORTING OFFICER / ARRESTING OFFICER<br><b>Barker, Wesley</b>  |   |  |   |  |   |  |                                     |                                     |   | BADGE NO.  |                                     | DATE<br><b>1/07/2020</b>                              |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| APPROVING OFFICER<br><b>Bollinger, Det. Sgt., Aaron</b>   |   |  |   |  |   |  |                                     |                                     |   | BADGE NO.  |                                     | DATE<br><b>6/30/2020</b>                              |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| COURT   |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |
| COURT DATE  |   |  |   |  |   |  |                                     |                                     |   |  |                                     |   |  |  |  |  |  |   |                                   |   |   |  |  |   |   |  |  |   |  |                                    |



# NARRATIVE SUPPLEMENT

INCIDENT NUMBER

|        |                           |   |
|--------|---------------------------|---|
| VICTIM | OFFENSE<br><b>Assault</b> | INCIDENT DATE / TIME<br><b>1/07/2020 1905</b> |
|--------|---------------------------|---|

**Narrative Type: Initial Report**

**Topic:**

**Narrative Reporting Officer: Barker, Wesley**

**Narrative Date/Time: 01/08/2020 12:32**

on 1-7-20 at about 1905 myself and Deputy Dillon heard what sounded like a fight coming from on of the cells. upon closer inspection of the commotion it was coming from ISO. once i got there, I seen two men fighting identified as ██████████ and Skylar Corbon. I yelled for then to stop as I was waiting for Deputy Peters to arive with keys. Once he arrived, i went into the cell and seen ██████████ standing there and every one else in there bunks. ██████████ had some injuries to the face. I ordered everyone in the cell to line up on thre bars so i could look for the other party involved Corbin had cuts on his ear and neck. injuries on both people where photographed with the jail camera. ██████████ said that he was jumped by four guys but Corbin said he was the only one involved. Nobody else had any marks on hands or face. ██████████ does not wish to file charges and a statment was gotten from him. ██████████ was also offerd medical treatment but denied.

|                   |  |   |   |  |                  |
|-------------------|--|---|---|--|------------------|
| REASON CLEARED    | A <input type="checkbox"/> DEATH OF OFFENDER<br>B <input type="checkbox"/> PROSECUTION DECLINED<br>C <input type="checkbox"/> EXTRADITION DENIED | D <input type="checkbox"/> VICTIM REFUSED TO COOP.<br>E <input type="checkbox"/> JUVENILE / NO CUSTODY<br>F <input type="checkbox"/> ARREST - ADULT | G <input type="checkbox"/> ARREST - JUVENILE<br>H <input type="checkbox"/> WARRANT ISSUED<br>I <input type="checkbox"/> INVEST. PENDING | J <input type="checkbox"/> CLOSED<br>K <input type="checkbox"/> UNFOUNDED<br>U <input checked="" type="checkbox"/> UNKNOWN | DATE CLEARED     |
| REPORTING OFFICER | <b>Barker, Wesley</b>  |   | BADGE NO.   | DATE   | <b>1/07/2020</b> |
| APPROVING OFFICER | <b>Bollinger, Det. Sgt., Aaron</b>   |   | BADGE NO.   | DATE   | <b>6/30/2020</b> |

ADMINISTRATIVE

AGENCY NAME **LAWRENCE COUNTY SHERIFF OFFICE**

CALL NUMBER **160000022228** GEOCODE **2**

TOD

TOA

TOC

INCIDENT NUMBER **2-16-005295**

CLEARANCES

A  DEATH OF OFFENDER G  ARREST - JUVENILE

B  PROSECUTION DECLINED H  WARRANT ISSUED

C  EXTRADITION DENIED I  INVEST. PENDING

D  VICTIM REFUSED TO COOP J  CLOSED

E  JUVENILE/NO CUSTODY K  UNFOUNDED

F  ARREST - ADULT U  UNKNOWN

### OHIO UNIFORM INCIDENT REPORT



CLEARANCE DATE **12/19/2016** CLEARED BY:

| REPORT DATE/TIME |     |      |      | INCIDENT OCCURRED FROM |     |      |      | INCIDENT OCCURRED TO |     |      |      |
|------------------|-----|------|------|------------------------|-----|------|------|----------------------|-----|------|------|
| MONTH            | DAY | YEAR | TIME | MONTH                  | DAY | YEAR | TIME | MONTH                | DAY | YEAR | TIME |
| 12               | 18  | 2016 | 1700 | 12                     | 18  | 2016 | 1700 | 12                   | 18  | 2016 | 1700 |

INCIDENT LOCATION (Street, Apt, City, State, Zip) **2000 State Route 141, IRONTON, OH 45638**

HATE / BIAS  Y  N EXPLAIN:

| OFFENSE                   | OFFENSE CODE | A/C F / M & DEGREE | TYPE OF CRIMINAL ACTIVITY |
|---------------------------|--------------|--------------------|---------------------------|
| 1. Invalid Offense Class. | 2903.13A     | C M1               | 1. <u>N</u> 2. 3.         |
| 2.                        |              |                    | 1. 2. 3.                  |
| 3.                        |              |                    | 1. 2. 3.                  |
| 4.                        |              |                    | 1. 2. 3.                  |
| 5.                        |              |                    | 1. 2. 3.                  |

B - BUYING / RECEIVING  
C - CULTIVATING / MFG / PUB  
D - DISTRIBUTING / SELLING  
E - EXPLOITING CHILDREN  
O - OPER / PROMOTING / ASSIST.  
P - POSSESSING / CONCEALING  
T - TRANSPORT / TRANSMIT  
U - USING / CONSUMING

| LOCATION OF OFFENSE(S) (Enter up to two for each offense) |                                  |                            |                           | LARCENY TYPE  |  |  |  |
|---|----------------------------------|----------------------------|---------------------------|---|--|--|--|
| 1. <u>47</u>  | 2.                               | 3.                         | 4.                        | 23A <input type="checkbox"/> POCKET PICKING           | 23B <input type="checkbox"/> PURSE SNATCHING       | 23C <input type="checkbox"/> SHOPLIFTING             | 23D <input type="checkbox"/> THEFT FROM BUILDING     |
| RESIDENTIAL STRUCTURE                                     | 12 JAIL/PRISON                   | RETAIL                     | 40 OTHER RETAIL STORE     | 23E <input type="checkbox"/> THEFT FROM COIN-OP MACH. | 23F <input type="checkbox"/> THEFT FROM MOTOR VEH. | 23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES. | 240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE  |
| 01 SINGLE FAMILY HOME                                     | 13 PARKING GARAGE                | 26 BAR                     | 41 FACTORY/MILL/PLANT     | 23H <input type="checkbox"/> OTHER                    | SUSPECTED OF USING                                 |  |  |
| 02 MULTIPLE DWELLING                                      | 14 OTHER PUBLIC ACCESS BUILDING  | 27 BUY / SELL / TRADE SHOW | 42 OTHER BUILDING         | A <input type="checkbox"/> ALCOHOL                    | D <input type="checkbox"/> DRUGS                   | C <input type="checkbox"/> COMPUTER EQUIP            | N <input checked="" type="checkbox"/> NOT APPLICABLE |
| 03 RESIDENTIAL FACILITY                                   | COMMERCIAL LOCATIONS             | 28 RESTAURANT              | OUTSIDE                   |   |  |  |  |
| 04 OTHER RESIDENTIAL                                      | 15 AUTO SHOP                     | 29 GAS STATION             | 43 YARD                   |   |  |  |  |
| 05 GARAGE / SHED  | 16 FINANCIAL INSTITUTION         | 30 AUTO SALES LOT          | 44 CONSTRUCTION SITE      |   |  |  |  |
| PUBLIC ACCESS BLDGS.                                      | 17 BARBER / BEAUTY SHOP          | 31 JEWELRY STORE           | 45 LAKE/WATERWAY          |   |  |  |  |
| 06 TRANSIT FACILITY                                       | 18 HOTEL/MOTEL                   | 32 CLOTHING STORE          | 46 FIELD/WOODS            |   |  |  |  |
| 07 GOVERNMENT OFFICE                                      | 19 DRY CLEANER/LAUNDRY           | 33 DRUGSTORE               | 47 STREET                 |   |  |  |  |
| 08 SCHOOL   | 20 PROFESSIONAL OFFICE           | 34 LIQUOR STORE            | 48 PARKING LOT            |   |  |  |  |
| 09 COLLEGE  | 21 DOCTOR'S OFFICE               | 35 SHOPPING MALL           | 49 PARK/PLAYGROUND        |   |  |  |  |
| 10 CHURCH   | 22 OTHER BUSINESS OFFICE         | 36 SPORTING GOODS          | 50 CEMETERY               |   |  |  |  |
| 11 HOSPITAL   | 23 AMUSEMENT CENTER              | 37 GROCERY / SUPERMARKET   | 51 PUBLIC TRANSIT VEHICLE |   |  |  |  |
|   | 24 RENTAL STORAGE FACILITY       | 38 VARIETY / CONVENIENCE   | 52 OTHER OUTSIDE LOCATION |   |  |  |  |
|   | 25 OTHER COMMERCIAL SERVICE LOC. | 39 DEPARTMENT STORE        | 77 OTHER                  |   |  |  |  |

| 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 | 06 <input type="checkbox"/> HOT WIRE         | 2 <input type="checkbox"/> NO FORCE   | 02 <input type="checkbox"/> UNLOCKED      | 07 <input type="checkbox"/> SLJM JIM / COAT HANGER | ENTRY                                | EXIT | ENTRY                               | EXIT | ENTRY                            | EXIT |
| NO. PREMISES ENTERED             | 03 <input type="checkbox"/> DUPLICATE KEY USED          | 08 <input type="checkbox"/> TUMBLERS REMOVED |                                       | 04 <input type="checkbox"/> WINDOW BROKEN | 09 <input type="checkbox"/> COLUMN PEELED          | 1 <input type="checkbox"/> BASEMENT  |      | 1 <input type="checkbox"/> DOOR     |      | 1 <input type="checkbox"/> FRONT |      |
|                                  | 05 <input type="checkbox"/> TOWED                       | 10 <input type="checkbox"/> IGNITION PEELED  |                                       |   |  | 2 <input type="checkbox"/> 1ST FLOOR |      | 2 <input type="checkbox"/> WINDOW   |      | 2 <input type="checkbox"/> SIDE  |      |
|                                  |   |  |                                       |   |  | 3 <input type="checkbox"/> 2ND FLOOR |      | 3 <input type="checkbox"/> GARAGE   |      | 3 <input type="checkbox"/> REAR  |      |
|                                  |   |  |                                       |   |  | 4 <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

NO. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) **Corbin, Skylar J**

ADDRESS (Street, Apt., City, State, Zip) **255 Tep. Rd. 277 , Ironton, OH 45638** PHONE **(740) 547-9865**

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

AGE / DOB **24 12/13/1992** SEX **M** RACE  W  I  A  U HEIGHT **600** WEIGHT **150** HAIR **BRO** EYES **BRO**

OCCUPATION SSN \*\*\*\*\* RESIDENT 1  RESIDENT 3  MILITARY 5  OTHER STATUS 2  TOURIST 4  STUDENT 6  UNKNOWN

VICTIM TYPE I  INDIVIDUAL F  FINANCIAL INSTITUTION P  POLICE OFFICERS (IN THE LINE OF DUTY) S  SOCIETY / PUBLIC O  OTHER B  BUSINESS G  GOVERNMENT R  RELIGIOUS ORGANIZATION U  UNKNOWN

VICTIM  Y IF INJURED, DESCRIBE INJURIES INJURED?  N

AGG,ASLT / HOMICIDE CIRCUM VICT. OFF. RELAT **99** VICTIM LINKED TO OFFENDER NO(S) VICTIM LINKED TO OFFENSE NO(S) **01**

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

REPORTING OFFICER **Adkins, Beau** BADGE NO. DATE **12/18/2016**

APPROVING OFFICER BADGE NO. DATE

FOLLOW-UP? If yes, follow-up assignment:  Y  N **Adkins, Beau**

ADDITIONAL SUPPLEMENTS  VICTIM / WITNESS  PROPERTY  STATEMENT  FORM RECEIVED BY:  INTELLIGENCE  SPECIAL COPIES  SUSPECT / ARREST  NARRATIVE  OTHER  INVESTIGATION  RECORDS

VICTIM

INCIDENT NUMBER 2-16-005295

# NARRATIVE SUPPLEMENT

INCIDENT NUMBER

**2-16-005295**

|                                   |         |  |
|-----------------------------------|---------|--|
| VICTIM<br><b>Corbin, Skylar J</b> | OFFENSE | INCIDENT DATE / TIME<br><b>12/18/2016 1700</b> |
|-----------------------------------|---------|--|

**Narrative Type: Initial Report**

**Topic:**

**Narrative Reporting Officer: Adkins, Beau**  
12-18-16

**Narrative Date/Time: 12/19/2016 01:54**

Dep. M. T. McGraw

On the above date, I was notified by dispatch that there was a victim of an assault in our lobby wanting to file a report. I then spoke to a Skylar Corbin who advised me that he was waiting on State Route 141 for his girlfriend to pick him and that a Timothy Vanblarcume came up behind him and struck him in the head. He stated that Timothy then put his arms around him and took him to the ground and struck him 3 or 4 more times in the face. He stated that Timothy then kicked him in the face with a steel toe boot resulting in a laceration right beneath his left eye. He stated that he then left and came to our lobby. I took pictures of the injury to Skylar all the blood that was on his clothes. I then sent Skylar to seek medical attention and advised him to return to give us a written statement.

I was unable to find any information of Timothy Vanblarcume and Skylar did not know any information other than his name.

|  |  |   |  |   |                                   |
|--|--|---|--|---|-----------------------------------|
| REASON CLEARED                           | A <input type="checkbox"/> DEATH OF OFFENDER<br>B <input type="checkbox"/> PROSECUTION DECLINED<br>C <input type="checkbox"/> EXTRADITION DENIED | D <input type="checkbox"/> VICTIM REFUSED TO COOP.<br>E <input type="checkbox"/> JUVENILE / NO CUSTODY<br>F <input type="checkbox"/> ARREST - ADULT | G <input type="checkbox"/> ARREST - JUVENILE<br>H <input type="checkbox"/> WARRANT ISSUED<br>I <input checked="" type="checkbox"/> INVEST. PENDING | J <input type="checkbox"/> CLOSED<br>K <input type="checkbox"/> UNFOUNDED<br>U <input type="checkbox"/> UNKNOWN | DATE CLEARED<br><b>12/19/2016</b> |
| REPORTING OFFICER<br><b>Adkins, Beau</b> | BADGE NO.  | DATE<br><b>12/18/2016</b>   |  |   |                                   |
| APPROVING OFFICER                        | BADGE NO.  | DATE  |  |   |                                   |

AGENCY NAME **LAWRENCE COUNTY SHERIFF OFFICE**

INCIDENT NUMBER **2-16-004959**

CALL NUMBER **160000021304** GEOCODE **2**

CLEARANCES  
A  DEATH OF OFFENDER G  ARREST - JUVENILE  
B  PROSECUTION DECLINED H  WARRANT ISSUED  
C  EXTRADITION DENIED I  INVEST. PENDING  
D  VICTIM REFUSED TO COOP J  CLOSED  
E  JUVENILE/NO CUSTODY K  UNFOUNDED  
F  ARREST - ADULT U  UNKNOWN

TO D **1945**  
TO A **1958**  
TO C **2010**



**OHIO UNIFORM INCIDENT REPORT**

CLEARANCE DATE **12/05/2016** CLEARED BY:

| REPORT DATE/TIME |     |      |      | INCIDENT OCCURRED FROM |     |      |      | INCIDENT OCCURRED TO |     |      |      |
|------------------|-----|------|------|------------------------|-----|------|------|----------------------|-----|------|------|
| MONTH            | DAY | YEAR | TIME | MONTH                  | DAY | YEAR | TIME | MONTH                | DAY | YEAR | TIME |
| 12               | 04  | 2016 | 1942 | 12                     | 04  | 2016 | 1942 | 12                   | 04  | 2016 | 1942 |

INCIDENT LOCATION (Street, Apt, City, State, Zip) **1091 TWP RD 138, IRONTON, OH 45638** HATE / BIAS  Y  N EXPLAIN:

| OFFENSE                      | OFFENSE CODE   | A/C F / M & DEGREE | TYPE OF CRIMINAL ACTIVITY  |
|------------------------------|----------------|--------------------|--|
| 1. <b>Theft &lt; \$1,000</b> | <b>2913.02</b> | <b>C M1</b>        | 1. 2. 3. _____<br>B - BUYING / RECEIVING<br>C - CULTIVATING / MFG / PUB<br>D - DISTRIBUTING / SELLING<br>E - EXPLOITING CHILDREN<br>O - OPER / PROMOTING / ASSIST.<br>P - POSSESSING / CONCEALING<br>T - TRANSPORT / TRANSMIT<br>U - USING / CONSUMING |
| 2.                           |                |                    | 1. 2. 3. _____   |
| 3.                           |                |                    | 1. 2. 3. _____   |
| 4.                           |                |                    | 1. 2. 3. _____   |
| 5.                           |                |                    | 1. 2. 3. _____   |

| LOCATION OF OFFENSE(S) (Enter up to two for each offense) |                                  |                            |                           | LARCENY TYPE  |  |  |  |
|---|----------------------------------|----------------------------|---------------------------|---|--|--|--|
| 1. <b>01</b>  | 2. _____                         | 3. _____                   | 4. _____                  | 23A <input type="checkbox"/> POCKET PICKING           | 23B <input type="checkbox"/> PURSE SNATCHING       | 23C <input type="checkbox"/> SHOPLIFTING             | 23D <input type="checkbox"/> THEFT FROM BUILDING     |
| RESIDENTIAL STRUCTURE                                     | 12 JAIL/PRISON                   | RETAIL                     | 40 OTHER RETAIL STORE     | 23E <input type="checkbox"/> THEFT FROM COIN-OP MACH. | 23F <input type="checkbox"/> THEFT FROM MOTOR VEH. | 23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES. | 240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE  |
| 01 SINGLE FAMILY HOME                                     | 13 PARKING GARAGE                | 26 BAR                     | 41 FACTORY/MILL/PLANT     | 23H <input checked="" type="checkbox"/> OTHER         | SUSPECTED OF USING                                 |  |  |
| 02 MULTIPLE DWELLING                                      | 14 OTHER PUBLIC ACCESS BUILDING  | 27 BUY / SELL / TRADE SHOW | 42 OTHER BUILDING         | A <input type="checkbox"/> ALCOHOL                    | D <input type="checkbox"/> DRUGS                   | C <input type="checkbox"/> COMPUTER EQUIP            | N <input checked="" type="checkbox"/> NOT APPLICABLE |
| 03 RESIDENTIAL FACILITY                                   | COMMERCIAL LOCATIONS             | 28 RESTAURANT              | OUTSIDE                   |   |  |  |  |
| 04 OTHER RESIDENTIAL                                      | 15 AUTO SHOP                     | 29 GAS STATION             | 43 YARD                   |   |  |  |  |
| 05 GARAGE / SHED  | 16 FINANCIAL INSTITUTION         | 30 AUTO SALES LOT          | 44 CONSTRUCTION SITE      |   |  |  |  |
| PUBLIC ACCESS BLDGS.                                      | 17 BARBER / BEAUTY SHOP          | 31 JEWELRY STORE           | 45 LAKE/WATERWAY          |   |  |  |  |
| 08 TRANSIT FACILITY                                       | 18 HOTEL/MOTEL                   | 32 CLOTHING STORE          | 46 FIELD/WOODS            |   |  |  |  |
| 07 GOVERNMENT OFFICE                                      | 19 DRY CLEANER/LAUNDRY           | 33 DRUGSTORE               | 47 STREET                 |   |  |  |  |
| 08 SCHOOL   | 20 PROFESSIONAL OFFICE           | 34 LIQUOR STORE            | 48 PARKING LOT            |   |  |  |  |
| 09 COLLEGE  | 21 DOCTOR'S OFFICE               | 35 SHOPPING MALL           | 49 PARK/PLAYGROUND        |   |  |  |  |
| 10 CHURCH   | 22 OTHER BUSINESS OFFICE         | 36 SPORTING GOODS          | 50 CEMETERY               |   |  |  |  |
| 11 HOSPITAL   | 23 AMUSEMENT CENTER              | 37 GROCERY / SUPERMARKET   | 51 PUBLIC TRANSIT VEHICLE |   |  |  |  |
|   | 24 RENTAL STORAGE FACILITY       | 38 VARIETY / CONVENIENCE   | 52 OTHER OUTSIDE LOCATION |   |  |  |  |
|   | 25 OTHER COMMERCIAL SERVICE LOC. | 39 DEPARTMENT STORE        | 77 OTHER                  |   |  |  |  |

| 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 | 08 <input type="checkbox"/> HOT WIRE               | ENTRY                                 | EXIT                     | ENTRY                               | EXIT                               | ENTRY                            | EXIT                     | ENTRY | EXIT |  |
| 2 <input type="checkbox"/> NO FORCE | 02 <input type="checkbox"/> UNLOCKED                    | 07 <input type="checkbox"/> SLIM JIM / COAT HANGER | 1 <input type="checkbox"/> BASEMENT   | <input type="checkbox"/> | 1 <input type="checkbox"/> DOOR     | <input type="checkbox"/>           | 1 <input type="checkbox"/> FRONT | <input type="checkbox"/> |       |      |  |
| NO. PREMISES ENTERED                | 03 <input type="checkbox"/> DUPLICATE KEY USED          | 08 <input type="checkbox"/> TUMBLERS REMOVED       | 2 <input type="checkbox"/> 1ST FLOOR  | <input type="checkbox"/> | 2 <input type="checkbox"/> WINDOW   | <input type="checkbox"/>           | 2 <input type="checkbox"/> SIDE  | <input type="checkbox"/> |       |      |  |
|                                     | 04 <input type="checkbox"/> WINDOW BROKEN               | 09 <input type="checkbox"/> COLUMN PEELED          | 3 <input type="checkbox"/> 2ND FLOOR  | <input type="checkbox"/> | 3 <input type="checkbox"/> GARAGE   | <input type="checkbox"/>           | 3 <input type="checkbox"/> REAR  | <input type="checkbox"/> |       |      |  |
|                                     | 05 <input type="checkbox"/> TOWED                       | 10 <input type="checkbox"/> IGNITION PEELED        | 4 <input type="checkbox"/> OTHER      | <input type="checkbox"/> | 4 <input type="checkbox"/> SKYLIGHT | <input type="checkbox"/>           | 4 <input type="checkbox"/> ROOF  | <input type="checkbox"/> |       |      |  |
|                                     |   |  |                                       |                          | 5 <input type="checkbox"/> OTHER    | <input type="checkbox"/>           | 5 <input type="checkbox"/> OTHER | <input type="checkbox"/> |       |      |  |

METHODS OF OPERATION

NO. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) **Corbin, Skylar J**

ADDRESS (Street, Apt., City, State, Zip) **255 Tep. Rd. 277, Ironton, OH 45638** PHONE **(740) 547-9865**

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

AGE / DOB **23 12/13/1992** SEX **M** RACE  W  I  A  U HEIGHT **600** WEIGHT **150** HAIR **BRO** EYES **BRO**

OCCUPATION \_\_\_\_\_ SSN **\*\*\*\*\*** RESIDENT STATUS  1 RESIDENT  2 TOURIST  3 MILITARY  4 STUDENT  5 OTHER  6 UNKNOWN

VICTIM TYPE  I INDIVIDUAL  F FINANCIAL INSTITUTION  P POLICE OFFICERS (IN THE LINE OF DUTY)  S SOCIETY / PUBLIC  O OTHER  
 B BUSINESS  G GOVERNMENT  R RELIGIOUS ORGANIZATION  U UNKNOWN

VICTIM INJURED?  Y  N IF INJURED, DESCRIBE INJURIES

AGG,ASLT / HOMICIDE CIRCUM \_\_\_\_\_ VICT. OFF. RELAT **12** VICTIM LINKED TO OFFENDER NO(S) **01** VICTIM LINKED TO OFFENSE NO(S) **01**

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

REPORTING OFFICER **Adkins, Beau** BADGE NO. \_\_\_\_\_ DATE **12/04/2016**

APPROVING OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ DATE \_\_\_\_\_

FOLLOW-UP? If yes, follow-up assignment:  Y  N

ADDITIONAL SUPPLEMENTS  VICTIM / WITNESS  PROPERTY  STATEMENT  FORM RECEIVED BY:  INTELLIGENCE  SPECIAL COPIES  
 SUSPECT / ARREST  NARRATIVE  OTHER  INVESTIGATION  RECORDS

ADMINISTRATIVE

OFFENSE

VICTIM

INCIDENT NUMBER 2-16-004959

# SUSPECT / ARRESTEE SUPPLEMENT

INCIDENT NO.

2-16-004959

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| VICTIM<br><b>Corbin, Skylar J</b>  |   | OFFENSE<br><b>Theft &lt; \$1,000</b>  |  | INCIDENT DATE / TIME<br><b>12/04/2016 1942</b>  |  |
| NO.<br><b>1</b>  | <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE | CHECK APPROPRIATE CATEGORY<br><input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT / ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER |  |   | CHARGES FILED?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| NAME (Last, First, Middle)<br><b>Wicker, Brandon</b>   |   |   |  | SSN   |  |
| ALIAS  |   |   |  | GANG AFFILIATION  |  |
| ADDRESS (Street, Apt., City, State, Zip)<br><b>228 High Street , Coal Grove, OH 45638</b>  |   |   |  | PHONE   |  |
| EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)   |   |   |  | PHONE   |  |
| PLACE OF BIRTH   |   |   | DL# / STATE  | OCCUPATION / SCHOOL   |  |
| AGE / D. O. B. <b>16</b>   | SEX <b>M</b>  | RACE <b>W</b>   | B <input type="checkbox"/> A <input type="checkbox"/> HGT <b>510</b> | WGT <b>150</b>  | HAIR <b>BRO</b> EYES <b>BRO</b>  |
| MARITAL STATUS   | SCARS, MARKS, TATTOOS   |   |  |   |  |
| ADDITIONAL DESCRIPTIVES  |   |   |  |   |  |
| SUSPECTED OF USING:<br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS   |   | POTENTIAL INJURIES  |  |   |  |
| RESIDENT STATUS  | 01 <input checked="" type="checkbox"/> RESIDENT                             | 02 <input type="checkbox"/> TOURIST   | 03 <input type="checkbox"/> MILITARY                                 | 04 <input type="checkbox"/> STUDENT   | 05 <input type="checkbox"/> OTHER  |
|  |   |   |  |   | 06 <input type="checkbox"/> UNKNOWN  |
| TYPE WEAPON USED / ARRESTEE WAS ARMED WITH   |   |   |  |   |  |
| SUSPECT USED 1. <b>99</b> 2. _____ 3. _____ ARRESTEE ARMED WITH 1. _____ 2. _____ 3. _____   |   |   |  |   |  |
| 99 <input type="checkbox"/> NONE   | 11 <input type="checkbox"/> FIREARM   | 12 <input type="checkbox"/> HANDGUN   | 12A <input type="checkbox"/> AUTOMATIC HANDGUN                       | 13 <input type="checkbox"/> RIFLE   | 13A <input type="checkbox"/> FULLY AUTOMATIC RIFLE                                 |
| 13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM   | 14 <input type="checkbox"/> SHOTGUN   | 15 <input type="checkbox"/> OTHER FIREARM   | 15A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE           | 15B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM   | 15C <input type="checkbox"/> MACHINE PISTOL  |
| 16 <input type="checkbox"/> IMITATION FIREARM  | 17 <input type="checkbox"/> SIMULATED FIREARM                               | 18 <input type="checkbox"/> BB / PELLET GUN   | 20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT               | 30 <input type="checkbox"/> BLUNT OBJECT  | 35 <input type="checkbox"/> MOTOR VEHICLE  |
|  | 40 <input type="checkbox"/> PERSONAL WEAPON                                 | 50 <input type="checkbox"/> POISON  | 60 <input type="checkbox"/> EXPLOSIVES                               | 65 <input type="checkbox"/> FIRE / INCENDIARY DEVICE  | 70 <input type="checkbox"/> DRUGS / NARC / SLEEPING PILLS                          |
|  |   | 80 <input type="checkbox"/> OTHER WEAPON  | 85 <input type="checkbox"/> ASPHYXIATION                             | U <input type="checkbox"/> UNKNOWN  |  |
| ASSOC  |   |   |  |   |  |
| 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  | ARREST LARCENY TYPE  |
| 1.   |   | 1.  |  | 1.  | 23A <input type="checkbox"/> POCKET PICKING  |
| 2.   |   | 2.  |  | 2.  | 23B <input type="checkbox"/> PURSE SNATCHING                                       |
| 3.   |   | 3.  |  | 3.  | 23C <input type="checkbox"/> SHOPLIFTING   |
| 4.   |   | 4.  |  | 4.  | 23D <input type="checkbox"/> THEFT FROM BUILDING                                   |
| 5.   |   | 5.  |  | 5.  | 23E <input type="checkbox"/> THEFT FROM COIN-OP MACH.                              |
|  |   |   |  |   | 23F <input type="checkbox"/> THEFT FROM MOTOR VEH.                                 |
|  |   |   |  |   | 23G <input type="checkbox"/> MOTOR VEH. PART                                       |
|  |   |   |  |   | 240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE                                |
|  |   |   |  |   | 23H <input type="checkbox"/> OTHER: _____  |
| ARREST DATE  |   | TIME  | ARREST LOCATION (Street, Apt., City, State, Zip)                     |   |  |
| ARREST TRANSACTION NUMBER  |   | WARRANT NUMBER  | ARREST DISPOSITION   |   | BAIL   |
| MIRANDA WITNESSED BY:  |   |   |  |   | TIME READ  |
| FINGERPRINTED<br><input type="checkbox"/> Y <input type="checkbox"/> N   | FINGERPRINT CARD NO.  | PHOTOS TAKEN<br><input type="checkbox"/> Y <input type="checkbox"/> N   | NO. TAKEN  | PHOTO ID NO.  | FBI / BCI #  |
| MULTIPLE ARREST INDICATOR<br><input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARREST INDICATOR <input type="checkbox"/> N / A |   | ARREST TYPE<br>1 <input type="checkbox"/> COMPLAINT 2 <input type="checkbox"/> IN-PROGRESS 3 <input type="checkbox"/> WARRANT   |  | 4 <input type="checkbox"/> SUMMONS 5 <input type="checkbox"/> ORDER OF PROTECTION 6 <input type="checkbox"/> CUSTODY 7 <input type="checkbox"/> OTHER |  |
| JUV. PARENT / GDN. NOTIFIED<br><input type="checkbox"/> Y <input type="checkbox"/> N   | DATE / TIME NOTIFIED  | NOTIFIED BY   |  | JUVENILE DISPOSITION<br><input type="checkbox"/> HANDLED WITHIN DEPT. <input type="checkbox"/> REFERRED TO OTHER AUTHORITIES                          | <input type="checkbox"/> N / A   |
| PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)   |   |   | RELATIONSHIP   | PHONE   |  |
| PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)   |   |   | RELATIONSHIP   | PHONE   |  |
| PREVIOUS RUN / MISS<br><input type="checkbox"/> Y <input type="checkbox"/> N   | DATE OF LAST CONTACT  | DATE OF EMANCIPATION  | NCIC #   | DATE / TIME ENTERED   |  |
| LAST SEEN WEARING  |   |   |  |   |  |
| REPORTING OFFICER / ARRESTING OFFICER<br><b>Adkins, Beau</b>   |   |   |  | BADGE NO.   | DATE<br><b>12/04/2016</b>  |
| APPROVING OFFICER  |   |   |  | BADGE NO.   | DATE   |
| COURT  |   |   |  | COURT DATE  |  |

NAME / DESCRIPTIVES

ASSOC

ARREST INFORMATION

# NARRATIVE SUPPLEMENT

INCIDENT NUMBER  
**2-16-004959**

|                                   |                                      |  |
|-----------------------------------|--------------------------------------|--|
| VICTIM<br><b>Corbin, Skylar J</b> | OFFENSE<br><b>Theft &lt; \$1,000</b> | INCIDENT DATE / TIME<br><b>12/04/2016 1942</b> |
|-----------------------------------|--------------------------------------|--|

**Narrative Type: Initial Report**

**Topic:**

**Narrative Reporting Officer: Adkins, Beau**  
12-4-16

**Narrative Date/Time: 12/08/2016 14:15**

Dep. M. T. McGraw

On the above date, I was dispatched to 1091 Township Road 138, reference a theft. Upon my arrival, I spoke to a Skylar Corbin who advised me that on the above date, he gave his cousin, a Brandon Wicker, a ride in his vehicle. He stated that Brandon sat in the back seat where he had a 7 inch Dell tablet. He stated that when he dropped Brandon off and returned home, he noticed that his tablet was missing. He stated that he attempted to contact Brandon over the phone but was unsuccessful. He stated that Brandon lived at 228 High Street in Coal Grove. I went to Brandon's address and spoke to his mother who advised that he was not there at the time. She stated that Skylar and his mother had been sending her texts about the tablet and to her knowledge, Brandon didn't have it. Skylar stated that the tablet was worth \$500.00 and was black in color but did not have a model number or serial number.

|  |  |   |  |   |                                   |
|--|--|---|--|---|-----------------------------------|
| REASON CLEARED                           | A <input type="checkbox"/> DEATH OF OFFENDER<br>B <input type="checkbox"/> PROSECUTION DECLINED<br>C <input type="checkbox"/> EXTRADITION DENIED | D <input type="checkbox"/> VICTIM REFUSED TO COOP.<br>E <input type="checkbox"/> JUVENILE / NO CUSTODY<br>F <input type="checkbox"/> ARREST - ADULT | G <input type="checkbox"/> ARREST - JUVENILE<br>H <input type="checkbox"/> WARRANT ISSUED<br>I <input checked="" type="checkbox"/> INVEST. PENDING | J <input type="checkbox"/> CLOSED<br>K <input type="checkbox"/> UNFOUNDED<br>U <input type="checkbox"/> UNKNOWN | DATE CLEARED<br><b>12/05/2016</b> |
| REPORTING OFFICER<br><b>Adkins, Beau</b> | BADGE NO.  | DATE<br><b>12/04/2016</b>   |  |   |                                   |
| APPROVING OFFICER                        | BADGE NO.  | DATE  |  |   |                                   |