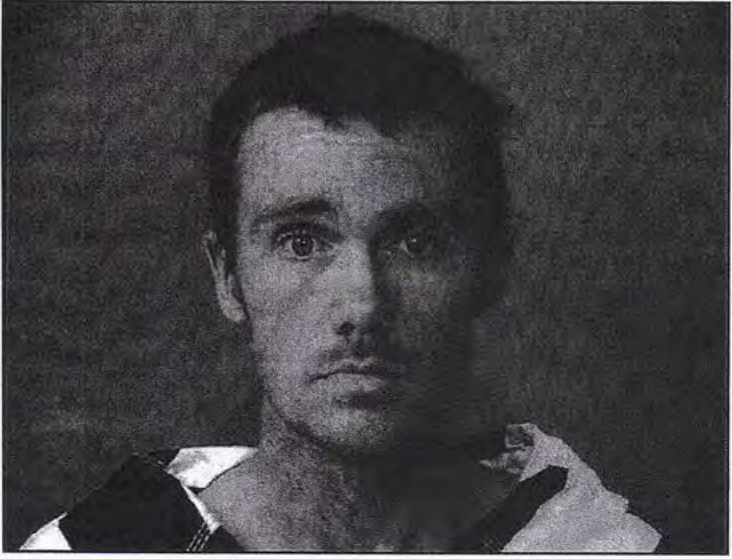


Print Date: 08-23-2022
ORI #: OH0400000

TEL: FAX:

Jail ID: 016558
FP Card ID/ITN #:
Name: BEACH, WILLIAM E. JR
D.O.B.:
Age at Booking: 31

S.S.N.:
Booking #: 026625
Booking Date - Time: 08-23-2022 - 08:10
Release Date - Time:
Release Reason:



PHYSICAL INFORMATION

Race: WHITE
Gender: MALE
Height: 507
Weight: 135
Hair Color: BROWN
Eye Color: BLUE
Build: SMALL
Complexion: LIGHT

PERSONAL INFORMATION

Address: 25 COLUMBIA STREET
JACKSON, OH 45640
Place Of Birth: GALLIPOLIS, OH
Occupation:
Gang ID:

S
M
T



DISC L ARM



DISC LSHLD

Note: Only the first two Scars, Marks or Tattoos are shown

Alerts: Drug Addiction, Communicable Disease, Escape Risk, Violent Tendencies

Jail ID:

Booking #:

The information contained in this document is for Law Enforcement and Corrections use only. It is not intended to be used in Lieu of JAIL RECORDS RECORDS may be procured by contacting the submitting agency and requesting the appropriate documents.

RUN DATE: 02-03-2023
 RUN TIME: 12:04

JACKSON COUNTY SHERIFF'S OFFICE

BOOKING SHEET



| | |
|--|-------------------------|
| INMATE NAME: BEACH, WILLIAM E. JR | BOOKING#: 026625 |
| JAIL ID: 016558 | CELL#: 400 |

PERSONAL

ADDRESS: 25 COLUMBIA STREET
 JACKSON, OH 45640

TELEPHONE#: (740) 577-4699
COUNTY RESIDENT: YES
DRIVER'S LICENSE: [REDACTED]
LICENSE STATE: WV
BIRTH PLACE: GALLIPOLIS, OH
MARITAL STATUS: SI
MILITARY: NO
US CITIZEN: YES
ALIAS:
NICKNAME:

PHYSICAL

GENDER: MALE
RACE: WHITE
COMPLEXION: LIGHT
BUILD: SMALL
HAIR COLOR: BROWN
EYE COLOR: BLUE
HEIGHT: 507
WEIGHT: 135
GLASSES: PRESCRIPTION P
WRITING HAND: RIGHT

IDENTIFICATION

SSN: [REDACTED]
DATE OF BIRTH: [REDACTED]
AGE AT BOOKING: 31

DNA COLLECTED: YES

EARLIEST OUT DATE

EARLIEST OUT DATE: 11-17-2022

ARREST

ARRESTING AGENCY: JPD
ARRESTED BY: PTL THOMPSON
ARREST DATE: 08-22-2022
ARREST TIME: 21:00
NCIC CHECK:
HOLDS FOR:

SUPPLEMENT

FBI#:
STATE#:
FP#:
ALIEN#:
PHONE CALLS: YES
JAIL RULES: YES
NEW FINGERPRINT: YES
NEW PHOTO: YES
RELIGION: CHRISTIAN
TRANSFER IN: NO

RELEASE

RELEASE DATE: 02-01-2023
RELEASE TIME: 12:02
RELEASED BY: EMCGHEE
 MCGHEE, ERIC
RELEASE INFO: DE - DECEASED

BOOKING DATE: 08-23-2022
BOOKING TIME: 08:10
BOOKING OFFICER: FYATES
 YATES, FLOYD

Total Days Served: 163

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|--------------------|---|---------------------------------|---|---------------------------------|
| CRA2200686 | MUNICIPAL | 08-23-2022 | MARK MUSICK | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2903.13(C)(3)/F4 | ASSAULT | JACKSON POLICE DEPARTMENT | BOND SET AT \$25,000.00 CASH COURT DATE SET (8-23-22) @ (09:00). CASE NO: CRA2200686. WAS SEEN 08-23-22. RECIEVED 50000.00 OR BOND. NEXT COURT DATE SET FOR 08-30-22 @ 1300. WAS SEEN 08-31-22 CASE WAS DISMISSED FOR PRSENTATION TO THE GRAND JURY | JACKSON COUNTY SHERIFF'S OFFICE |
| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
| CRB2200687 | MUNICIPAL | 08-23-2022 | MARK MUSICK | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2921.33(1)(A)/M1 | FAIL TO COMPLY WITH ORDER OF SIGNAL OR POLICE | JACKSON COUNTY SHERIFF'S OFFICE | BOND SET AT \$10,000.00 10% CASH COURT DATE SET (8-23-22) @ (09:00). WAS SEEN 08-23-22 CASE NO: CRB2200687. RECIEVED 10000.00 OR BOND. NEXT COURT DATE SET FOR 08-30-22 @ 1300. WAS SEEN 08-31-22 CASE WAS DISMISSED FOR PRSENTATION TO THE GRAND JURY. (...) | JACKSON COUNTY SHERIFF'S OFFICE |
| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
| CRB2200687 | MUNICIPAL | 08-23-2022 | MARK MUSICK | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2921.31/M2 | OBSTRUCTING OFFICIAL BUSINESS | JACKSON COUNTY SHERIFF'S OFFICE | BOND SET AT \$10,000.00 10% CASH COURT DATE SET (8-23-22) @ (09:00). WAS SEEN 08-23-22 CASE NO: CRB2200687. RECIEVED 10000.00 OR BOND. NEXT COURT DATE SET FOR 08-30-22 @ 1300. WAS SEEN 08-31-22 CASE WAS DISMISSED FOR PRSENTATION TO THE GRAND JURY. (...) | JACKSON COUNTY SHERIFF'S OFFICE |

RUN DATE: 02-03-2023
 RUN TIME: 12:04

JACKSON COUNTY SHERIFF'S OFFICE

BOOKING SHEET

| | |
|--|-------------------------|
| INMATE NAME: BEACH, WILLIAM E. JR | BOOKING#: 026625 |
| JAIL ID: 016558 | CELL#: 400 |

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|-------------|---------------------|---------------------------------|---|---------------------------------|
| CRA2001051 | MUNICIPAL | 10-04-2022 | MARK MUSICK | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2951.08/M | PROBATION VIOLATION | JACKSON COUNTY SHERIFF'S OFFICE | PV CASE NO: CRA2001051 - NO BOND - HOLD WAS PLACED 08-23-22 - COURT DATE SET FOR 10-04-22 @ 1300. WAS SEEN 10-04-22. SENTENCED TO 44 ADDITIONAL DAYS . EXPECTED OUT DATE SET FOR 11-17-22 JUDICIAL RELEASE ON 11-10-22. | JACKSON COUNTY SHERIFF'S OFFICE |

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|------------------|--------------------|---------------------------------|--|---------------------------------|
| 22CR0109 | COMMON PLEAS | 10-13-2022 | CHRIS REGAN | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2903.13(C)(3)/F4 | ASSAULT | JACKSON COUNTY SHERIFF'S OFFICE | INDICTMENT ASSESSMENT 22CR0109 - NO BOND - SERVED INDICTMENT 10-13-22 - COURT DATE SET FOR 10-21-22 @ 0900. WAS SEEN 10-21-22 RECIEVED OR BOND WITH JAIL PAY ANKLE MONITOR. DO NOT RELEASE STILL HAS MUNI COURT COMMITMENT TO COMPLETE.. (...) | JACKSON COUNTY SHERIFF'S OFFICE |

| SMTO | SMTO TYPE | SMTO LOCATION | SMTO DESCRIPTION |
|------|-----------|----------------------|----------------------------|
| 1 | TATTOO | FOREARM, NONSPECIFIC | QUOTES |
| 2 | MARK | KNEE, LEFT | ROAD RASH |
| 3 | MARK | ARM, LEFT | SCUFF MARK PRIOR TO ARREST |
| 4 | MARK | SHOULDER, LEFT | SCUFF MARK PRIOR TO ARREST |

INMATE PERSONAL PROPERTY FORM (RELEASED)

INMATE NAME: BEACH, WILLIAM E. JR

BOOKING #: 026625

MONEY: TOTAL AT RELEASE \$.00

JAIL ID: 016558

DOB: [REDACTED]

SSN: [REDACTED]

| Property Item | Description |
|----------------------|-------------------------|
| CLOTHING SHOES | WHITE IN COLOR |
| CLOTHING SOCKS | MULTICOLORED |
| CLOTHING UNDERWEAR | BLUE AND GREEN IN COLOR |
| CLOTHING PANTS | BLUE IN COLOR |
| CLOTHING SHIRT | GRAY IN COLOR |
| PROPERTY LOCATION: - | CLOTHING LOCATION: - |

I CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCEPT ANY INCOMING PROPERTY.

INMATE SIGNATURE _____ DATE _____ TIME _____

OFFICER SIGNATURE W.E. Miller DATE 2-3-2023 TIME 1200

WITNESS _____ DATE _____ TIME _____

OCT 21 2022

SETH I. MICHAEL, CLERK
DEPUTY

RECOGNIZANCE OF ACCUSED

Revised Code, Sec 2937.29

JACKSON COUNTY COMMON PLEAS COURT

STATE OF OHIO

Case No. 22CR0109

v.

BEACH, WILLIAM EDWARD

THE STATE OF OHIO, JACKSON COUNTY,

Be it Remembered, that on 10/21/22, BEACH, WILLIAM EDWARD personally appeared before me and acknowledged themselves to be released upon OWN RECOGNIZANCE WITH HOUSE ARREST AND GPS ANKLE MONITOR, MUST UNDERGO DRUG & ALCOHOL ASSESSMENT AT THE PHOENIX CENTER AND FOLLOW ALL RECOMMENDATION OF TREATMENT/NO CONTACT WITH VICTIM BY ANY MEANS

The Condition of the Recognizance is such that if the above bound BEACH, WILLIAM EDWARD personally be and appear before said Jackson County Common Pleas Court at the call of the court then and there to answer a charge of violating ASSAULT 2903.13(A)&(C)(5); and abide the order and judgment of the Court, appear from day to day and not depart without leave until such case is finally disposed of, then this recognizance shall be void; otherwise, it shall be and remain in full force and virtue in law as provided in Section 2937.99 of the Revised Code.

Willy Kerner
25 Columbia St
Jackson, OH 45010

Taken and acknowledged before me on the date first above written.

SETH I. MICHAEL, Clerk of Common Pleas Court



Jennifer Peters

, Deputy

COMMON PLEAS COURT
Arrestment

Date: October 21, 2022

Name: William Edward Beach

Case No. 22 CR 0109

SSN xxx-xx-██████

DOB ██████

Charge/s - COUNT ONE (1) ASSAULT (PEACE OFFICER) 2903.13 (A)&(C)(5) F4

m.c. OWN RECOGNIZANCE FULL SURETY \$ _____

to begin upon release from muni court.

m.c. House Arrest: ^{*m.c.*} employment, medical, appt with atty, court
GPS Ankle Monitor:
 self pay jail fund

m.c. No Contact with victim: _____
by any means.
 500 ft. 1,000 ft.

m.c. Defendant must undergo a Drug Alcohol Mental Health Assessment at the Phoenix Center and follow any and all recommendations made for treatment by them. The Defendant must contact them within 24 hrs of release for their assessment.
from being held from muni court.

Other Conditions: _____

ADDITIONAL CONDITIONS OF BOND:

- No drugs or narcotics;**
- No alcohol;**
- No association with other persons on probation, community sanctions or PRC;**
- No firearms or dangerous ordinances;**
- Must be a law-biding citizen;**
- Random drug screenings - cannot produce within 90 minutes consider violation of bond;**
- Any change of address must be reported to the court in writing;**
- Failure to appear will result in the issuance of a warrant and revocation of bond.**
- DNA Specimen**
- Defendant is subject to search of person, residence or anywhere defendant is at.**

Instructions:

Go to the Sheriff's Department and get fingerprinted. Bring fingerprint card back to the Clerk of Court's Office on the third floor of the courthouse and sign bond form, stop at the Court office on the 2nd floor and fill out the affidavit for an attorney, if attorney needed.

IN THE COURT OF COMMON PLEAS
JACKSON COUNTY, OHIO

FILED
Common Pleas Court
Jackson, OH

OCT 28 2022

STATE OF OHIO

Plaintiff

SETH I. MICHAEL, CLERK
DEPUTY

vs.

CASE No.: 22CR0109

William Beach
Defendant

ORDER ON ARRAIGNMENT
WITH BOND

This matter came before the Court for an Arraignment on

Friday, October 21st, 20 22 . Present before the Court

were:

 The Defendant
 Defendant's Counsel APD; Attorney Kelsey Reno
 Prosecuting Attorney/ Assistant Prosecuting/SPA APA, Colleen Williams

The Defendant gave the following correct residential address:

25 Columbia Street.
Jackson, Ohio 45140

The Defendant in open Court:

 1. acknowledge service
 2. waived reading
n/a 3. had the Court read the Indictment
 4. was advised of his/her Crim. R. 10(C) rights
 5. requested court appointed counsel; Attorney DPD - ROSS COUNTY @ (740) 772-4776
n/a 6. will be retaining private counsel
n/a 7. retained counsel.

 Entered plea of not guilty to all counts in the Indictment.

n/a Requested a continuance to consult with counsel.

The Court sets bond as follows:

Own Recognizance
\$ n/a 10%, full surety or property
\$ n/a per count, no 10%, for a total amount of \$ n/a.

The Court sets the following conditions of bond:

shall not consume illegal drugs, alcohol, or abuse prescribed medication;
 shall not possess any firearms or dangerous ordinances;
 shall be law-bidding;
 subject to random drug and alcohol screens. Failure to produce a sample within 90 minutes may be considered a violation of bond;
 any change of address must be filed in writing with the Clerk of Courts;
 failure to appear at any future hearings the Court may issue a warrant for your arrest and modify your bond. If you are released on an O.R. bond, you may face a new felony case for failure to appear if you do not attend future hearings;
 you cannot leave the State of Ohio without written permission of the Court;

n/a You shall provide a DNA sample to:
n/a Jackson County Sheriff's Department;
n/a Jackson Police Department
n/a Wellston Police Department
n/a Oak Hill Police Department.

You shall have not contact by any means what so ever with:
Officer Sizemore, the victim in this matter.

You shall be on house arrest at the address you provided to the Court.
You may leave for:
 your employment;
 your medical appointments;
 your meetings with your attorney;
 your court hearings.

Your house arrest shall be monitored with a GPS ankle monitor. The monitor shall be paid for by:
n/a Defendant;
 jail fund.

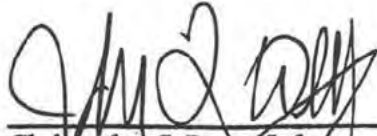
✓
You are responsible to charge your ankle monitor as instructed by the bondsman. Removal of the ankle monitor, unless by court order, shall be considered a violation of bond. The Bondsman cannot give you permission to change, alter or fail to comply with the conditions set forth in this order.

The GPS monitor shall report any violations of house arrest on bond to the Court as soon as possible. A written report of violation shall be submitted to the Court by email, fax, mail or in person. The report shall detail the nature of the violation.

✓
Other Orders:

The defendant must undergo a drug & alcohol assessment at the Phoenix center, & follow any and all recommendations made for treatment.

Defendant acknowledged in open court has he/she understood the bond and all the conditions.



Christopher J. Regan, Judge
John L. Defty, Magistrate
sitting by Assignment

Distribution:

Prosecuting Attorney
Attorney DED - BASS county
Defendant @ JCCF
Bondsman H. McGuire
JCCF / Dispatch
Probation
The Phoenix Center - Jackson

COURT OF COMMON PLEAS, JACKSON COUNTY, OHIO

STATE OF OHIO

WARRANT TO ARREST
ON INDICTMENT

v.

Rule 9(B)

BEACH, WILLIAM EDWARD
22CR0109

CASE NO.

DOB: [REDACTED]
SSN: [REDACTED]

To the Sheriff of Jackson County, Ohio:

An Indictment, a copy of which is attached hereto has been filed in the Jackson County Court of Common Pleas charging WILLIAM E BEACH with:

2903.13(A)&(C)(5) ASSAULT (PEACE OFFICER)

You are ordered to arrest WILLIAM E BEACH and bring him/her before said Court without unnecessary delay.

Special instructions to the executing officer:

Given under my hand and the seal of said Court on 10/12/22.

Court 10-17-2022

SETH I. MICHAEL
Clerk of Court

Rebecca Potts

Deputy Clerk



SHERIFF'S FEES

THE STATE OF OHIO,
JACKSON COUNTY

Received this Warrant on 10-12-22

at 17:27 o'clock P m. and on the 12th

day of October, 2022

I, _____

Sheriff [Signature] 40-06

Deputy _____

FEEES
S & R _____
Mileage _____
Court Appearance _____
Total _____

IN THE COMMON PLEAS COURT
OF JACKSON COUNTY, OHIO

STATE OF OHIO,

Plaintiff,

vs.

WILLIAM E. BEACH,

Defendant.

FILED
Common Pleas Court
Jackson, OH

OCT 12 2022

SETH I. MICHAEL, CLERK
DEPUTY

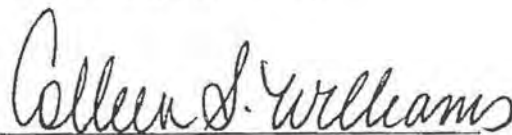
Case No. 22-CR-0109

PROSECUTING ATTORNEY'S
REQUEST FOR ISSUANCE OF
ARREST WARRANT UPON
INDICTMENT

TO THE CLERK OF THE COURT OF COMMON PLEAS:

The above named Defendant has been named in an indictment returned by the Grand Jury. Pursuant to Rule 9, Ohio Rules of Criminal Procedure, the undersigned requests that you or a Deputy Clerk forthwith issue a warrant with indictment to an appropriate officer and direct him take all reasonable steps to execute it upon the above-named Defendant at the Jackson County Correctional Facility, including entering the defendant's information in LEADS with a PUR of 2.

Respectfully submitted,



COLLEEN WILLIAMS (#0065079)
Assistant Prosecuting Attorney
Jackson County, Ohio

295 Broadway Street – Suite 100
Jackson, Ohio 45640
Phone: (740) 286-5006
Fax: (740) 286-6556

INDICTMENT

THE STATE OF OHIO

JACKSON COUNTY, ss.

FILED
Common Pleas Court
Jackson, OH

OCT 12 2022

**SETH I. MICHAEL, CLERK
DEPUTY**

Of the Term IV in the year 2022

THE JURORS OF THE GRAND JURY of the State of Ohio, within and for the body of the County aforesaid, on their oaths, in the name and by the authority of the State of Ohio, do find and present that, on or about 08/22/2022, in Jackson County, Ohio,

WILLIAM EDWARD BEACH

COUNT ONE: ASSAULT (PEACE OFFICER)

did knowingly cause or attempt to cause physical harm to another and the victim of the offense was a peace officer in the performance of his official duties, to wit: Officer Justin Sizemore, in violation of Section 2903.13(A)&(C)(5) of the Revised Code and against the peace and dignity of the State of Ohio, a felony of the fourth degree.



COLLEEN WILLIAMS (#0065079)
Assistant Prosecuting Attorney

IN THE COURT OF COMMON PLEAS
OF JACKSON COUNTY, OHIO
Case No. 22-CR- 0109

A TRUE BILL:

Walter A. Sprank
GRAND JURY FOREPERSON

This Bill of Indictment found upon testimony sworn and sent before the Grand Jury at the request of the Prosecuting Attorney.

Walter A. Sprank
GRAND JURY FOREPERSON

THE STATE OF OHIO

JACKSON COUNTY, ss.

I, the undersigned, Clerk of the Court of Common Pleas in and for said County, do hereby certify that the foregoing is a full, true, and correct copy of the original indictment, with the endorsement thereon, now on file in my office.

WITNESS my hand, and the seal of said Court, at Jackson, Ohio, this 12 day of October, 2022

Scott J. Melby
CLERK OF COURTS
Vanessa Potts
DEPUTY CLERK



IN THE MUNICIPAL COURT OF JACKSON COUNTY, OHIO

STATE OF OHIO
State Of Ohio (Shf)

CASE NO: CRA 2001051

PLAINTIFF

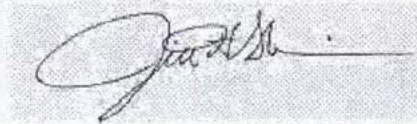
VS.

Beach, William E

Magistrate's Order

DEFENDANT

Defendant is hereby judicially released as of 11/10/2022 on the above case number. The 7 days left on his probation sentence is hereby held in abeyance. Release defendant forthwith.



Magistrate Jill H. Shriver

Distribution to:
APA Waddell
Probation
Defendant
JCCF

IN THE MUNICIPAL COURT OF JACKSON COUNTY, JACKSON, OHIO

295 East Broadway Street, Suite 101, Jackson, Ohio 45640 (740) 286-2718

[State of Ohio]

PLAINTIFF

Case No. [CRA]2001051

VS

Date: 10/04/2022

[Beach, William E]

DEFENDANT

FILED
OCT 04 2022
JACKSON COUNTY MUNICIPAL COURT
Derek A. Gales, Clerk

REVOCATION HEARING

Start - 10-04-22

finish - 11-17-22

THE DEFENDANT:

Appeared with without counsel Waived Counsel

Failed to Appear. Issue Bench Warrant. \$[] 10% Cash or Full Surety

After full explanation, defendant knowingly, voluntarily, and intelligently, without duress, enters a change of plea to admission of violation and waives probable cause hearing.

The parties can not agree on disposition, therefore the case shall be set for preliminary hearing to determine probable cause based upon the defendant's denial of the alleged probation violation on [], at [].

FINDING:

Finding (Based upon: Admission Preliminary Hearing/Presentation of Evidence):

Defendant did NOT violate probation.

Defendant violated probation by failing to:

Report to Probation Perform Community Service

Complete Treatment Abstain from drug use

Report Change of Address Be a Law Abiding Citizen

Failed to [].

ORDER:

PV Dismissed

Probation is terminated. Probation is modified

Jail of [44] additional days shall be imposed.

Jail of [42] days shall be credited.

Probation is Continued and Extended to [08/26/2026].

[60] days jail are held in abeyance

Defendant agrees to pay a minimum of \$ [] each month by the 7th until paid in full.

Lift Blocks

Defendant shall enroll in and complete outpatient AOD/MH treatment as directed by Probation.

Defendant shall enter into and complete Residential Drug Rehabilitation as directed by Probation.

Other Orders: [Defendant to report to probation upon release from jail.]

REPORT TO PROBATION IMMEDIATELY UPON RELEASE AND BY THE 7TH OF EACH MONTH THEREAFTER

SO ORDERED

Prosecutor
Attorney
Defendant
Probation



Magistrate Jill H. Shriver

XC: Prosecutor
Attorney
Defendant
Probation
file

IN THE JACKSON COUNTY MUNICIPAL COURT

State of Ohio SJP

Case No. CRA2200686

Plaintiff

VS

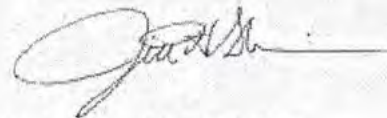
Journal Entry Decision

Beach, William E

Defendant

The State moves in open court to terminate prosecution in the above captioned case, without prejudice for presentation to grand jury. The State's motion, in open court, is well taken, and the case is dismissed, without prejudice.

It is So Ordered



Magistrate Jill H. Shriver

Submitted by:



For Prosecuting Attorney

Xc: Defendant
Defendant's Attorney
Prosecutor
file

Jeep

IN THE MUNICIPAL COURT OF JACKSON COUNTY, JACKSON, OHIO
295 East Broadway Street, Suite 101, Jackson, Ohio 45640 (740) 286-2718

| | | |
|-------------------------|---|-----------------------|
| [State of Ohio] | } | Case No. [CRB]2200690 |
| | } | |
| PLAINTIFF | } | |
| | } | |
| VS | } | |
| | } | |
| <u>Beach, William E</u> | } | |
| | } | |
| DEFENDANT | } | |

ARRAIGNMENT ENTRY

- The defendant appeared at arraignment. Time was waived. Time was not waived. Time is tolled.
- Defendant entered a limited time waiver from today up to and including the date of the first pretrial conference.
- The defendant failed to appear at arraignment. BMV Block Arrest Warrant - Bond \$ _____ | 10% Cash or Full Surety

The court advised the defendant of all constitutional rights and complied with O.R.C. Sec 2937.02 and 2937.07, and effect of any plea. The defendant waived/acknowledged the statement of facts. Any monies pledged on bond for this case will be first applied to any amounts owed to the court on any matter. Finally, any remaining balance thereafter will continue to be held until the defendant completes all assigned community service hours, jail days and other applicable probation orders.

- Due to the defendant's indigence, the court appoints Multi County Ohio Public Defender [Ramona Sprague]
- Apply Fee
- The defendant will retain counsel. Attorney [] appeared with the defendant.
- Ohio Public Defender [] made a special, limited appearance with the defendant.
- The defendant waived counsel.

| Case | A | B | C | D | E |
|--------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Charge | [OBSTRUCTION] | [RESIST ARREST] | | | |
| Section | [2921.31A1] | [2921.33A] | | | |
| Level | [M2] | [M2] | | | |
| Amended To (level) | | | | | |
| Charge | | | | | |
| Section | | | | | |
| No Contest Plea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guilty Plea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not Guilty Plea | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guilty Verdict | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dismissed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason | | | | | |

Defendant presented to the court proof of insurance for the date of the incident
 Yes No N/A

RELEASE MOTOR VEHICLE to owner upon proof of ownership, current insurance and licensed driver, subject to objection.

The case is set for Pre Trial Conference on [08/30/2022] at [01:00 PM].

Set for Bench Trial on [] at [].

The case is set for Sentencing Hearing on [] at [].

TPO Hearing is set for [] at [].

ALS hearing is set for [] at [].

Bond is set at \$10,000.00

O.R.
 EMHA

10% Cash
 Hold at No Bond

Full Surety

As a condition of Bond, the defendant is required to report to the Special Services Officer in the Community Control Department for referrals to the following assessment/treatment services (the defendant must sign a HIPPA release for all assigned providers):

AOD
 Drug Court

MH
 ORAS

Anger Management
 PSI

Victim's Rights

Victim was Present Advocate was Present
 Victim/Advocate given opportunity to speak.

Special Conditions []

Apply Jail Fees

Bond: Victim/Advocate Agrees Opposes
 Reason for Opposition: |

 Prosecutor: Agrees Opposes
 Reason for Opposition |

Disposition of charges: It is therefore **ORDERED, ADJUDGED AND DECREED** that the defendant is sentenced as follows:

FINANCIAL SANCTIONS

| Case | A | B | C | D | E |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Fine | \$ | \$ | \$ | \$ | \$ |
| Suspended | \$ | \$ | \$ | \$ | \$ |
| Costs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

JAIL SANCTIONS – The defendant is sentenced to the WPD JPD OHPD CPD STATE

| Case | A | B | C | D | E |
|-----------|---|---|---|---|---|
| Jail | | | | | |
| Suspended | | | | | |
| Credit | | | | | |

In lieu of three (3) days in jail, the defendant may attend three (3) day alcohol RTP (must notify the Court of reservation for RTP within 7 days).
 Defendant shall report to jail on [] to begin commitment.

COMMUNITY CONTROL (PROBATION)

| Case | A | B | C | D | E |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Months | | | | | |
| Reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non Reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Law Abiding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMUNITY SERVICE

| Case | A | B | C | D | E |
|-----------|---|---|---|---|---|
| Assigned | | | | | |
| Suspended | | | | | |

IN THE MUNICIPAL COURT
OF JACKSON, OHIO

THE STATE OF OHIO,

Case No. _____

vs.

WILLIAM EDWARD BEACH
4 Dickason Street
JACKSON OHIO 45640

COMPLAINT

(RULE 3)

Complainant being duly sworn states that William Edward Beach, on or about August 22, 2022, in Jackson County, Ohio, (did, without privilege to do so, and with purpose to prevent, obstruct, or delay the performance by a public official of an authorized act within the public official's official capacity, hampered or impeded a public official in the performance of the public official's lawful duties: to wit did run from Ptl. Sizemore during a traffic stop. in violation of Section 2921.31 (A)(1) of the Ohio Revised Code and against the peace and dignity of the State of Ohio, a misdemeanor of the first degree.

To-wit: Ran from Ptl Sizemore during a traffic stop.

Complainant's Signature: *Justin Sizemore* (10)
PTL. JUSTIN SIZEMORE
Jackson Police Department

Sworn to before me and subscribed in my presence this 22nd day of August, 2022.

JUDGE / CLERK / DEPUTY CLERK

Beth M. Sizemore
Beth M. Sizemore
NOTARY PUBLIC
Jackson County State of Ohio
My Commission expires August 29, 2026.

\$10.000

IN THE MUNICIPAL COURT
OF JACKSON, OHIO

THE STATE OF OHIO,

Case No. _____

vs.

WILLIAM EDWARD BEACH
4 Dickason Street
JACKSON OHIO 45640

COMPLAINT

(RULE 3)

Complainant being duly sworn states that William Edward Beach, on or about August 22, 2022, in Jackson County, Ohio, Did recklessly, or by force, interfere with the lawful arrest of himself: . in violation of Section 2921.33 (A) of the Ohio Revised Code and against the peace and dignity of the State of Ohio, a misdemeanor of the first degree.

To-wit: Ran from Ptl Sizemore during a traffic stop, and would not comply with officer commands.

Complainant's Signature:

Justin Sizemore

PTL. JUSTIN SIZEMORE
Jackson Police Department

Sworn to before me and subscribed in my presence this 22nd day of August, 2022.

JUDGE / CLERK / DEPUTY CLERK

Betsy M. Hannery
or
Betsy M. Hannery
NOTARY PUBLIC
Jackson County, State of Ohio
My Commission expires August 29, 2026.



\$10,000.00

IN THE MUNICIPAL COURT
OF JACKSON, OHIO

THE STATE OF OHIO,

Case No. _____

vs.

WILLIAM EDWARD BEACH
4 Dickason Street
JACKSON OHIO 45640

COMPLAINT

(RULE 3)

Complainant being duly sworn states that William Edward Beach, on or about August 22, 2022, in Jackson County, Ohio, (A) Did knowingly cause or attempt to cause physical harm to Officer Sizemore a peace officer while in the performance of his official duties: in violation of Section 2903.13 (A)(C)(5) of the Ohio Revised Code and against the peace and dignity of the State of Ohio, a felony of the fourth degree.

To-wit: After running came to a stop by force and while on the ground struck Ptl Sizemore in the face 2 times with his hand.

Complainant's Signature:


PTL. JUSTIN SIZEMORE

Jackson Police Department

Sworn to before me and subscribed in my presence this 22nd day of August, 2022.

JUDGE / CLERK / DEPUTY CLERK



Betsy M. Flannery
NOTARY PUBLIC

Jackson County, State of Ohio

My Commission expires August 29, 2026.

25,000.00

BOOKING PROPERTY CARD

Name: Beach William E
Last First M.I.

S.S.N.# [REDACTED] Booking # 026625

Seal # Attached 500280 3000420 by [Signature] 330
Unit # & Initials

List Items

wallet ID card
condom
charger
phone
knife
2 Bracelets
lighter
[Signature]
[Signature]

Observation Cell Record

Inmate's Name: William Beach JR.
 ID # 016538

Reason For Placement (Please Check):

Detox _____
 Suicide Observations _____
 Medical Observations _____
 Other (Please List) Aggrav

Watch (Circle One):

10 min 30 min **60 min**
 Other _____ min.

Date/Time Placed on Watch: 8-27-22 @ 2335

Date/Time Watch Ended: _____

Name/Title of Person Authorizing Release from
 Medical/Suicide Watch: _____

Special Instructions During Watch: _____

* Record all times accurately; Do not skip spaces; Inmates placed on suicide watch should be checked on an irregular /staggered basis so as to not allow the inmate a chance to predict the time of the next check. Suicide Watch checks are to be performed no less than every 10 minutes.

| Date | Time | Officers Initials/Unit# | Record Observations (Explain what you See) (Examples: Sitting, Sleeping, Standing, Meal Accepted, Meal Rejected, Crying, Talking to Self, Talking to Others, Using Restroom, Nurse Visit, Doctor Visit, Mental Health Visit, Etc.) |
|---------|------|-------------------------|--|
| 8-22 | 2335 | N 26 | In Booking |
| 8-23-22 | 0000 | DN 306 | Sitting |
| 8-23-22 | 0016 | RB 331 | Rest |
| 8-23-22 | 0040 | DR 301 | SLEEPING |
| 8-23-22 | 0105 | DN 306 | REST / BREATHING |

| Date | Time | Officers Initials/Unit# | Record Observations (Explain what you See) (Examples: Sitting, Sleeping, Standing, Meal Accepted, Meal Rejected, Crying, Talking to Self, Talking to Others, Using Restroom, Nurse Visit, Doctor Visit, Mental Health Visit, Etc.) |
|---------|------|-------------------------|--|
| 8-23 | 0130 | DR 305 | Resting |
| 8-23-22 | 0150 | DN 306 | REST BREATHING |
| 8-23-22 | 0215 | DR 305 | Resting |
| 8-23-22 | 1238 | LM 336 | resting |
| 8-23-22 | 0225 | DR 305 | Resting |
| 8-23-22 | 0342 | DN 306 | REST BREATHING |
| 8-23-22 | 0413 | LM 336 | Resting breathing |
| 8-23-22 | 0440 | LM 336 | resting breathing |
| 8-23-22 | 0504 | LM 336 | resting breathing |
| 8-23-22 | 0517 | DN 306 | REST TRAY |
| 8-23-22 | 0544 | LM 336 | rest breath |
| 8-23-22 | 0603 | DN 306 | REST BREATHING |
| 8-23-22 | 0630 | LM 336 | rest breath |
| 8-23-22 | 0645 | DN 306 | REST BREATHING |
| 8-23-22 | 0652 | RB 331 | REST |
| 8-23-22 | 0917 | AM 305 | Rest. |
| 8-23-22 | 0742 | DN 306 | REST BREATHING |
| 8-23-22 | 0752 | DN 306 | REST BREATHING |
| 8-23-22 | 0829 | AM 305 | Rest. |
| 8-23-22 | 0845 | DN 306 | BOOKING IN |
| 8-23-22 | 0925 | AM 305 | Rest. |
| 8-23-22 | 0932 | DN 306 | REST |
| 8-23-22 | 1005 | DN 306 | REST |
| 8-23-22 | 1027 | DN 306 | REST / TO COURT |
| 8-23-22 | 1300 | AM 305 | received tray / court |
| 8-23-22 | 1225 | AM 305 | talking |
| 8-23-22 | 1300 | AM 305 | talking |
| 8-23-22 | 1333 | DN 306 | AT MUNI COURT |
| 8-23-22 | 1440 | PAW 307 | TO CELL 130 |
| 8-23 | 1500 | N 26 | talk |
| 8-23 | 1531 | N 26 | talk |
| 8-23-22 | 1605 | RB 331 | REST |
| 8-23-22 | 1632 | DN 306 | Lying down |
| 8-23-22 | 1659 | DN 306 | Dinner |
| 8-23 | 1716 | N 26 | Rest |
| 8-23 | 1751 | N 26 | Rest |
| 8-23 | 1817 | N 26 | Rest |
| 8-23 | 1855 | N 26 | Rest |
| 8-23 | 1917 | N 26 | Rest |
| 8-23 | 1953 | DN 26 | Rest |
| 8-23 | 2034 | RB 331 | Rest |
| 8-23 | 2105 | N 26 | Rest |
| 8-23-22 | 2134 | DR 301 | SLEEPING |
| 8-23 | 2158 | N 26 | Rest |
| 8-23 | 2209 | N 26 | Rest |
| 8-23-22 | 2307 | DN 306 | REST BREATHING |

*Place completed form in Medical File and place a copy in the Inmate's File.

Jackson County Correctional Facility
INCARCERATION FORM
 Tedd E. Frazier, Sheriff
 Captain Floyd Yates, Jail Administrator
 372 Portsmouth St., Jackson, Ohio 45640
 Phone: 740-288-1338 Fax: 740-286-5635

Date: 8/22/27 Time: 9:00 PM
 Arresting Agency/Officer (Please Print): Jackson Police Department K9 Sizemore
 Person Arrested (Name): William Edward Beach
 List Any Aliases: WHA WILFE Marital Status: Single
 SSN: [REDACTED] D.O.B. [REDACTED] Height: 5'8 Weight: 155
 Hair Color: Brown Eyes: Blue Sex: (Circle One) Male / Female
 Identifying Characteristics: Tattoos Both Arms Race: White
 Current Address: 4 Dickason Street Jackson Ohio 45640
 Street Address City State Zip
 Current Phone Number: 740-577-4695
 Emergency Contact: Tammy Reed Relationship: MOTHER Phone # 204 265 3407
 Arrest Date: 8/27/27 Arrest Time: 10:30 Arrest Location: Bridge Street
 Charge (s): ASSAULT Degree: 2-1-13 ORC: 2903.15
FAIL TO COMPLY Degree: M-1 ORC: 2921.33
OBSTRUCT Degree: M-1 ORC: 2921.31
 Bond Amount: \$ 25,000 10% Ok? Yes 2,500
 Court Date: 9/25/27 Court Time: 9:00 AM
 Other (Out of State/County) Warrants/Holders: _____

****In the Case of Domestic Violence, please provide Victim Notification Information Below:**
 Name: NONE Phone #'s NONE
 Address: NONE

Relinquishing Agency: Jackson Police Department
 Relinquishing Officer: P.H. Thompson

- Does the Prisoner appear to be in need of Emergency Medical/Mental Treatment? Yes No CLEARED HOLZER ER
- Has the Prisoner sustained a known injury? Yes No FOREARM SHOULDER
- Has the Prisoner complained of an injury? Yes No _____
- Has the Prisoner refused medical treatment? Yes No CLEARED HOLZER ER
- Is the Prisoner under the Influence of Alcohol and/or Drugs? Yes No
 If Yes, please explain: _____
- Has the Prisoner exhibited any Suicidal Signs? Yes No
- Has the Prisoner been exposed to any of the following during Arrest? If YES, Have they been cleared for Incarceration?
 TASER (Electronic Stun Device) Yes No _____
 Mace (OC or Other) Spray Yes No _____
 Any other less lethal use of force Yes No _____

Comments/Notes: _____

I, the relinquishing officer, have not been informed of, nor am I aware of any emergency medical/mental condition(s) with this prisoner that has not been answered in the aforementioned questions.
 Relinquishing Officer's Signature: P.H. Thompson
 Supervisor/Booking Officer's Signature: SET. Paul [Signature]

Denial of Admission

Admission. (1) A person in need of emergency medical attention shall not be admitted to the jail until a medical examination is conducted by a licensed medical provider. A Denial of Admission document shall be completed, listing the reason for denial. The document shall be signed by the highest ranking Corrections Supervisor on duty at the time of denial.

- No person shall be admitted into the Jackson County Correctional Facility in an unconscious state or with any evidence of serious illness or injury. *This decision is based upon judgement of the Jail's Medical Staff or Corrections Supervisor(s) on duty at the time of denial.*
- No person shall be accepted if their BAC (Blood Alcohol Content) is 0.18 or above. If a person has a BAC of 0.18, then that person may be retested after 20 minutes. If their BAC is equal to or greater than their first BAC, then the person will not be accepted for custody. They may be returned for custody after proper medical treatment & clearance is obtained by a licensed medical provider.
- No person shall be accepted into custody of The Jackson County Correctional Facility without clear and documented legal authority. No person shall be admitted into custody of the facility unless the officer escorting the person is positively identified.

ARRESTEE'S NAME: William Beach DATE/TIME: 8-22-22 2123

CHARGE: 2903.13 Assault on peace officer

ARRESTING OFFICER NAME/AGENCY: JPD officer ross

The arrestee will not be permitted admission to the jail for the following reasons: (check all that apply)

- UNCONSCIOUS
- UNABLE TO STAY AWAKE
- ILLNESS REQUIRING IMMEDIATE ATTENTION
- INJURY REQUIRING IMMEDIATE ATTENTION
- HEAD INJURY WITHIN LAST 24-72 HOURS
- BAC(0.18 OR HIGHER); BAC RESULTS: _____
- IMPROPER COMMITMENT DOCUMENTATION
- OFFICER HAS IMPROPER ID
- OTHER (EXPLAIN): Getting cleared due to fight

Sgt. Beach 394
CORRECTIONS SUPERVISOR

8-22-22
DATE/TIME

RETURNED TO JAIL: Date/Time: 08-22-2022 @ 2132

Paperwork Received from Medical Authority: (please check box)

- Accepted
- Refused

Jackson County Correctional Facility Inmate Book Sheet

Inmate Name William E. Beach Jr. Jail ID # 016558
 SSN [REDACTED] DOB 05-24-1991
 Address: 25 COLUMBIA STREET
 City: JACKSON State: OH Zip Code: 45240
 Emergency Contact: TAMMY REED Phone # 304-265-3407
 Arresting Agency: JPD Officer: PTL SIZEMORE
 (See Incarceration Form for Charges)

Officer Initial for each item that was issued to the inmate.

| | | | | |
|--------------------------------|----------------------------------|-------------------------------|--------------------------------------|---------------------------------|
| 1 Uniform Shirt <u>DR306</u> | 2 Uniform Pants <u>DR306</u> | 1 Towel <u>DR306</u> | 2 Blankets <u>DR306</u> | Received Shower <u>DR306</u> |
| 1 Sheet <u>DR306</u> | 1 Tote Bag <u>DR306</u> | 1 Laundry Bag <u>DR306</u> | 1 Sanitized Mattress <u>DR306</u> | Phone Call <u>REFUSE</u> |
| 1 Hygiene Pack <u>DR306</u> | 1 Set of Sandals <u>DR306</u> | | | |

DR306 Inmate was advised the above items issued to them **MUST** be returned upon Release or Inmate will be charged for the items. Items must be in good condition, if any of the above items being issued have something wrong with them, please note this below:

Officer Initial When Completed:

DR306 Locker # BLUE R2 Seal # 3000415

MT300 Small Personal Pack- Seal # 3000420

DR306 Money put in Money Safe in Booking-- Money at Booking \$ 0

DR306 Commissary Open Sheet Filled Out

DR306 Fingerprint Cards Done and Signed

DR306 Photos Taken and Printed

_____ Inmate Give Appropriate Band. Red Yellow Orange

** Additional Information _____

Inmate Initial that they have been advised of the following:

X WB I hereby certify that the above information is true to the best of my knowledge. I understand that any money brought in with me or any money I receive while I am here will be deposited into my commissary account, and any expenses that I have incurred will be deducted from my commissary account. There is a \$ 20.00 Booking Fee for all persons booked into this facility (explained further on Open Commissary form).

X WB I have also been advised that a Copy of the Inmate Rules and Regulations for the Jackson County Correctional Facility are located at the Pod Desk. You will be given a form to complete upon reading and understanding. If you are unable to read or understand the Rules and Regulations you may ask Pod Officer to go over with you. I understand that Breaking the Rules and Regulations will result in Disciplinary Actions.

X WB I have been informed that if I need Medical Assistance or request to see the Jail Nurse, Jail Physician, and/or Mental Professional (Woodland Centers) that I am required to fill out a Medical Kite (Sick Call Slip). I am to request this form from the Pod Officer and return to the Pod Officer to be forwarded to the Medical Department. This is for non-emergency requests. If you have an Emergency, I am to notify the Booking Officer or Pod Officer as soon as possible.

Inmate Signature: X *William E. Beach Jr.*

Corrections Officer Signature Sgt. Paul R. [Signature] Date 08-23-22

RUN DATE: 08-23-2022
RUN TIME: 09:17

JACKSON COUNTY SHERIFF'S OFFICE

BOOKING SHEET



INMATE NAME: BEACH, WILLIAM E. JR
BOOKING#: 026625
JAIL ID: 016558
CELL#: 130

PERSONAL

ADDRESS: 25 COLUMBIA STREET
JACKSON, OH 45640

TELEPHONE#: (740) 577-4699
COUNTY RESIDENT: YES
DRIVER'S LICENSE: [REDACTED]
LICENSE STATE: WV
BIRTH PLACE: GALLIPOLIS, OH
MARITAL STATUS: SI
MILITARY: NO
US CITIZEN: YES
ALIAS:
NICKNAME:

PHYSICAL

GENDER: MALE
RACE: WHITE
COMPLEXION: LIGHT
BUILD: SMALL
HAIR COLOR: BROWN
EYE COLOR: BLUE
HEIGHT: 507
WEIGHT: 135
GLASSES: PRESCRIPTION P
WRITING HAND: RIGHT

IDENTIFICATION

SSN: [REDACTED]
DATE OF BIRTH: [REDACTED]
AGE AT BOOKING: 31

DNA COLLECTED: YES

EARLIEST OUT DATE

EARLIEST OUT DATE:

ARREST

ARRESTING AGENCY: JPD
ARRESTED BY: PTL THOMPSON
ARREST DATE: 08-22-2022
ARREST TIME: 21:00
NCIC CHECK:
HOLDS FOR:

SUPPLEMENT

FBI#:
STATE#:
FP#:
ALIEN#:
PHONE CALLS: YES
JAIL RULES: YES
NEW FINGERPRINTS: YES
NEW PHOTO: YES
RELIGION: CHRISTIAN
TRANSFER IN: NO

RELEASE

RELEASE DATE:
RELEASE TIME:
RELEASED BY:

RELEASE INFO:

BOOKING DATE: 08-23-2022
BOOKING TIME: 08:10
BOOKING OFFICER: FYATES
YATES, FLOYD

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|--------|-----------|---------------|-------------|----------------------|
| | MUNICIPAL | 08-23-2022 | MARK MUSICK | CASH BOND - 25000.00 |

| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
|------------------|--------------------|---------------------------|--|---------------------------------|
| 2903.13(C)(3)/F4 | ASSAULT | JACKSON POLICE DEPARTMENT | BOND SET AT \$25,000.00 CASH COURT DATE SET (8-23-22) @ (09:00) | JACKSON COUNTY SHERIFF'S OFFICE |

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|--------|-----------|---------------|-------------|-----------------------------|
| | MUNICIPAL | 08-23-2022 | MARK MUSICK | TEN PERCENT BOND - 10000.00 |

| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
|------------------|---|---------------------------------|--|---------------------------------|
| 2921.33(1)(A)/M1 | FAIL TO COMPLY WITH ORDER OF SIGNAL OR POLICE | JACKSON COUNTY SHERIFF'S OFFICE | BOND SET AT \$10,000.00 10% CASH COURT DATE SET (8-23-22) @ (09:00) | JACKSON COUNTY SHERIFF'S OFFICE |

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|--------|-----------|---------------|-------------|-----------------------------|
| | MUNICIPAL | 08-23-2022 | MARK MUSICK | TEN PERCENT BOND - 10000.00 |

| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
|-------------|-------------------------------|---------------------------------|--|---------------------------------|
| 2921.31/M2 | OBSTRUCTING OFFICIAL BUSINESS | JACKSON COUNTY SHERIFF'S OFFICE | BOND SET AT \$10,000.00 10% CASH COURT DATE SET (8-23-22) @ (09:00) | JACKSON COUNTY SHERIFF'S OFFICE |

BOOKING SHEET

| | |
|--|-------------------------|
| INMATE NAME: BEACH, WILLIAM E. JR | BOOKING#: 026625 |
| JAIL ID: 016558 | CELL#: 130 |


| SMTO | SMTO TYPE | SMTO LOCATION | SMTO DESCRIPTION |
|------|-----------|----------------------|----------------------------|
| 1 | TATTOO | FOREARM, NONSPECIFIC | QUOTES |
| 2 | MARK | KNEE, LEFT | ROAD RASH |
| 3 | MARK | ARM, LEFT | SCUFF MARK PRIOR TO ARREST |
| 4 | MARK | SHOULDER, LEFT | SCUFF MARK PRIOR TO ARREST |

INMATE PERSONAL PROPERTY FORM

INMATE NAME: BEACH, WILLIAM E. JR

BOOKING #: 026625

MONEY: CURRENCY \$.00
 CHANGE .00
 CHECKS .00
 TOTAL INTAKE \$.00

JAIL ID: 016558
 DOB:
 SSN: 

| Property Item | Description |
|----------------------|-------------------------|
| CLOTHING SHIRT | GRAY IN COLOR |
| CLOTHING SHOES | WHITE IN COLOR |
| CLOTHING SOCKS | MULTICOLORED |
| CLOTHING UNDERWEAR | BLUE AND GREEN IN COLOR |
| CLOTHING PANTS | BLUE IN COLOR |
| PROPERTY LOCATION: - | CLOTHING LOCATION: - |

I CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCPET ANY INCOMING PROPERTY.

INMATE SIGNATURE *William E. Beach* DATE 08-23-2022 TIME 0917
 OFFICER SIGNATURE *Set. [Signature]* DATE 08-23-2022 TIME 0917
 WITNESS _____ DATE _____ TIME _____

AUTHORIZATION TO RELEASE PATIENT INFORMATION

Please complete this form in its entirety. Items not checked or blanks unfilled are assumed to be non-applicable or specifically not authorized for release. This release is not valid if it does not contain the patient's original signature and date signed or if it has expired as described below. The signed consent form will become part of the patient's health care record. This authorization may be revoked by the patient at any time.

I hereby authorize: _____

To disclose from the health records of:

Name: BERNARD WILLIAM E.
Last Name First Name MI

DOB: [REDACTED] SSN: [REDACTED]

Covering the period of current incarceration unless otherwise specified below:

From: 08-2022 To: RELEASE
Date Date

To disclose the records to:

Name: Jackson Co Correctional Street: 350 Portsmouth St.
City: Jackson State: Ohio Zip Code: 45240

The following information may be released: (i.e., clinical summaries, progress notes, laboratory reports, request forms, or all health care records)

I understand that this will include information relating to (check and initial if applicable):

- | | | |
|---|-----------|--|
| X | <u>WB</u> | <input checked="" type="checkbox"/> Acquired immunodeficiency syndrome (AIDS) human immunodeficiency virus (HIV) infection |
| X | <u>WB</u> | <input checked="" type="checkbox"/> Behavioral health service/psychiatric care |
| X | <u>WB</u> | <input checked="" type="checkbox"/> Treatment for alcohol and/or drug abuse |

I give, _____ permission to release only the information I have selected on this form to the individual(s) or agency(s) I have named. I understand that this release will be valid for 90 days upon my signature. I may refuse to sign this authorization or revoke this authorization at any time. Any revocation or refusal to sign this authorization will not affect my ability to access health care services. The revocation will take effect on the day that it is received in writing. I further understand that if the person or entity that receives the above specified information is not a health care provider, health plan, or health care clearinghouse covered by the federal privacy regulations or a business associate of these entities, the information described above may be re-disclosed and no longer protected by the federal regulations.

X William Bern 08-23-2022
Signature of Patient/Guardian Date

Sen. [Signature] 08-23-2022
Witness Signature Date

Pharmacy
CVS JACKSON

Jackson County Correctional Facility

Inmate Rule Book Form

Inmates:

After entering the Pod, you need to get with the Pod Officer and ask to sign out the Inmate Rule Book.

After signing out, you need to read the Inmate Rule Book. Contact the Pod Officer if you cannot read it or if you do not understand it.

Please read and finish the Inmate Rule Book in a timely manner. Return this completed form along with the Inmate Rule Book to the Pod Officer.

If at anytime, you need the Inmate Rule Book again, get with the Pod Officer to sign it out.

I have read and understand the Inmate Rules (Rulebook) of The Jackson County Correctional Facility. If you have any questions, please ask the Pod Officer on Duty or submit a Inmate Request Form (Kite).

WILLIAM E. BEACH JR.

Inmate Printed Name

08-23-2022

Date:

x William E. Beach Jr.

Inmate Signature:

Det. Paul R. 306

Pod Officer Signature & Unit #

(Pod Officer will place this form in Inmate Folder in Booking)

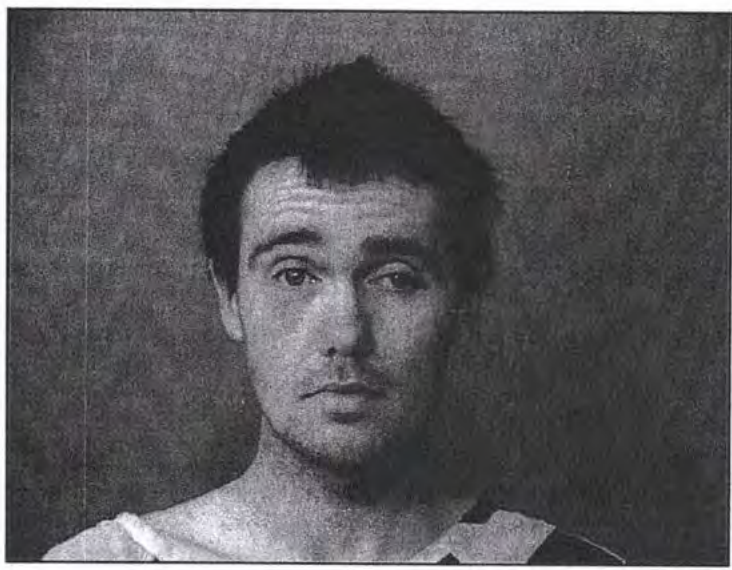
08-23-2022

Date:

Print Date: 11-22-2020
ORI #: OH0400000

TEL: FAX:

| | |
|----------------------------|---|
| Jail ID: 016558 | S.S.N.: [REDACTED] |
| FP Card ID/ITN #: | Booking #: 025606 |
| Name: BEACH, WILLIAM E. JR | Booking Date - Time: 11-22-2020 - 10:39 |
| D.O.B.: [REDACTED] | Release Date - Time: |
| Age at Booking: 29 | Release Reason: |



PHYSICAL INFORMATION

Race: WHITE
 Gender: MALE
 Height: 507
 Weight: 135
 Hair Color: BROWN
 Eye Color: BLUE
 Build: SMALL
 Complexion: LIGHT

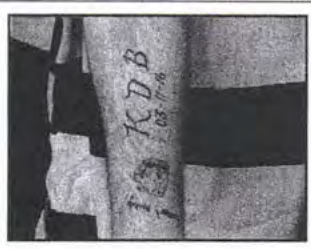
PERSONAL INFORMATION

Address: 518 20TH ST
 DUNBAR, WV 25064

 Place Of Birth: GALLIA CO, OH
 Occupation:

 Gang ID:


S
M
T



Note: Only the first two Scars, Marks or Tattoos are shown

Alerts:

Jail ID: 
 0 1 6 5 5 8

Booking #: 
 0 2 5 6 0 6

The information contained in this document is for Law Enforcement and Corrections use only. It is not intended to be used in Lieu of JAIL RECORDS RECORDS may be procured by contacting the submitting agency and requesting the appropriate documents.

RUN DATE: 01-05-2021
RUN TIME: 09:01

JACKSON COUNTY SHERIFF'S .E
BOOKING SHEET



INMATE NAME: BEACH, WILLIAM E. JR **BOOKING#: 025606**
JAIL ID: 016558 **CELL#: 121B**

PERSONAL

ADDRESS: 4 DIXON STREET
JACKSON, OH 45640

TELEPHONE#: (304) 410-2436
COUNTY RESIDENT: NO
DRIVER'S LICENSE: [REDACTED]
LICENSE STATE: WV
BIRTH PLACE: GALLIA CO, OH
MARITAL STATUS: SI
MILITARY: NO
US CITIZEN: YES
ALIAS:
NICKNAME:

PHYSICAL

GENDER: MALE
RACE: WHITE
COMPLEXION: LIGHT
BUILD: SMALL
HAIR COLOR: BROWN
EYE COLOR: BLUE
HEIGHT: 507
WEIGHT: 135
GLASSES: PRESCRIPTION P
WRITING HAND: RIGHT

IDENTIFICATION

SSN: [REDACTED]
DATE OF BIRTH: [REDACTED]
AGE AT BOOKING: 29

DNA COLLECTED: YES

EARLIEST OUT DATE

EARLIEST OUT DATE:

ARREST

ARRESTING AGENCY: JCSO
ARRESTED BY: DEP. EDWARDS
ARREST DATE: 11-22-2020
ARREST TIME: 08:00
NCIC CHECK: YES
HOLDS FOR:

BOOKING DATE: 11-22-2020
BOOKING TIME: 10:39
BOOKING OFFICER: PCWOLFORD
WOLFORD, PETE C

SUPPLEMENT

FBI#:
STATE#:
FP#:
ALIEN#:
PHONE CALLS: YES
JAIL RULES: YES
NEW FINGERPRIN: YES
NEW PHOTO: YES
RELIGION: CHRISTIAN
TRANSFER IN: NO

RELEASE

RELEASE DATE: 01-05-2021
RELEASE TIME: 09:01
RELEASED BY: SSNYDER
SNYDER, STEVEN

RELEASE INFO: PR - PROBATION

Total Days Served: 45

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|---------------|---------------------|---------------------------------|---|---------------------------------|
| CRA2001051 | MUNICIPAL | 11-22-2020 | MARK MUSICK | TEN PERCENT BOND - 50000.00 |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2911.13(B)/F5 | BREAKING & ENTERING | JACKSON COUNTY SHERIFF'S OFFICE | CASE NO.: CRA2001051 BOND \$50,000.00 10% CASH OR FULL SURETY COURT 11-23-20 AT 0900. WAS SEEN 11-23-20. BOND REMAINS THE SAME. NEXT COURT DATE SET FOR 12-01-20 @ 1300; SEEN 12-01-20 CHARGE AMENDED TO M1 (...) | JACKSON COUNTY SHERIFF'S OFFICE |
| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
| CRA2002051 | MUNICIPAL | 11-22-2020 | MARK MUSICK | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2911.211/ | AGGRAVATED TRESPASS | JACKSON COUNTY SHERIFF'S OFFICE | SEEN ON 12-01-20 AMENDED FROM F5 BREAKING AND ENTERING SENTENCED TO 180 DAYS CREDIT 10 SUSPEND 0, NO BOND, TO BE HELD UNTIL BED AVAILABLE AT REHAB | JACKSON COUNTY SHERIFF'S OFFICE |
| SMT0 | SMT0 TYPE | SMT0 LOCATION | SMT0 DESCRIPTION | |
| 1 | TATTOO | FOREARM, NONSPECIFIC | QUOTES | |

INMATE PERSONAL PROPERTY FORM (RELEASED)

INMATE NAME: BEACH, WILLIAM E. JR

BOOKING #: 025606

MONEY: TOTAL AT RELEASE \$.00

JAIL ID: 016558
DOB: [REDACTED]
SSN: [REDACTED]

| Property Item | Description |
|----------------------------|---------------------------|
| CLOTHING SOCKS | BLACK IN COLOR |
| CLOTHING PANTS | PJ PANTS |
| CLOTHING PANTS | BLUE IN COLOR |
| CLOTHING SHOES | WHITE, RED, BLUE IN COLOR |
| CLOTHING BELT | GREEN IN COLOR |
| CLOTHING SHIRT | WHITE IN COLOR |
| CLOTHING UNDERWEAR | 7 PAIR UNDERWEAR |
| CLOTHING SOCKS | 3 PAIR SOCKS |
| CLOTHING MISC. ITEMS | GLOVES |
| CLOTHING MISC. ITEMS | 2 PILLOW CASES |
| CLOTHING LONG SLEEVE SHIRT | BLACK IN COLOR |
| CLOTHING MISC. ITEMS | 1 STUFFED DAFFY DUCK |
| CLOTHING TROUSERS | GREY IN COLOR |
| PROPERTY LOCATION: - | CLOTHING LOCATION: - |

INMATE PERSONAL PROPERTY FORM (RELEASED)

I CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCPET ANY INCOMING PROPERTY.

INMATE SIGNATURE *x [Signature]* DATE 1-5-21 TIME 0900
OFFICER SIGNATURE *[Signature]* 327 DATE 1-5-21 TIME 0900
WITNESS _____ DATE _____ TIME _____

IN THE MUNICIPAL COURT OF JACKSON COUNTY, OHIO

State Of Ohio (Shf)

Plaintiff

vs.

Beach, William E

Defendant

Case No. CRA2001051

FILED

DEC 30 2020

JACKSON COUNTY MUNICIPAL COURT
Derek A. Cales, Clerk

ORDER ON RELEASE

This matter came before the court concerning the status for the above inmate by State Of Ohio (Shf). Status of Defendant is such that as of the composing of this entry, the defendant is a resident inmate at the JCCF

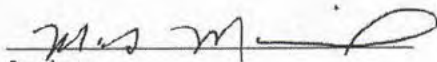
To the State Of Ohio (Shf)

You are granted authority as follows: you may release the defendant-inmate from custody at the JCCF *to the care, custody, and control of Probation for transport to The Counseling Center for a period of Residential Treatment as will be required by the court until further court order.*

***The expected release date is January 5, 2021 at 8:30 a.m.
Jail credit 46 days, 134 remain in abeyance.***

The defendant is ordered to cooperate and complete the program.

So Ordered.


Judge

State Of Ohio (Shf)
JCCF
Probation
Beth Leach
Defendant

IN THE MUNICIPAL COURT OF JACKSON COUNTY, OHIO

State Of Ohio (Shf)

Case No. CRA2001051

Plaintiff

vs.

Beach, William E

ORDER ON RELEASE

Defendant

FILED

DEC 30 2020

JACKSON COUNTY MUNICIPAL COURT
Derek A. Cales, Clerk

This matter came before the court concerning the status for the above inmate by State Of Ohio (Shf). Status of Defendant is such that as of the composing of this entry, the defendant is a resident inmate at the JCCF

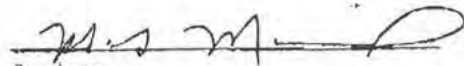
To the State Of Ohio (Shf)

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***The expected release date is January 5, 2021 at 8:30 a.m.
Jail credit 46 days, 134 remain in abeyance.***

The defendant is ordered to cooperate and complete the program.

So Ordered.


Judge

State Of Ohio (Shf)
JCCF
Probation
Beth Leach
Defendant

JACKSON COUNTY CORRECTIONAL FACILITY
IMPOSITION OF SANCTIONS

INMATE NAME: William E. Beach JR

Inmate #: 016558 Booking # 025600

Inmate Cell # 121 Report # _____

Date: 12-15-20

IN VIOLATION OF RULE(S):

220 - possession of anything not authorized for Inmate

Special Instructions or Comments list below:

5 day Lockdown, no commissary or privileges, No Rec

OFF LOCKDOWN ON: 12-20-20

[Signature]
Officer Issuing Citation

12-15-20
Date

[Signature]
Supervisor on Duty

12-15-2020
Date

Disciplinary hearings on ALL lockdowns: You will have the right for a disciplinary hearing within 48 hours (excludes weekends, holidays, and emergency periods) of the rule violation if in isolation or within 3 business days if not in isolation. If the Inmate wishes to waive his right to a disciplinary hearing circle **WAIVE HEARING**. This is if they agree with the lockdown and waive any disciplinary hearings. If the inmate does not agree with the lockdown and would like a disciplinary hearing, circle **RESERVE HEARING**. If reserve is circled, then a copy of this will be sent to the review hearing officer to be scheduled.

WAIVE HEARING / RESERVE HEARING

Inmate Signature

Date

Officer witness signature not involved with incident

Date

If the inmate reserves the hearing: The inmate shall have a minimum of 24 hours after served the rule violation to prepare for the disciplinary hearing or the inmate may waive the 24-hour period. Circle one:

WAIVE 24 HOURS / RESERVE 24 HOURS

**You may appeal any and all decisions to the Jail Administrator within 48 hours (excludes weekends, holidays, and emergency periods) for any lockdowns up to 10 days after violation(s) was served.

IN THE MUNICIPAL COURT OF JACKSON COUNTY, JACKSON, OHIO
 295 East Broadway Street, Suite 101, Jackson, Ohio 45640 (740) 286-2718

JCAF

State of Ohio State Of Ohio (Shf)
 Plaintiff

Case No. CRA 2001051

VS

Beach, William E
 Defendant

Date: ~~11/25/2020~~ - 12/01/2020.

SENTENCING ENTRY

This matter came before the court for imposition of sentence upon the finding of **GUILT** in the above referenced case as follows:

- Defendant has previously waived counsel.
- Defendant's counsel is present. Ramona K Sprague

FILED

DEC 01 2020

JACKSON COUNTY MUNICIPAL COURT
 Derek A. Cales, Clerk

Before imposition of sentence the court has considered both the purpose of misdemeanor sentencing, set out at O.R.C. Sec. 2929.21, and the factors in determining the appropriate sentence for misdemeanors as set at O.R.C. Sec. 2929.22 (A) through (C). Further, if offered, the court has considered any relevant oral or written statement made by the victim, the defendant, the defense attorney, or the prosecuting attorney regarding sentencing for a misdemeanor pursuant to O.R.C. Sec. 2929.22 (D). Finally, the court has considered any available information from:

- PSI
- ORAS
- MHE
- AOD
- Other _____

Therefore, in consideration of all the above factors the court **ORDERS** as follows:

| Case | A | B | C | D | E |
|-----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Charge | BREAK & ENTER | | | | |
| Section | 2911.13B | | | | |
| Level | F5 | | | | |
| Amended To | <i>Agg. Trespass.</i> | | | | |
| Charge | <i>2911.211</i> | | | | |
| Section | <i>m1</i> | | | | |
| No Contest Plea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guilty Plea | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guilty Verdict | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dismissed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reason | | | | | |

Disposition of charges: It is therefore **ORDERED, ADJUDGED AND DECREED** that the defendant is sentenced as follows:

FINANCIAL SANCTIONS

| Case | A | B | C | D | E |
|-----------|---|----|----|----|----|
| Fine | \$ 100 | \$ | \$ | \$ | \$ |
| Suspended | \$ | \$ | \$ | \$ | \$ |
| Costs | <input checked="" type="checkbox"/> 135 | | | | |
| Total | 235 | | | | |

JAIL SANCTIONS – The defendant is sentenced to the WPD JPD OHPD CPD STATE

| Case | A | B | C | D | E |
|-----------|-----|---|---|---|---|
| Jail | 180 | | | | |
| Suspended | 0 | | | | |
| Credit | 10 | | | | |

COMMUNITY CONTROL (PROBATION)

| Case | A | B | C | D | E |
|---------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Months | 60 | | | | |
| Reporting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non Reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Law Abiding | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMUNITY SERVICE

| Case | A | B | C | D | E |
|-----------|----|---|---|---|---|
| Assigned | 80 | | | | |
| Suspended | | | | | |

OPERATORS LICENSE SUSPENSION:

| Days | Months | Years | Beginning: | Ending: |
|------|--------|-------|------------|---------|
| | | | | |

Defendant presented to the court proof of insurance for the date of the incident Yes No N/A

RELEASE MOTOR VEHICLE to owner upon proof of ownership, current insurance, licensed driver, subject to objection.

Observation Cell Record

Inmate's Name: William Brack
 ID # 016 558

Reason For Placement (Please Check):

Detox _____
 Suicide Observations _____
 Medical Observations _____
 Other (Please List) regular

Watch (Circle One):

10 min 30 min **60 min**

Other _____ min.

Date/Time Placed on Watch: 11-24-26 @ 2045

Date/Time Watch Ended: 11-25-20 @ 0935

Name/Title of Person Authorizing Release from
 Medical/Suicide Watch:

Special Instructions During Watch:

* Record all times accurately; Do not skip spaces; Inmates placed on suicide watch should be checked on an irregular /staggered basis so as to not allow the inmate a chance to predict the time of the next check. Suicide Watch checks are to be performed no less than every 10 minutes.

| Date | Time | Officers Initials/Unit# | Record Observations (Explain what you See)(Examples: Sitting, Sleeping, Standing, Meal Accepted, Meal Rejected, Crying, Talking to Self, Talking to Others, Using Restroom, Nurse Visit, Doctor Visit, Mental Health Visit, Etc.) |
|-------|------|-------------------------|--|
| 11-24 | 2045 | CC 331 | REST |
| 11-24 | 2102 | AW 337 | REST |
| 11-24 | 2120 | AW 337 | REST |
| 11-24 | 2144 | CC 331 | REST |
| 11-24 | 2209 | AW 337 | REST |
| 11-24 | 2235 | AW 337 | REST |

| Date | Time | Officers Initials/Unit# | Record Observations (Explain what you See) (Examples: Sitting, Sleeping, Standing, Meal Accepted, Meal Rejected, Crying, Talking to Self, Talking to Others, Using Restroom, Nurse Visit, Doctor Visit, Mental Health Visit, Etc.) |
|-------|------|-------------------------|---|
| 11-24 | 2256 | CC 74 | REST |
| 11-24 | 2305 | AW 311 | REST |
| 11-24 | 2327 | RC 30 | REST |
| 11-24 | 2355 | AW 329 | REST |
| 11-25 | 0010 | AW 329 | REST |
| 11-25 | 0027 | AW 329 | REST |
| 11-25 | 0043 | AW 329 | REST |
| 11-25 | 0100 | RC 30 | REST |
| 11-25 | 0112 | AW 311 | REST |
| 11-25 | 0122 | AW 329 | REST |
| 11-25 | 0140 | CC 318 | REST |
| 11-25 | 0151 | AW 329 | REST |
| 11-25 | 0200 | RC 30 | REST |
| 11-25 | 0213 | AW 311 | REST |
| 11-25 | 0225 | RC 30 | REST |
| 11-25 | 0230 | AW 311 | REST |
| 11-25 | 0255 | RC 30 | REST |
| 11-25 | 0300 | AW 329 | REST |
| 11-25 | 0328 | AW 329 | REST |
| 11-25 | 0344 | AW 329 | REST |
| 11-25 | 0355 | RC 30 | REST |
| 11-25 | 0415 | AW 311 | REST |
| 11-25 | 0431 | AW 329 | REST |
| 11-25 | 0453 | AW 329 | REST |
| 11-25 | 0509 | CC 74 | REST |
| 11-25 | 0533 | CC 318 | REST |
| 11-25 | 0557 | AW 329 | REST |
| 11-25 | 0610 | RC 30 | REST |
| 11-25 | 0626 | AW 311 | REST |
| 11-25 | 0641 | AW 329 | REST |
| 11-25 | 0700 | MA 315 | REST |
| 11-25 | 0738 | SE 714 | REST |
| 11-25 | 0755 | SS 327 | REST |
| 11-25 | 0820 | SS 327 | REST |
| 11-25 | 0847 | SS 327 | REST |
| 11-25 | 0920 | SS 327 | REST |
| 11-25 | 0935 | SS 327 | TO 4121 |

*Place completed form in Medical File and place a copy in the Inmate's File.

IN THE MUNICIPAL COURT OF JACKSON COUNTY, OHIO

State Of Ohio (Shf)

Case No. CRA2001051

Plaintiff

vs.

Beach, William E

ORDER ON RELEASE

Defendant

FILED

DEC 30 2020

JACKSON COUNTY MUNICIPAL COURT
Derek A. Cales, Clerk

This matter came before the court concerning the status for the above inmate by State Of Ohio (Shf). Status of Defendant is such that as of the composing of this entry, the defendant is a resident inmate at the JCCF

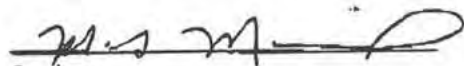
To the State Of Ohio (Shf)

You are granted authority as follows: you may release the defendant-inmate from custody at the JCCF *to the care, custody, and control of Probation for transport to The Counseling Center for a period of Residential Treatment as will be required by the court until further court order.*

***The expected release date is January 5, 2021 at 8:30 a.m.
Jail credit 46 days, 134 remain in abeyance.***

The defendant is ordered to cooperate and complete the program.

So Ordered.


Judge

State Of Ohio (Shf)
JCCF
Probation
Beth Leach
Defendant

THE MUNICIPAL COURT
OF JACKSON COUNTY, OHIO

THE STATE OF OHIO,
vs.

Case No. _____

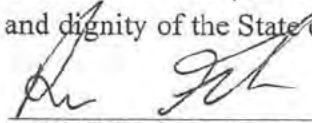
WILLIAM E BEACH
4 Dixon St.
Jackson, OH 45640

COMPLAINT

(RULE 3) (RULE 4)

Complainant being duly sworn states that William E Beach, on or about November 22, 2020, in Jackson County, Ohio, (B) did by force, stealth, or deception, trespass on the back porch of the residence, an unoccupied structure, with purpose to commit therein, a theft offense as defined in section 2913.01 of Revised Code, or a felony; in violation of Section 2911.13(B) of the Revised Code and against the peace and dignity of the State of Ohio, a felony of the fifth degree.

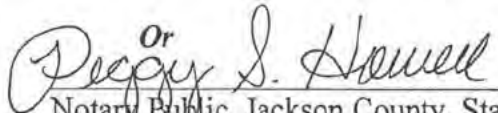
Complainant's Signature:



DEPUTY AUSTIN EDWARDS
Jackson County Sheriff's Office

Sworn to before me and subscribed in my presence this ____ day of __, 2020.

JUDGE / CLERK / DEPUTY CLERK

Or


Notary Public, Jackson County, State of Ohio
My Commission expires 1-16, 2022

Summons in Lieu of Arrest

You are hereby ordered to appear the 23 day of **November**, 2020, at 09:00 a.m. at the Jackson County Municipal Court at 295 Broadway Street, Jackson, Ohio 45640. Failure to appear on the above date and time will result in a warrant for your immediate arrest.

Service

The undersigned has hereby served the above notice upon the Defendant on the 22 day of November 2020.



Officer Serving Summons

*IN THE MUNICIPAL COURT
OF JACKSON COUNTY, OHIO*

NAME OF DEFENDANT: William E Beach

CASE NO: _____

**CONFIDENTIAL
PERSONAL IDENTIFIERS**

*Personal identifiers should not be included in a complaint or any court filing.
Instead, provide the information in this section.*

DEFENDANT'S DATE OF BIRTH: [REDACTED]

DEFENDANT'S SOCIAL SECURITY NUMBER: [REDACTED]

OTHER PERSONAL IDENTIFIERS TO OMIT FROM COMPLAINT:

Use the space below for any other personal identifiers, including financial account numbers (debit/charge/credit card numbers) and employer/employee identification numbers.

(None)

JUVENILE VICTIM: If this is an abuse, neglect, or dependency case, only use the generic abbreviation "CV" for "child victim" in the complaint, and type the juvenile's name below:

(None)

REMINDERS FOR LAW ENFORCEMENT

- ✓ PRIOR APPROVAL FOR FELONY CHARGES: Contact the Jackson County Prosecuting Attorney at any time, day or night, to obtain prior approval for any felony charge.
- ✓ COURT FILINGS: The Jackson County Municipal Court should receive the original Complaint with the Confidential Personal Identifiers page. Your reports should not be filed with the Court.
- ✓ PROSECUTOR COPIES: The Jackson County Prosecutor's Office needs a copy of the Complaint with Confidential Personal Identifiers page and a copy of your entire file prior to or immediately after (same day) the filing of any complaint. Videos of traffic stops are only needed in all OVI and felony cases.
- ✓ QUESTIONS? Please do not hesitate to contact the Prosecuting Attorney at any time, day or night, to discuss potential felony charges or for advice, including charges and complaint language.

BOOKING PROPERTY CARD

Name: Beach William E
Last First M.I.

S.S.N.#: [REDACTED] Booking # 075006

Seal # Attached ~~6563887~~ 0523866 by [Signature] 323
Unit # & Initials

List Items

Necklace Gold in Color
2 flashlights
MISC / TRASH / Paper
4 Alcohol prep pads Willy Bell
1 Black Rectangle
1 Key chain
Wrist by contents 1 Body wash

Observation Cell Record

Inmate's Name: William Beach
 ID # 016558

Reason For Placement (Please Check):

Detox _____
 Suicide Observations _____
 Medical Observations _____
 Other (Please List) Regular

Watch (Circle One):
 10 min 30 min **60 min**
 Other _____ min.

Date/Time Placed on Watch: 11-22-20 @ 0820

Date/Time Watch Ended: 11-24-20 @ 2045

Name/Title of Person Authorizing Release from Medical/Suicide Watch:

Special Instructions During Watch:

* Record all times accurately; Do not skip spaces; Inmates placed on suicide watch should be checked on an irregular /staggered basis so as to not allow the inmate a chance to predict the time of the next check. Suicide Watch checks are to be performed no less than every 10 minutes.

| Date | Time | Officers Initials/Unit# | Record Observations (Explain what you See) (Examples: Sitting, Sleeping, Standing, Meal Accepted, Meal Rejected, Crying, Talking to Self, Talking to Others, Using Restroom, Nurse Visit, Doctor Visit, Mental Health Visit, Etc.) |
|-------|-------|-------------------------|--|
| 11-22 | 0800 | SS 327 | Placed in Shower |
| 11-22 | 0820 | SS 327 | Rec'd med + Placed in B2 |
| 11-22 | 0900 | SS 327 | Rest |
| 11-22 | 0942 | EE 23 | Rest |
| 11-22 | 10-15 | EE 23 | Rest |
| 11-22 | 1041 | SE 314 | Rest |

*Place completed form in Medical File and place a copy in the Inmate's File.

| Date | Time | Officers Initials/Unit# | Record Observations (Explain what you See) (Examples: Sitting, Sleeping, Standing, Meal Accepted, Meal Rejected, Crying, Talking to Self, Talking to Others, Using Restroom, Nurse Visit, Doctor Visit, Mental Health Visit, Etc.) |
|-------|-------|-------------------------|--|
| 11-22 | 1055 | EE 313 | IPCD Tray |
| 11-22 | 1131 | SE 314 | being booked |
| 11-22 | 1230 | EE 323 | Rest |
| 11-22 | 330 | EE 323 | Rest |
| 11-22 | 1455 | EE 314 | Facing |
| 11-22 | 1523 | EE 337 | Rest |
| 11-22 | 1550 | EE 331 | Rest |
| 11-22 | 1611 | EE 314 | TALK |
| 11-22 | 1640 | EE 311 | Rest |
| 11-22 | 1657 | HS 332 | Rec'd Dinner Bag |
| 11-22 | 1716 | EE 331 | Rest |
| 11-22 | 1726 | EE 337 | Rest |
| 11-22 | 1745 | EE 331 | Rest |
| 11-22 | 1800 | EE 337 | Rest |
| 11-22 | 1825 | HS 332 | Rest |
| 11-22 | 1853 | EE 331 | Rest |
| 11-22 | 1916 | EE 318 | TALK |
| 11-22 | 1941 | EE 314 | Rest |
| 11-22 | 2005 | EE 331 | Rest |
| 11-22 | 2029 | EE 337 | Rest |
| 11-22 | 2050 | EE 337 | Rest |
| 11-22 | 2059 | EE 331 | Rest |
| 11-22 | 2130 | HS 332 | Talk |
| 11-22 | 2153 | EE 331 | Rest |
| 11-22 | 2230 | EE 318 | Rest |
| 11-22 | 2240 | EE 317 | Rest |
| 11-22 | 2309 | EE 311 | Rest |
| 11-22 | 2327 | EE 34 | Rest |
| 11-22 | 2359 | EE 339 | Rest |
| 11-22 | 0035 | EE 339 | Rest |
| 11-22 | 0049 | EE 339 | Rest |
| 11-22 | 0057 | EE 330 | Rest |
| 11-23 | 0125 | EE 311 | Rest |
| 11-23 | 0153 | EE 34 | Rest |
| 11-23 | 0215 | EE 339 | Rest |
| 11-23 | 0302 | EE 339 | Rest |
| 11-23 | 0323 | EE 339 | Rest |
| 11-23 | 0357 | EE 339 | Rest |
| 11-23 | 04:00 | EE 34 | Rest |
| 11-23 | 0410 | EE 330 | Rest |
| 11-23 | 05:08 | EE 34 | Rest |
| 11-23 | 0558 | EE 339 | Rest |
| 11-23 | 0620 | EE 330 | Rest |
| 11-23 | 0635 | EE 311 | Rest |
| 11-23 | 0700 | EE 314 | Rest |
| 11-23 | 0730 | EE 314 | Rest |

Jackson County Correctional Facility
INCARCERATION FORM
 Tedd E. Frazier, Sheriff
 Captain Floyd Yates, Jail Administrator
 372 Portsmouth St., Jackson, Ohio 45640
 Phone: 740-288-1338 Fax: 740-286-5635

| | |
|---|--|
| Date: <u>11-22-2020</u> | Time: <u>0800</u> |
| Arresting Agency / Officer (Please Print): <u>Jaso / Edwards Jr</u> | |
| Person Arrested (Name): <u>William E beach Jr.</u> | |
| List Any Aliases: <u>N/A</u> | Marital Status: <u>Single</u> |
| SSN: <u>[REDACTED]</u> | D.O.B. <u>[REDACTED]</u> |
| Hair Color: <u>brwn</u> | Eyes: <u>blue</u> |
| Identifying Characteristics: <u>N/A</u> | Race: <u>white</u> |
| Current Address: <u>4 Dixon St Jackson OH 45656</u> | |
| Street Address | City State Zip |
| Current Phone Number: <u>N/A Home Contact 304-410-2436</u> | |
| Emergency Contact: <u>Jammy Reed</u> | Relationship: <u>mother</u> Phone # <u>304-205-3407</u> |
| Arrest Date: <u>11-22-2020</u> | Arrest Time: <u>0700</u> Arrest Location: <u>Martin dr</u> |
| Charge (s): <u>Breaking or Entering</u> | Degree: <u>F5</u> ORC: <u>2911.13</u> |
| | Degree: _____ ORC: _____ |
| | Degree: _____ ORC: _____ |
| Bond Amount: \$ <u>50,000</u> | 10% OK? <u>Yes</u> |
| Court Date: <u>11-23-2020</u> | Court Time: <u>6:00</u> |
| Other (Out of State/County) Warrants/Holders: <u>N/A</u> | |

****In the Case of Domestic Violence, please provide Victim Notification Information Below:**

Name: N/A Phone #'s N/A
 Address: N/A

Relinquishing Agency: Jaso
 Relinquishing Officer: Edwards

- Does the Prisoner appear to be in need of Emergency Medical /Mental Treatment? () Yes () No _____
- Has the Prisoner sustained a known injury? () Yes () No _____
- Has the Prisoner complained of an injury? () Yes () No _____
- Has the Prisoner refused medical treatment? () Yes () No _____
- Is the Prisoner under the Influence of Alcohol and/or Drugs? () Yes () No _____
 If Yes, please explain: _____
- Has the Prisoner exhibited any Suicidal Signs? () Yes () No _____
- Has the Prisoner been exposed to any of the following during Arrest? If YES, Have they been cleared for Incarceration?

| | | |
|------------------------------------|---------|--|
| TASER (Electronic Stun Device) | () Yes | (<input checked="" type="checkbox"/>) No |
| Mace (OC or Other) Spray | () Yes | (<input checked="" type="checkbox"/>) No |
| Any other less lethal use of force | () Yes | (<input checked="" type="checkbox"/>) No |

Comments/Notes: N/A tang 96.4

I, the relinquishing officer, have not been informed of, nor am I aware of any emergency medical/mental condition(s) with this prisoner that has not been answered in the aforementioned questions.

Relinquishing Officer's Signature: Dep. Edwards
 Supervisor/Booking Officer's Signature: _____

Note: By the order of the appointing authority and the Ohio Revised Code (sec5120) this form shall be completed prior to acceptance of a prisoner from Law Enforcement Officer. Prisoners evidencing signs of SERIOUS UNTREATED injury SHALL NOT be admitted prior to their examination and/or treatment by appropriate medical personnel. No prisoner shall be admitted in a state of unconsciousness without DOCUMENTED APPROVAL of a Licensed Physician. If it is apparent to the Booking Officer that the Prisoner requires EMERGENCY MEDICAL TREATMENT, the Prisoner SHALL NOT BE ADMITTED!!

Jackson County Correctional Facility Inmate Booking Sheet

Inmate Name William E. Beach Jail ID # 016558
 SSN [REDACTED] DOB [REDACTED]
 Address: 4 Dixon St
 City: Jackson State: OH Zip Code: 45640
 Emergency Contact: Tammy reed Phone # 304-205-3407
 Arresting Agency: JCSO Officer: Edwards
 (See Incarceration Form for Charges)

Officer Initial for each item that was issued to the inmate.

| | | | | |
|---------------------------|----------------------------|-------------------------|--------------------------------|---------------------------|
| 1 Uniform Shirt <u>EE</u> | 2 Uniform Pants <u>EE</u> | 1 Towel <u>EE</u> | 2 Blankets <u>EE</u> | Received Shower <u>EE</u> |
| 1 Sheet <u>EE</u> | 1 Tote Bag <u>EE</u> | 1 Laundry Bag <u>EE</u> | 1 Sanitized Mattress <u>EE</u> | Phone Call <u>refused</u> |
| 1 Hygiene Pack <u>EE</u> | 1 Set of Sandals <u>EE</u> | | | |

EE Inmate was advised the above items issued to them **MUST** be returned upon Release or Inmate will be charged for the items. Items must be in good condition, if any of the above items being issued have something wrong with them, please note this below:

Temp 96.4

Officer Initial When Completed:

EE Locker # B21 Seal # 0583583 0583767
EE Small Personal Pack- Seal # 0583583 0583767
EE Money put in Money Safe in Booking-- Money at Booking \$ 0
EE Commissary Open Sheet Filled Out
EE Fingerprint Cards Done and Signed
EE Photos Taken and Printed
 Inmate Give Appropriate Band: Red Yellow Orange
 ** Additional Information _____

Inmate Initial that they have been advised of the following:

WB I hereby certify that the above information is true to the best of my knowledge. I understand that any money brought in with me or any money I receive while I am here will be deposited into my commissary account, and any expenses that I have incurred will be deducted from my commissary account. There is a \$ 20.00 Booking Fee for all persons booked into this facility (explained further on Open Commissary form).

WB I have also been advised that a Copy of the Inmate Rules and Regulations for the Jackson County Correctional Facility are located at the Pod Desk. You will be given a form to complete upon reading and understanding. If you are unable to read or understand the Rules and Regulations you may ask Pod Officer to go over with you. I understand that Breaking the Rules and Regulations will result in Disciplinary Actions.

WB I have been informed that if I need Medical Assistance or request to see the Jail Nurse, Jail Physician, and/or Mental Professional (Woodland Centers) that I am required to fill out a Medical Kite (Sick Call Slip). I am to request this form from the Pod Officer and return to the Pod Officer to be forwarded to the Medical Department. This is for non-emergency requests. If you have an Emergency, I am to notify the Booking Officer or Pod Officer as soon as possible.

Inmate Signature: William Beach
 Corrections Officer Signature _____ Date 11-20-20

RUN DATE: 11-22-2020
 RUN TIME: 11:49

JACKSON COUNTY SHERIFF'S O.

BOOKING SHEET



INMATE NAME: BEACH, WILLIAM E. JR

BOOKING#: 025606

JAIL ID: 016558

CELL#:

PERSONAL

ADDRESS: 518 20TH ST
 DUNBAR, WV 25064

TELEPHONE#: (304) 410-2436

COUNTY RESIDENT: NO

DRIVER'S LICENSE: [REDACTED]

LICENSE STATE: WV

BIRTH PLACE: GALLIA CO, OH

MARITAL STATUS: SI

MILITARY: NO

US CITIZEN: YES

ALIAS:

NICKNAME:

PHYSICAL

GENDER: MALE

RACE: WHITE

COMPLEXION: LIGHT

BUILD: SMALL

HAIR COLOR: BROWN

EYE COLOR: BLUE

HEIGHT: 507

WEIGHT: 135

GLASSES: PRESCRIPTION P

WRITING HAND: RIGHT

IDENTIFICATION

SSN: [REDACTED]

DATE OF BIRTH: [REDACTED]

AGE AT BOOKING: 29

DNA COLLECTED: NO

EARLIEST OUT DATE

EARLIEST OUT DATE:

ARREST

ARRESTING AGENCY: JC SO

ARRESTED BY: DEP. EDWARDS

ARREST DATE: 11-22-2020

ARREST TIME: 08:00

NCIC CHECK: YES

HOLDS FOR:

BOOKING DATE: 11-22-2020

BOOKING TIME: 10:39

BOOKING OFFICER: PCWOLFORD

WOLFORD, PETE C

SUPPLEMENT

FBI#:

STATE#:

FP#:

ALIEN#:

PHONE CALLS: YES

JAIL RULES: YES

NEW FINGERPRINTS: YES

NEW PHOTO: YES

RELIGION: CHRISTIAN

TRANSFER IN: NO

RELEASE

RELEASE DATE:

RELEASE TIME:

RELEASED BY:

RELEASE INFO:

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|--------|-------|---------------|-------|------------------|
|--------|-------|---------------|-------|------------------|

| | | | | |
|--|-----------|------------|-------------|--------------------------|
| | MUNICIPAL | 11-22-2020 | MARK MUSICK | TEN PERCENT BOND - 50000 |
|--|-----------|------------|-------------|--------------------------|

| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
|---------------|---------------------|---------------------------------|--|---------------------------------|
| 2911.13(B)/F5 | BREAKING & ENTERING | JACKSON COUNTY SHERIFF'S OFFICE | NEW JC SO CHARGE BOND \$50,000 OR 10% COURT 11-23-20 AT 0900 | JACKSON COUNTY SHERIFF'S OFFICE |

| SMTO | SMTO TYPE | SMTO LOCATION | SMTO DESCRIPTION |
|------|-----------|---------------|------------------|
|------|-----------|---------------|------------------|

| | | | |
|---|--------|----------------------|--------|
| 1 | TATTOO | FOREARM, NONSPECIFIC | QUOTES |
|---|--------|----------------------|--------|

INMATE PERSONAL PROPERTY FORM

INMATE NAME: BEACH, WILLIAM E. JR

BOOKING #: 025606

MONEY: CURRENCY \$.00
CHANGE .00
CHECKS .00
TOTAL INTAKE \$.00

JAIL ID: 016558
DOB: [REDACTED]
SSN: [REDACTED]

| Property Item | Description |
|----------------------------|---------------------------|
| CLOTHING SHOES | WHITE, RED, BLUE IN COLOR |
| CLOTHING SHIRT | WHITE IN COLOR |
| CLOTHING LONG SLEEVE SHIRT | BLACK IN COLOR |
| CLOTHING SOCKS | BLACK IN COLOR |
| CLOTHING TROUSERS | GREY IN COLOR |
| CLOTHING BELT | GREEN IN COLOR |
| CLOTHING PANTS | BLUE IN COLOR |

PROPERTY LOCATION: -

CLOTHING LOCATION: -

I CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCPET ANY INCOMING PROPERTY.

INMATE SIGNATURE  DATE 11-27-20 TIME 1154
OFFICER SIGNATURE  DATE 11-27-20 TIME 1154
WITNESS _____ DATE _____ TIME _____

AUTHORIZATION TO RELEASE PATIENT INFORMATION

Please complete this form in its entirety. Items not checked or blanks unfilled are assumed to be non-applicable or specifically not authorized for release. This release is not valid if it does not contain the patient's original signature and date signed or if it has expired as described below. The signed consent form will become part of the patient's health care record. This authorization may be revoked by the patient at any time.

I hereby authorize: Jackson County Sheriff's Office / Premier Health Care Services, Inc.

To disclose from the health records of:

Name: Beach William E
Last Name First Name MI

DOB: [REDACTED] SSN: [REDACTED] [REDACTED]

Covering the period of current incarceration unless otherwise specified below:

From: 11-22-70 To: release
Date Date

To disclose the records to:

Name: JCCF Street: 350 Portsmouth St.

City: JACKSON State: OHIO Zip Code: 45640

The following information may be released: (i.e., clinical summaries, progress notes, laboratory reports, request forms, or all medical records)

ALL RECORDS

I understand that this will include information relating to (check and initial if applicable):

- | | | |
|-----------|-------------------------------------|---|
| <u>WB</u> | <input checked="" type="checkbox"/> | Acquired immunodeficiency syndrome (AIDS) human immunodeficiency virus (HIV) infection. |
| <u>WB</u> | <input checked="" type="checkbox"/> | Behavioral health service/psychiatric care. |
| <u>WB</u> | <input checked="" type="checkbox"/> | Treatment for alcohol and/or drug abuse. |

I give, Jackson Co. Sheriff's Office / Premier Health Care Services, Inc. permission to release only the information I have selected on this form to the individual(s) or agency(s) I have named. I understand that this release will be valid for 90 days upon my signature. I may refuse to sign this authorization or revoke this authorization at any time. Any revocation or refusal to sign this authorization will not affect my ability to access health care services. The revocation will take effect on the day that it is received in writing. I further understand that if the person or entity that receives the above specified information is not a health care provider, health plan, or health care clearinghouse covered by the federal privacy regulations or a business associate of these entities, the information described above may be redisclosed and no longer protected by the federal regulations.

William Beach 11-22-70
Signature of Patient Date

[Signature] 11-22-70
Witness Signature Date

This release expires on the following date: release

Jackson County Correctional Facility

Inmate Rule Book Form

Inmates:

After entering the Pod, you need to get with the Pod Officer and ask to sign out the Inmate Rule Book.

After signing out, you need to read the Inmate Rule Book. Contact the Pod Officer if you cannot read it or if you do not understand it.

Please read and finish the Inmate Rule Book in a timely manner. Return this completed form along with the Inmate Rule Book to the Pod Officer.

If at anytime, you need the Inmate Rule Book again, get with the Pod Officer to sign it out.

I have read and understand the Inmate Rules (Rulebook) of The Jackson County Correctional Facility. If you have any questions, please ask the Pod Officer on Duty or submit a Inmate Request Form (Kite).

William Beach

Inmate Printed Name

11-22-20

Date:

X William Beach

Inmate Signature:

11-22-20

C 373

Pod Officer Signature & Unit #

(Pod Officer will place this form in Inmate Folder in Booking)

11-22-20

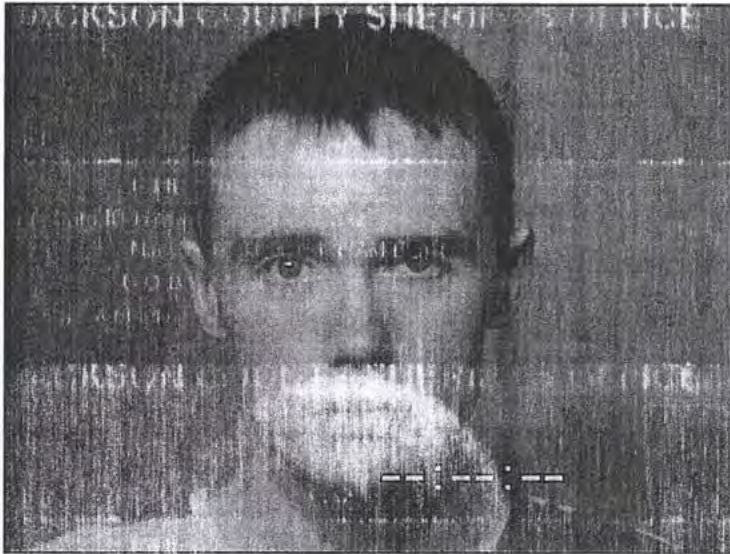
Date:

Print Date: 07-01-2016
ORI #: OH0400000

TEL: FAX:

Jail ID: 016558
FP Card ID/ITN #:
Name: BEACH, WILLIAM E. JR
D.O.B.:
Age at Booking: 25

S.S.N.:
Booking #: 021325
Booking Date - Time: 07-01-2016 - 12:46
Release Date - Time:
Release Reason:



PHYSICAL INFORMATION

Race: WHITE
Gender: MALE
Height: 507
Weight: 135
Hair Color: BROWN
Eye Color: BLUE
Build: SMALL
Complexion: LIGHT

PERSONAL INFORMATION

Address: 518 20TH ST
DUNBAR, WV 25064
Place Of Birth: SALIDA CO, OH
Occupation:
Gang ID:

S
M
T

Note: Only the first two Scars, Marks or Tattoos are shown

Alerts:

Jail ID:
0 1 6 5 5 8

Booking #:
0 2 1 3 2 5

The information contained in this document is for Law Enforcement and Corrections use only. It is not intended to be used in Lieu of JAIL RECORDS. JAIL RECORDS may be procured by contacting the submitting agency and requesting the appropriate documents.

RUN DATE: 07-26-2016
RUN TIME: 21:41

JACKSON COUNTY SHERIFF'S
BOOKING SHEET



| | |
|--|-------------------------|
| INMATE NAME: BEACH, WILLIAM E. JR | BOOKING#: 021325 |
| JAIL ID: 016558 | CELL#: 117B |

PERSONAL

ADDRESS: 518 20TH ST
DUNBAR, WV 25064

TELEPHONE#: (304) 410-2436

COUNTY RESIDENT: NO

DRIVER'S LICENSE: [REDACTED]

LICENSE STATE: WV

BIRTH PLACE: GALLIA CO, OH

MARITAL STATUS: SI

MILITARY: NO

US CITIZEN: YES

ALIAS:

NICKNAME:

PHYSICAL

GENDER: MALE

RACE: WHITE

COMPLEXION: LIGHT

BUILD: SMALL

HAIR COLOR: BROWN

EYE COLOR: BLUE

HEIGHT: 507

WEIGHT: 135

GLASSES: PRESCRIPTION P

WRITING HAND: RIGHT

IDENTIFICATION

SSN: [REDACTED]

DATE OF BIRTH: [REDACTED]

AGE: 25

EARLIEST OUT DATE

EARLIEST OUT DATE: 10-29-2016

ARREST

ARRESTING AGENCY: JPD

ARRESTED BY: P WOLFORD AT MUNI COURT

ARREST DATE: 07-01-2016

ARREST TIME: 12:30

NCIC CHECK: YES

HOLDS FOR:

BOOKING DATE: 07-01-2016

BOOKING TIME: 12:46

BOOKING OFFICER: RCHAVEZ
CHAVEZ, ROY

SUPPLEMENT

FBI#:

STATE#:

FP#:

ALIEN#:

PHONE CALLS: YES

JAIL RULES: YES

NEW FINGERPRINT: NO

NEW PHOTO: YES

RELIGION: CHRISTIAN

TRANSFER IN: NO

RELEASE

RELEASE DATE: 07-26-2016

RELEASE TIME: 21:41

RELEASED BY: WFOUT
FOUT, WAYNE

RELEASE INFO: TS - TIME SERVED

Total Days Served: 26

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|-------------|---------------------|---------------------------------|---|---------------------------|
| CRB 1301551 | MUNICIPAL | 07-01-2016 | MARK MUSICK | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2951.08/M | PROBATION VIOLATION | JACKSON COUNTY SHERIFF'S OFFICE | 120 DAY COMMITMENT (JPD) CASE# OUT DATE (10-29-2016) | JACKSON POLICE DEPARTMENT |

INMATE PERSONAL PROPERTY FORM (RELEASED)

INMATE NAME: BEACH, WILLIAM E. JR

BOOKING #: 021325

MONEY: TOTAL AT RELEASE \$.00

JAIL ID: 016558

DOB: [REDACTED]

SSN: [REDACTED]

| Property Item | Description |
|----------------------|-----------------------------|
| CLOTHING SHOES | TENNIS SHOES WHITE IN COLOR |
| CLOTHING PANTS | BLUE IN COLOR |
| CLOTHING SOCKS | RED AND BLACK IN COLOR |
| CLOTHING SHIRT | BLUE AND WHITE STRIPE |
| CLOTHING SHIRT | WHITE-T WVU |
| CLOTHING UNDERWEAR | BLUE PLAID IN COLOR BOXERS |
| PROPERTY LOCATION: - | CLOTHING LOCATION: - |

I CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCPET ANY INCOMING PROPERTY.

INMATE SIGNATURE William Beach DATE 7-26-16 TIME 2138
OFFICER SIGNATURE CPL [Signature] #326 DATE 7-26-16 TIME 2138
WITNESS _____ DATE _____ TIME _____

BOOKING PROPERTY CARD

NAME: Beach William E.
LAST FIRST M.I.

S.S.N.# [REDACTED] BOOKING # 021375

SEAL # ATTACHED 6628162 BY 310 PAW
UNIT # & INITIALS

LIST ITEMS

Partial pack Marlboro cigarettes
1 lighter
2 receipts William Beach
326 7-26-16
CPL [Signature]

JACKSON COUNTY MUNICIPAL COURT

STATE of Ohio

Case No. 13CR131031

Plaintiff

vs.

JUDGMENT ENTRY

William E. BERTCH, JR.

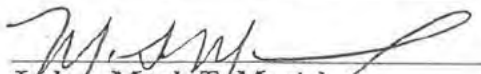
Defendant

FILED
JUL 26 2016
JACKSON COUNTY MUNICIPAL COURT
CLARE K. WORTIS, Clerk

This matter came before the court this
July 26, 2016 upon the matter of jail
overcrowding. The D's ^{remainder of} sentence of 120
days from and after 7-1-16 is suspended
and I may be released 7-26-16 after 25
days served leaving a balance of 95 days
suspended provided that the D abide by all
laws and rules of probation, including all
assignments by his Probation Officer
(which may include "The Ridge")

I ordered released 7-26-16 8:45 PM

I ordered to report to PROBATION 7-27-16 at 8:30 A.M.


Judge, Mark T. Musick

7-26-16

JACKSON COUNTY MUNICIPAL COURT
295 Broadway Street Suite 101
Jackson, Ohio 45640-1764

Jail

State of Ohio)
City Of Jackson)

Case No: CRB 1301551

DOB: [REDACTED]

-vs-

COMMITMENT AFTER CONVICTION
AND SENTENCE
To County Jail

Beach, William E)

FILED

* * * * *

JUL 01 2016

The State of Ohio, Jackson County, ss.

JACKSON COUNTY MUNICIPAL COURT
GREENBANK, Morris, Clerk

TO THE KEEPER OF THE JAIL OF THE AFORESAID COUNTY,

WHEREAS, Beach, William E, has been arrested on the oath of Victim for PETTY THEFT 545.05A1E and has been brought before the Judge of this Court on said charge, and was found guilty, and was sentenced to be imprisoned in the above named County Jail for the term of 120 days, and to pay a fine of [REDACTED] and the costs of prosecution taxed at [REDACTED]. Said jail sentence is to commence [REDACTED].

~~Defendant shall contact the Jackson County Jail Facility to ascertain a commitment date and time and forthwith provide a copy of such date and time to this Court by 4:00 p.m. the date of this Order. Defendant shall serve his sentence within 60 days of the date of this Order.~~

Remarks:

THEREFORE, in the name of the State of Ohio, I command you to receive the said Beach, William E into your custody, in the jail of the County aforesaid, there to remain until the term of his sentence expires, or until he is otherwise legally discharged.

Mark T. Musick

Judge Mark T. Musick
[Signature]

Clerk/Deputy Clerk

FN 7-1-16 1230
Out 10-29-16 1236

***** RETURN *****

JACKSON COUNTY MUNICIPAL COURT, 20____,
I received this writ on the above date and pursuant to it's command, I delivered a certified copy of this writ to the within named jailer, being the record of defendant's conviction and sentence. (Defendant was released to appear as scheduled) (Defendant was released to the custody of a Deputy of the Sheriff's Dept.)

Bailiff

RETURN

Defendant completed the commitment sentence by serving from _____, 20____ at _____ .m. to _____ 20____, at _____ .m.

Jailer

**PRISONER REQUEST
JACKSON COUNTY CORRECTIONAL FACILITY**

NAME William Beach CELL 117

DATE 7-24-16 ID# 016558

CHECK ONE: Request Grievance Appeal

I request you give this to or call the following person who is
(Deputy, Attorney, Minister, Police Officer, Member of the Prosecutors Office,
Probation Office, Parole Office, Jail Staff or Judge).

Name Floyd Yates - Forward to Capt Yates Phone No. _____

Message : CAPT Yates, I was wondering if I could get
a free phone call, my mother in law was in a car
accident yesterday, had her legs and arms crushed
and was life flighted to Carol hospital, I just want
to call my wife and check on her and her mothers cond

Answer: Approved Denied (State Reason)

Call Made (Date) 7-25-16 Time _____

Message Given to _____

Reply: Done

By: Sgt S. M. L. Title _____ Employee Name _____ Unit No. 307

White Copy- Prisoner file
Yellow Copy -To Inmate

RECEIVED

JUL 25 2016

JACKSON CO. SHERIFF OFFICE/
CORRECTIONAL FACILITY

JCS 026

**JACKSON COUNTY CORRECTIONAL FACILITY
IMPOSITION OF SANCTIONS**

INMATE NAME: William E Beach Jr.

Inmate # 016558 **Booking #** 021325

Inmate Cell # 117 **Report #** _____

After reviewing the report in the above case, the following Disciplinary Sanctions will be enforced by all Staff Members effective:

Date: 7-18-16

300 - Blatant refusal to obey a staff member

342 - Assault

Special Instructions or Comments list below:

Admin Lockdown

No privileges. No Commissary (hygiene only). 1 on 1 ministry services

upon request. Visits with family only

OFF LOCKDOWN ON: TBD Admin Lockdown

[Signature] 7-18-16

Officer Issuing Citation **Date**

Off [Signature] 336 7-18-16

Supervisor on Duty **Date**

JACKSON COUNTY CORRECTIONAL FACILITY

JACKSON COUNTY SHERIFF'S OFFICE

INCARCERATION FORM

Tedd E. Frazier, Sheriff

372 Portsmouth St, Jackson, Ohio 45640

Phone: 740-288-1338 Fax: 740-286-5635

Date: 7/1/2010 Time: 1240

Arresting Agency / Officer (Please Print): Cpl. Peter A. Wolford

Person Arrested: William E. Beach Jr. D.O.B. [REDACTED]

SSN [REDACTED] Hgt: Wgt: Hair: B/ND Eyes: B/UV

Arrest Date: 7-1-10 Arrest Time: 1230 Arrest Location: Muni Court

Current Address: 518 20th St Park Dunbar WV 25064

Emergency Contact: Christina Smith Phone # 740-577-8815

Charge(s) PU Degree M1 ORC 2951.08

Bond Amount: \$ N/A 10% OK? N/A

Court Date: N/A Court Time: N/A

Other (out of state/county) Warrants: Did not check

*** IN THE CASE OF DOMESTIC VIOLENCE, PLEASE PROVIDE VICTIM NOTIFICATION INFORMATION BELOW:

Name: N/A Phone #'s: N/A

Address: N/A

Relinquishing Agency: Jmcp

Relinquishing Officer: Cpl. Peter A Wolford

- 1. Does the prisoner appear to be in the need of Emergency Medical / Mental treatment? () YES (X) NO
2. Has the prisoner sustained a known injury? () YES (X) NO
3. Has the prisoner complained of an injury? () YES (X) NO
4. Has the prisoner refused medical treatment? () YES (X) NO
5. Is the prisoner under the influence of Alcohol and/or Drugs? () YES (X) NO
6. Has the prisoner exhibited any suicidal signs? () YES (X) NO
7. Has the prisoner been exposed to any of the following during arrest? If YES, have they been cleared for Incarceration? Taser(Electronic Stun Device) () YES (X) NO
Mace (OC or Other) Spray () YES (X) NO
Any other less lethal use of force () YES (X) NO

Comments:

I, the relinquishing officer, have not been informed of, nor am I aware of any emergency medical/mental condition(s) with this prisoner that has not been answered in the aforementioned questions.

Relinquishing Officer's Signature Cpl. Peter A. Wolford
Supervisor/Booking Officer's Signature [Signature]

Note: By the order of the appointing authority and the Ohio Revised Code (sec 5120) this form shall be completed prior to acceptance of a prisoner from Law Enforcement Officer. Prisoners evidencing signs of SERIOUS UNTREATED injury SHALL NOT be admitted prior to their examination and/or treatment by appropriate medical personnel . No prisoner shall be admitted in a state of unconsciousness without DOCUMENTED APPROVAL of a licensed physician . If it is apparent to the booking officer that the prisoner requires EMERGENCY MEDICAL TREATMENT the prisoner SHALL NOT BE ADMITTED!!

Jackson County Correctional Facility Inmate Booking Form

Inmate Name William E. Beach Jr. Jail ID # 016558
 SSN [REDACTED] DOB [REDACTED]
 Address: 518 20th St
 City: Dunbar State: West Virginia Zip Code: 25064
 Emergency Contact: Christina Smith Phone # 740-577-8815
 Arresting Agency: JPD (P/U from munic ct) Officer: CPL Wolford
 (See Incarceration Form for Charges)

Medical Questions: (if yes is answered on the following questions, add to JMS Medical Booking Section under Any Other Medical)
 -Any Hospitalizations for Medical or Mental Health Purpose(s): Yes or No
 -Use of Alcohol and Drugs including types, amounts and frequency used, date or time of last use and history of any problems after ceasing i.e. withdrawal symptoms: Yes or No
 ** For Additional Medical information, please refer to Medical Section from Inmate Booking Sheet Printed off and placed in Inmate Folder.

Officer Initial for each item that was issued to the inmate.

| | | | |
|---------------------------|---------------------------|-------------------------|--------------------------------|
| 1 Uniform Shirt <u>ZH</u> | 2 Uniform Pants <u>ZH</u> | 1 Towel <u>ZH</u> | 2 Blankets <u>ZH</u> |
| 1 Sheet <u>ZH</u> | 1 Tote Bag <u>ZH</u> | 1 Laundry Bag <u>ZH</u> | 1 Sanitized Mattress <u>PC</u> |

WB Inmate was advised the above items issued to them **MUST** be returned upon Release or Inmate will be charged for the items. Items must be in good condition, if any of the above items being issued have something wrong with them, please note this below:
William Beach

Officer Initial When Completed:
TS Locker # B9 Seal # 6628035
Paw Small Personal Pack- Seal # 6628162
Paw Money put in Money Safe in Booking-- Money at Booking \$ 0
ZH Commissary Open Sheet Filled Out
ZH Fingerprint Cards Done and Signed already printed outside case
ZH Photos Taken and Printed
N/A Inmate Give Appropriate Band: Red Yellow Orange
 ** Additional Information

Inmate Initial that they have been advised of the following:
WB I hereby certify that the above information is true to the best of my knowledge. I understand that any money brought in with me or any money I receive while I am here will be deposited into my commissary account, and any expenses that I have incurred will be deducted from my commissary account. There is a \$ 20.00 Booking Fee for all persons booked into this facility (explained further on Open Commissary form).
WB I have also been advised that a Copy of the Inmate Rules and Regulations for the Jackson County Correctional Facility are located at the Pod Desk. You will be given a form to complete upon reading and understanding. If you are unable to read or understand the Rules and Regulations you may ask Pod Officer to go over with you. I understand that Breaking the Rules and Regulations will result in Disciplinary Actions.
WB I have been informed that if I need Medical Assistance or request to see the Jail Nurse, Jail Physician, and/or Mental Professional (Woodland Centers) that I am required to fill out a Medical Kite (Sick Call Slip). I am to request this form from the Pod Officer and return to the Pod Officer to be forwarded to the Medical Department. This is for non-emergency requests. If you have an **Emergency**, I am to notify the Booking Officer or Pod Officer as soon as possible.

Inmate Signature: William Beach
 Corrections Officer Signature Pod Atkinson Date 7-1-16

RUN DATE: 07-01-2016
RUN TIME: 17:05

JACKSON COUNTY SHERIFF'S OFFICE

BOOKING SHEET



INMATE NAME: BEACH, WILLIAM E. JR
JAIL ID: 016558

BOOKING#: 021325
CELL#: 130

PERSONAL

ADDRESS: 518 20TH ST
DUNBAR, WV 25064

TELEPHONE#: (304) 410-2436
COUNTY RESIDENT: NO
DRIVER'S LICENSE: [REDACTED]
LICENSE STATE: WV
BIRTH PLACE: GALLIA CO, OH
MARITAL STATUS: SI
MILITARY: NO
US CITIZEN: YES
ALIAS:
NICKNAME:

PHYSICAL

GENDER: MALE
RACE: WHITE
COMPLEXION: LIGHT
BUILD: SMALL
HAIR COLOR: BROWN
EYE COLOR: BLUE
HEIGHT: 507
WEIGHT: 135
GLASSES: PRESCRIPTION P
WRITING HAND: RIGHT

IDENTIFICATION

SSN: [REDACTED]
DATE OF BIRTH: [REDACTED]
AGE: 25

EARLIEST OUT DATE

EARLIEST OUT DATE: 10-29-2016

ARREST

ARRESTING AGENCY: JPD
ARRESTED BY: P WOLFORD AT MUNI COURT
ARREST DATE: 07-01-2016
ARREST TIME: 12:30
NCIC CHECK: YES
HOLDS FOR:

SUPPLEMENT

FBI#: [REDACTED]
STATE#: [REDACTED]
FP#: [REDACTED]
ALIEN#: [REDACTED]
PHONE CALLS: YES
JAIL RULES: YES
NEW FINGERPRINT: NO
NEW PHOTO: YES
RELIGION: CHRISTIAN
TRANSFER IN: NO

RELEASE

RELEASE DATE:
RELEASE TIME: 00:00
RELEASED BY:

RELEASE INFO:

BOOKING DATE: 07-01-2016
BOOKING TIME: 12:46
BOOKING OFFICER: RCHAVEZ
CHAVEZ, ROY



| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|-------------|---------------------|---------------------------------|--|------------------|
| CRB 1301551 | MUNICIPAL | 07-01-2016 | MARK MUSICK | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2951.08/M | PROBATION VIOLATION | JACKSON COUNTY SHERIFF'S OFFICE | 120 DAY COMMITMENT OUT DATE (10-29-2016) | |

INMATE PERSONAL PROPERTY FORM

INMATE NAME: BEACH, WILLIAM E. JR

BOOKING #: 021325

MONEY: CURRENCY \$.00
CHANGE .00
CHECKS .00
TOTAL INTAKE \$.00

JAIL ID: 016558
DOB: 
SSN: 

| Property Item | Description |
|----------------------|-----------------------------|
| CLOTHING SHOES | TENNIS SHOES WHITE IN COLOR |
| CLOTHING PANTS | BLUE IN COLOR |
| CLOTHING SOCKS | RED AND BLACK IN COLOR |
| CLOTHING SHIRT | BLUE AND WHITE STRIPE |
| CLOTHING SHIRT | WHITE-T WVU |
| CLOTHING UNDERWEAR | BLUE PLAID IN COLOR BOXERS |
| PROPERTY LOCATION: - | CLOTHING LOCATION: - |

I CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCPET ANY INCOMING PROPERTY.

INMATE SIGNATURE William Beach DATE 7-1-16 TIME 1705
OFFICER SIGNATURE Bob Hain DATE 7-1-16 TIME 1705
WITNESS _____ DATE _____ TIME _____

Jackson County Correctional Facility

Inmate Rule Book Form

Inmates:

After entering the Pod, you need to get with the Pod Officer and ask to sign out the Inmate Rule Book.

After signing out, you need to read the Inmate Rule Book. Contact the Pod Officer if you cannot read it or if you do not understand it.

Please read and finish the Inmate Rule Book in a timely manner. Return this completed form along with the Inmate Rule Book to the Pod Officer.

If at anytime, you need the Inmate Rule Book again, get with the Pod Officer to sign it out.

I have read and understand the Inmate Rules (Rulebook) of The Jackson County Correctional Facility. If you have any questions, please ask the Pod Officer on Duty or submit a Inmate Request Form (Kite).

William E Beach Jr.

Inmate Printed Name

7-1-16

Date:

William Beach

Inmate Signature:

Paul Atkinson

Pod Officer Signature & Unit #

(Pod Officer will place this form in Inmate Folder in Booking)

7-1-16

Date:

TEL: FAX:

Jail ID: 016558

S.S.N.: [REDACTED]

FP Card ID/ITN #:

Booking #: 020859

Name: BEACH, WILLIAM E. JR

Booking Date - Time: 02-03-2016 - 12:33

D.O.B.: [REDACTED]

Release Date - Time:

Age at Booking: 24

Release Reason:



PHYSICAL INFORMATION

PERSONAL INFORMATION

Race: WHITE
Gender: MALE
Height: 507
Weight: 135
Hair Color: BROWN
Eye Color: BLUE
Build: SMALL
Complexion: LIGHT

Address: 518 20TH ST
DUNBAR, WV 25064

Place Of Birth: GALLIA CO, OH
Occupation:

Gang ID:

S
M
T

Note: Only the first two Scars, Marks or Tattoos are shown

Alerts:

Jail ID:
0 1 6 5 5 8

Booking #:
0 2 0 8 5 9

The information contained in this document is for Law Enforcement and Corrections use only. It is not intended to be used in Lieu of JAIL RECORDS JAIL RECORDS may be procured by contacting the submitting agency and requesting the appropriate documents.

IN THE MUNICIPAL COURT OF JACKSON COUNTY, OHIO

STATE OF OHIO
City Of Jackson
Plaintiff

FILED

Case No. CRB 1301551

vs

MAR 03 2016

fail

3-3-16 Release A 3-3-16

Beach, William E
Defendant

JACKSON COUNTY MUNICIPAL COURT PROBATION REVOCATION
Diana K. Morris, Clerk

INITIAL HEARING

Defendant appeared before the Court on 3-3-16
with/without counsel _____

Defendant has been given notice and advised of the claimed violation(s) of probation.
 Defendant was advised of his/her rights to counsel

Defendant requested appointment of counsel:

___ found indigent ___ found NOT indigent ___ counsel appointed

Failed to appear. ___ Bench warrant. ___ bond\$ ___ cash ___ 10%

HEARING:

Continued to _____

Defendant denies violating the terms of his/her probation.

Defendant knowingly, intelligently and voluntarily waived right to counsel and stipulated probable cause.

Defendant admitted violating his/her probation and waived right to counsel, probable cause and revocation hearing.

FINDING:

Probable cause found. Revocation hearing set for waiver.

Probable cause not found. Case dismissed.

Case dismissed at request of _____

Jail Time Served 29 30 days 2-3-16

3-3-16 Judge Mark T. Musick

shall additng do 100 hrs e hrs community service

1

Court will not revoke probation but modify to require a serve 150 days jail, credit for 30 given, leaving 120 days jail. A shall report to jail MON MAY 30, 2016 at 6:00 A.M. by report to JPD. However if A has completed 100 hrs of community service A shall not be required to serve the 120 day serv.

BOOKING PROPERTY CARD

NAME: Beach William E
LAST FIRST M.I.

S.S.N.# [REDACTED] BOOKING # 020859

SEAL # ATTACHED 6628818 BY 312 NC
UNIT # & INITIALS

LIST ITEMS

lighter
Wallet
Case
Watch
Necklace
Knife
Cigs Willy Bear

IN THE MUNICIPAL COURT OF JACKSON COUNTY, OHIO

STATE OF OHIO
City of Jackson
Plaintiff

FILED

Case No. CRB 1301551

vs

MAR 03 2016

INITIAL HEARING
PROBATION REVOCATION

Beach, William E
Defendant

JACKSON COUNTY MUNICIPAL COURT
Diana K. Morris, Clerk

Defendant appeared before the Court on 3-3-16
with/without counsel _____

Defendant has been given notice and advised of the claimed violation(s) of probation.
 Defendant was advised of his/her rights to counsel

Defendant requested appointment of counsel:

___ found indigent ___ found NOT indigent ___ counsel appointed

Failed to appear. ___ Bench warrant. ___ bond\$ ___ cash ___ 10%

HEARING:

Continued to _____

Defendant denies violating the terms of his/her probation.

Defendant knowingly, intelligently and voluntarily waived right to counsel and stipulated probable cause.

Defendant admitted violating his/her probation and waived right to counsel, probable cause and revocation hearing.

FINDING:

Probable cause found. Revocation hearing set for waiver.

Probable cause not found. Case dismissed.

Case dismissed at request of _____

Jail Time Served 29 2-3-16
30 days 1
3-3-16 Judge Mark T. Musick

1 Court will not revoke probation but modify it to require a sum 150 days jail, credit for 30 given, leaving 120 days jail. A shall report to jail MON MAY 30, 2016 at 6:00 A.M. by report to JPD. However if A has completed 100 hours of Community Service A shall not be required to serve the 120 day jail.

A shall additng do 100 more hours community service over the next 30 days. 2-29-16

INMATE PERSONAL PROPERTY FORM (RELEASED)

INMATE NAME: BEACH, WILLIAM E. JR

BOOKING #: 020859

MONEY: TOTAL AT RELEASE \$.00

JAIL ID: 016558

DOB: [REDACTED]

SSN: [REDACTED]

| Property Item | Description |
|----------------------|----------------------|
| CLOTHING BELT | BLUE |
| CLOTHING COAT | GREEN |
| CLOTHING SOCKS | WHITE |
| CLOTHING SHIRT | BLACK |
| CLOTHING SHIRT | RED |
| CLOTHING PANTS | JEANS |
| CLOTHING UNDERWEAR | PLAID |
| PROPERTY LOCATION: - | CLOTHING LOCATION: - |

I CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCPET ANY INCOMING PROPERTY.

INMATE SIGNATURE William E. Beach DATE _____ TIME _____
OFFICER SIGNATURE Rodney Keith DATE 3-3-16 TIME _____
WITNESS _____ DATE _____ TIME _____

RUN DATE: 03-03-2016
RUN TIME: 13:34

JACKSON COUNTY SHERIFF OFFICE

BOOKING SHEET



INMATE NAME: BEACH, WILLIAM E. JR

BOOKING#: 020859

JAIL ID: 016558

CELL#: 114B

PERSONAL

ADDRESS: 518 20TH ST
DUNBAR, WV 25064

TELEPHONE#: (304) 410-2436

COUNTY RESIDENT: NO

DRIVER'S LICENSE: [REDACTED]

LICENSE STATE: WV

BIRTH PLACE: GALLIA CO, OH

MARITAL STATUS: SI

MILITARY: NO

US CITIZEN: YES

ALIAS:

NICKNAME:

PHYSICAL

GENDER: MALE

RACE: WHITE

COMPLEXION: LIGHT

BUILD: SMALL

HAIR COLOR: BROWN

EYE COLOR: BLUE

HEIGHT: 507

WEIGHT: 135

GLASSES: PRESCRIPTION P

WRITING HAND: RIGHT

IDENTIFICATION

SSN: [REDACTED]

DATE OF BIRTH: [REDACTED]

AGE: 24

EARLIEST OUT DATE

EARLIEST OUT DATE:

ARREST

ARRESTING AGENCY: JPD

ARRESTED BY: CALES

ARREST DATE: 02-03-2016

ARREST TIME: 12:43

NCIC CHECK: NO

HOLDS FOR:

BOOKING DATE: 02-03-2016

BOOKING TIME: 12:33

BOOKING OFFICER: 312

CRABTREE, NEAL

SUPPLEMENT

FBI#:

STATE#:

FP#:

ALIEN#:

PHONE CALLS: YES

JAIL RULES: YES

NEW FINGERPRINT: NO

NEW PHOTO: YES

RELIGION: CHRISTIAN

TRANSFER IN: NO

RELEASE

RELEASE DATE: 03-03-2016

RELEASE TIME: 13:33

RELEASED BY: PSCHRECK

SCHRECK, PENNY

RELEASE INFO: TS - TIME SERVED

Total Days Served: 30

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION |
|-------------|---------------------|---------------------------|--|---------------------------------|
| CRB 1301551 | MUNICIPAL | 02-03-2016 | MARK MUSICK | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY |
| 2951.08/M | PROBATION VIOLATION | JACKSON POLICE DEPARTMENT | NO BOND MUNI CT PROBATION HOLDER COURT TO BE SET | JACKSON COUNTY SHERIFF'S OFFICE |

JACKSON COUNTY MUNICIPAL COURT
PROBATION DEPARTMENT
295 BROADWAY ST
SUITE 101
JACKSON, OHIO
288-2175

FILED

FEB 03 2016

JACKSON COUNTY MUNICIPAL COURT
Diana K. Morris, Clerk

To: JCCF

Issue Date: 2/3/16

13 CRB 1551

Order of Hold

In accordance with 2951.08 or 2967.15 of the Revised Code of Ohio, please commit and hold in custody of William Beach, an offender under the supervision of the Jackson County Court Probation Department until released by the undersigned.

Offenders: SSN [REDACTED]
DOB [REDACTED]
SEX M RACE W

[Signature]
Probation Officer

Jackson County Correctional Facility

WILLIAM BEACH

Inmate Rule Book Form

Inmates:

After entering the Pod, you need to get with the Pod Officer and ask to sign out the Inmate Rule Book.

After signing out, you need to read the Inmate Rule Book. Contact the Pod Officer if you cannot read it or if you do not understand it.

Please read and finish the Inmate Rule Book in a timely manner. Return this completed form along with the Inmate Rule Book to the Pod Officer.

If at anytime, you need the Inmate Rule Book again, get with the Pod Officer to sign it out.

I have read and understand the Inmate Rules (Rulebook) of The Jackson County Correctional Facility. If you have any questions, please ask the Pod Officer on Duty or submit a Inmate Request Form (Kite).

William Beach 2-18-2016
Inmate Printed Name Date:

William Beach
Inmate Signature:

Rody Williams 2-18-2016
Pod Officer Signature & Unit # Date:
(Pod Officer will place this form in Inmate Folder in Booking)

JACKSON COUNTY CORRECTIONAL FACILITY
JACKSON COUNTY SHERIFF'S OFFICE
INCARCERATION FORM

Tedd E. Frazier, Sheriff
372 Portsmouth St, Jackson, Ohio 45640
Phone: 740-288-1338 Fax: 740-286-5635

Date: 2-4-16 Time: ~~8:30 AM~~ 9:40 AM

Arresting Agency / Officer (Please Print): JCMC - Cates

Person Arrested: William Beach D.O.B. [REDACTED]

SSN: [REDACTED] Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

Arrest Date: 2-3-16 Arrest Time: 12:30 PM Arrest Location: Broadway St. Jackson

Current Address: 4 Dickason St. Jackson OH 45640
Street Address City State Zip

Emergency Contact: _____ Phone # _____

Charge(s) PV Holder Degree _____ ORC _____
Degree _____ ORC _____
Degree _____ ORC _____

Bond Amount: \$ NO Bond 10% OK? _____

Court Date: _____ Court Time: _____

Other (out of state/county) Warrants: _____

*** IN THE CASE OF DOMESTIC VIOLENCE, PLEASE PROVIDE VICTIM NOTIFICATION INFORMATION BELOW:

Name: _____ Phone #'s _____

Address: _____

Relinquishing Agency: JCMC

Relinquishing Officer: Cates

1. Does the prisoner appear to be in the need of Emergency Medical /Mental treatment? () YES NO
2. Has the prisoner sustained a known injury? () YES NO
3. Has the prisoner complained of an injury? () YES NO
4. Has the prisoner refused medical treatment? () YES NO
5. Is the prisoner under the influence of Alcohol and/or Drugs? () YES NO
If yes, please explain: _____
6. Has the prisoner exhibited any suicidal signs ? () Yes No
7. Has the prisoner been exposed to any of the following during arrest? If Yes, have they been cleared for Incarceration?
Taser (Electronic Stun Device) () Yes No
Mace (OC) Spray () Yes No
Any other less lethal use of force () Yes No

I, the relinquishing officer, have not been informed of, nor am I aware of any other emergency medical/mental condition(s) with this prisoner that has not been answered in the aforementioned questions.

Relinquishing Officer's Signature _____
Supervisor/Booking Officer's Signature [Signature]

Note: By the order of the appointing authority and the Ohio Revised Code (sec 5120) this form shall be completed prior to acceptance of a prisoner from Law Enforcement Officer. Prisoners evidencing signs of SERIOUS UNTREATED injury SHALL NOT be admitted prior to their examination and/or treatment by appropriate medical personnel. No prisoner shall be admitted in a state of unconsciousness without DOCUMENTED APPROVAL of a licensed physician. If it is apparent to the booking officer that the prisoner requires EMERGENCY MEDICAL TREATMENT the prisoner SHALL NOT BE ADMITTED!!

Jackson County Correctional Facility Inmate Booking Sheet

Inmate Name William E. Beach Jail ID# 016558

SSN [REDACTED] DOB [REDACTED] Booking # 020859

Address: 518 20th St.

City: Dunbar State: WV Zip Code 25064

Emergency Contact _____ Phone # _____

Arresting Agency: Muni. Probation Officer Cater

Charge(s): PV Hold BCRB ISSI Bond None

Charge(s): _____ Bond _____

**** For Medical information, please refer to Medical Section from Inmate Booking Sheet printed off and placed in inmate folder.**

Officer Initial That Following Items Were issued To Inmate:

| | | | |
|---------------------------|---------------------------|-------------------------|--------------------------------|
| 1 Uniform Shirt <u>NC</u> | 2 Uniform Pants <u>NC</u> | 1 Towel <u>NC</u> | 2 Blankets <u>NC</u> |
| 1 Sheet <u>NC</u> | 1 Tote Bag <u>NC</u> | 1 Laundry Bag <u>NC</u> | 1 Sanitized Mattress <u>NC</u> |

NC Inmate was advised they the above items issued to them MUST be returned upon Release or Inmate will be charged for the items. Items must be in good condition, if any of the above items being issued having something wrong with them, please note this below:

Officer Initial When Completed:

- NC Locker # 159 Seal # 6628817
- NC Small Personal Pack – Seal # 6628818
- NC Money put in Money Lock Box- Amount at Booking \$ 0
- NC Commissary Open Sheet Filled Out
- Fingerprint Cards Done and Signed
- NC Photos Taken and Printed
- Inmate Give Appropriate Band: Red Yellow Orange

** Additional Information _____

Inmate Initial that they have been advised of the following:

WB I hereby certify that the above information is true to the best of my knowledge. I understand that any money brought in with me or any money I receive while I am here will be deposited into my commissary account, and any expenses that I have incurred will be deducted from my commissary account. There is a \$ 20.00 Booking Fee for all persons booked into this facility (explained further in open commissary form).

WB I have also been advised that a copy of Rules and Regulations for The Jackson County Correctional Facility are located at the Pod Desk. Inmate will be given a form to complete that advises them of this. Inmates that are unable to read or understand the Rules and Regulations are to ask that they be explained to them. I understand that Breaking the Rules and Regulations will result in Disciplinary Actions.

WB I have been informed that if I need Medical Assistance or request to see the Jail Nurse, Jail Physician, and or Woodland Centers that I am required to fill out a Medical Kite (Sick Call Slip). I am to request this form from the Pod Officer and returned to Pod Officer to be forwarded to the Medical Department. This is for non-emergency requests. If you have an **emergency**, I am to notify the Booking Officer or Pod Officer as soon as possible.

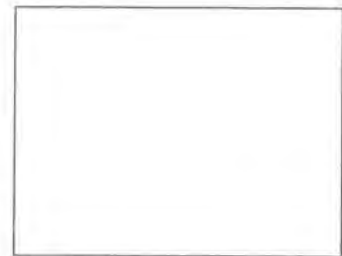
Inmate Signature Willy Beach

Corrections Officer Signature [Signature] Date: 2-3-15

RUN DATE: 02-03-2016
RUN TIME: 13:03

JACKSON COUNTY SHERIFF'S OFFICE

BOOKING SHEET



| | |
|---------------------------------------|-------------------------|
| INMATE NAME: BEACH, WILLIAM E. | BOOKING#: 020859 |
| JAIL ID: 016558 | CELL#: 203T |

PERSONAL

ADDRESS: 518 20TH ST
DUNBAR, WV 25064

TELEPHONE#: (304) 410-2436

COUNTY RESIDENT: NO

DRIVER'S LICENSE: [REDACTED]

LICENSE STATE: WV

BIRTH PLACE: GALLIA CO, OH

MARITAL STATUS: SI

MILITARY: NO

US CITIZEN: YES

ALIAS:

NICKNAME:

PHYSICAL

GENDER: MALE

RACE: WHITE

COMPLEXION: LIGHT

BUILD: SMALL

HAIR COLOR: BROWN

EYE COLOR: BLUE

HEIGHT: 507

WEIGHT: 135

GLASSES: PRESCRIPTION P

WRITING HAND: RIGHT

IDENTIFICATION

SSN: [REDACTED]

DATE OF BIRTH: [REDACTED]

AGE: 24

EARLIEST OUT DATE

EARLIEST OUT DATE:

ARREST

ARRESTING AGENCY: JPD

ARRESTED BY: CALES

ARREST DATE: 02-03-2016

ARREST TIME: 12:43

NCIC CHECK: NO

HOLDS FOR:

BOOKING DATE: 02-03-2016

BOOKING TIME: 12:33

BOOKING OFFICER: 312
CRABTREE, NEAL

SUPPLEMENT

FBI#:

STATE#:

FP#:

ALIEN#:

PHONE CALLS: YES

JAIL RULES: YES

NEW FINGERPRINT: NO

NEW PHOTO: YES

RELIGION: CHRISTIAN

TRANSFER IN: NO

RELEASE

RELEASE DATE:

RELEASE TIME: 00:00

RELEASED BY:

RELEASE INFO:

| CASE # | COURT | SENTENCE DATE | JUDGE | BOND INFORMATION | |
|-------------|---------------------|---------------------------|--|---------------------------------|--|
| CRB 1301551 | MUNICIPAL | 02-03-2016 | MARK MUSICK | | |
| CHARGE CODE | CHARGE DESCRIPTION | CHARGING AGENCY | DISPOSITION | TRANSPORT BY | |
| 2951.05/M | PROBATION VIOLATION | JACKSON POLICE DEPARTMENT | NO BOND MUNI CT PROBATION HOLDER COURT TO BE SET | JACKSON COUNTY SHERIFF'S OFFICE | |

INMATE PERSONAL PROPERTY FORM

INMATE NAME: BEACH, WILLIAM E.

BOOKING #: 020859

MONEY: CURRENCY \$.00
CHANGE .00
CHECKS .00
TOTAL INTAKE \$.00

JAIL ID: 016558
DOB: [REDACTED]
SSN: [REDACTED]

| Property Item | Description |
|----------------------|----------------------|
| CLOTHING SOCKS | WHITE |
| CLOTHING PANTS | JEANS |
| CLOTHING BELT | BLUE |
| CLOTHING SHIRT | BLACK |
| CLOTHING SHIRT | RED |
| CLOTHING COAT | GREEN |
| CLOTHING UNDERWEAR | PLAID |
| PROPERTY LOCATION: - | CLOTHING LOCATION: - |

I CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCPET ANY INCOMING PROPERTY.

INMATE SIGNATURE Willy Beaver DATE _____ TIME _____
OFFICER SIGNATURE Paul Cuth DATE 2-3-16 TIME _____
WITNESS _____ DATE _____ TIME _____