

02/29/15

Chief Stone

RECEIVED A CALL FROM POWELL POLICE CHIEF
INVESTIGATED: TURNING OVER REPORT
TO POWELL PROSECUTOR (DETERMINE IF
FORWARDED TO GRAND JURY FOR DECISION ON INDICTMENT
Zach Smith - DOMESTIC VIOLENCE AGAINST ESTRANGED
WIFE (GOING THROUGH A DIVORCE 6 mos)
FB

ON PLANE TO VIRGINIA

"APPEARANCE OF DOMESTIC ABUSE"

CANNOT RETALIATE

C.S. - NOT SURE WHY THEY HAVEN'T FILED
A WARRANT

Z.S. - HASN'T SEEN HER IN A WEEK; A HALF
HAS SEEN KIDS - HIS DAD HAS BEEN PICKING
UP THE KIDS FOR HIM

TALKED 2 HER THIS MORNING BUT HASN'T
SEEN HER

G.S. - DO NOT CONTACT HER - DON'T CALL HER,
DON'T GO SEE HER - HAVE SOMEONE ELSE
PICK UP THE KIDS FOR YOU

CHIEF STONE CALLS → GOT A CALL FROM
POWELL - WIFE CALLED POLICE → ZACH
CALLED HER

ME - INFORMED GENE, TALKED 2 U. M., TOLD DAN W.
GENE CALLED ZACH

Gene called Zach back to ask him
why he called her → Zach
said that he did not call her

10/30/15 C.S. - heading to a meeting (2) → will
make a call to Powell when he gets out

detective called Volt this morning
wife filed complaint
investigating - been going on for some time
7:00 am supposed to leave, changed to 11:00
Couldn't give length of time
Volt writing up why he changed fit

Options

Restricted Activity - Risk

lots of smoke - have had financial issues

What would we do if this was a player?

Entitled to due process

Restrict Now (No recruiting, No media)

When/if charges filed we take action

→ Administrative leave & pay

Zach documents
his activities
every day

"Aware of the Allegation. Allowing for due process"

10/30/15

(3)

Chris DAVIEY
~~ANN Hamilton~~ - Gene will call

Notified Zach of plan

C.S.
talked to Chris ^{employee} ^{in program}
from an EAP perspective

C.S. 1:06
Reporter OSU tried to interview the
wife. Open records request from
the media (OSU beat reporter?)
His attorney contacted Powell police

ADMINISTRATIVE	AGENCY NAME Powell Police Department						*INCIDENT NUMBER 7-15-001190																												
	CALL NUMBER 7-15-120275			*GEOCODE N F			*CLEARANCES																												
	TOD 10:02:07			<input type="checkbox"/> INCIDENT (NON-CRIMINAL)			<input type="checkbox"/> A Death of Suspect <input type="checkbox"/> G Arrest – Juvenile																												
	TOA 10:02:23			<input checked="" type="checkbox"/> OFFENSE			<input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> H Warrant Issued																												
TOC 11:46:20			<input type="checkbox"/> SUPPLEMENT			<input type="checkbox"/> C Extradition Denied <input type="checkbox"/> I Invest. Pending																													
OHIO UNIFORM OFFENSE REPORT												*CLEARANCE DATE: 10/26/2015						CLEARED BY: PENTZ, RYAN																	
MONTH		*REPORT DATE/TIME DAY		YEAR		TIME		MONTH		*INCIDENT OCCURRED FROM DAY		YEAR		TIME		MONTH		*INCIDENT OCCURRED TO DAY		YEAR		TIME													
10		26		2015		1001		10		25		2015		1700		10		26		2015		1800													
INCIDENT LOCATION (Street, Apt., City, State, Zip) 358 BEAR WOODS DR, POWELL, OH 43065																																			
OFFENSE	*OFFENSE						*OFFENSE CODE		*A/C		F/M & DEGREE		*HATE/BIAS		*LARCENY		* TYPE CRIMINAL ACTIVITY																		
	1. Domestic Violence						1. 2919.25		C		F		N				1. N 2. 3. (Enter up to three for each offense)																		
	2. Felonious Assault						2. 2903.11		C		F2		N				1. N 2. 3.																		
	3.						3.										1. 2. 3.																		
	4.						4.										1. 2. 3.																		
	5.						5.										1. 2. 3.																		
*LOCATION OF OFFENSE (Enter up to two)																																			
1. 01 2. 12 Jail/ Prison 13 Park ing Garage 14 Oth er Pub lic Access Build ings												RETAIL 26 Bar 27 B uy/Sell/ Trade Shop 28 Res taurant 29 Gas Stati on 30 Aut o Sales Lot 31 Jewelr y Store 32 Clot hing Store 33 Dru gstore 34 Liq uor Sto re 35 Shopp ing Mall 36 Spo rting Goods 37 Gro cery/ Superm arket 38 Vari ety/Convenience 39 De partme nt Sto re 40 Oth er Retail Store												41 Fac tory/Mill/Plant 42 Oth er Bui ding OUTSIDE 43 Yard 44 Con structi on Site 45 Lak e/Water way 46 Field/ Woods 47 Street 48 Park ing Lot 49 Park /Playground 50 Ce metery 51 Publ ic Transit V ehicle 52 Oth er Outs ide Location											
RESID ENTIAL S TRUC TURE 01 Sing le Family Home 02 Multiple Dwelling 03 Res identi al Facili ty 04 Oth er Res identi al 05 Gar age/Shed												COMMERCIAL LOCATIONS 15 Aut o Shop 16 Fin ancial Instituti on 17 Bar ber/Beaut y Shop 18 Hote l/Motel 19 Dry Cleaners/Laundry 20 Pro fessio nal Off ice 21 Doc tor's Of fice 22 Oth er Bus iness Off ice 23 Amu sement Cen ter 24 Ren tal Storage Facili ty 25 Oth er Co mmerci al Service Loc.												*SUSPECTED OF USING A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIPMENT N <input checked="" type="checkbox"/> NOT APPLICABLE											
PUBL IC ACCESS BLDGS. 06 Trans it Faci lity 07 G overnm ent Off ice 08 Sc hool 09 Coll ege 10 Chu rch 11 Hos pital																								*TYPE WEAPON/FORCE USED 1. 99 2. 3.											
*METHOD OF ENTRY						*METHOD OF ENTRY – MOTOR VEHICLE THEFT						*METHOD OF ENTRY – BURGLARY/B&E																							
1 <input type="checkbox"/> FORCE 2 <input checked="" type="checkbox"/> NO FORCE						01 <input type="checkbox"/> Motor Running/Keys in Car 02 <input type="checkbox"/> Unlocked 03 <input type="checkbox"/> Duplicate Key Used 04 <input type="checkbox"/> Window Broken 05 <input type="checkbox"/> Towed						06 <input type="checkbox"/> Hot Wire 07 <input type="checkbox"/> Slim Jim/Coat Hanger 08 <input type="checkbox"/> Tumblers Removed 09 <input type="checkbox"/> Column Peeled 10 <input type="checkbox"/> Ignition Peeled						ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1 ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2 ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/> ENTRY EXIT 1 <input type="checkbox"/> DOOR <input type="checkbox"/> 2 <input type="checkbox"/> WINDOW <input type="checkbox"/> 3 <input type="checkbox"/> GARAGE <input type="checkbox"/> 4 <input type="checkbox"/> SKYLIGHT <input type="checkbox"/> 5 <input type="checkbox"/> OTHER <input type="checkbox"/>																	
*NO. PREMISES ENTERED																																			
METHODS OF OPERATION																																			
VICTIM	*NO.		*TOTAL VICTIMS		*VICTIM TYPE		<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS		<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> GOVERNMENT		<input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> RELIGIOUS ORGANIZATION		<input type="checkbox"/> SOCIETY <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> OTHER																				
	1		2																																
	NAME (Last, First, Middle) SMITH, COURTNEY CARANO																																		
	ADDRESS (Street, Apt., City, State, Zip) 358 BEAR WOODS DR, POWELL, OH, 43065																		PHONE 614.745.5360																
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)																		PHONE																
	*AGE/ D.O.B.		30 YRS 03/03/1985		*SEX Female		*RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U		ETHNICITY		HGT 5'06"		WGT 130		HAIR BLN		EYES BLU																		
	OCCUPATION Redacted																		*RESIDENT 1 <input checked="" type="checkbox"/> RESIDENT 2 <input type="checkbox"/> TOURIST 3 <input type="checkbox"/> MILITARY 4 <input type="checkbox"/> STUDENT 5 <input type="checkbox"/> OTHER U <input type="checkbox"/> UNKNOWN																
	*VICTIM INJURED?		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		IF INJURED, DESCRIBE INJURIES:																														
	*AGG. ASSAULT/HOMICIDE CIRC.				*LEOKA INFORMATION TYPE OF ACT. ASSIGN. TYPE ORI – OTHER						*VICTIM/SUSPECT RELATIONSHIP 0. U 1. 2. 3. 4. 5.						*VICTIM/OFFENSE LINK 2903.11																		
	My signature verifies that the information on this report is accurate and true																																		
DATE																																			
REPORTING OFFICER BORUCHOWITZ, BEN												TITLE Patrol Officer												BADGE NO. 712		DATE 10/26/2015									
APPROVING OFFICER SALLOWS, RONALD												TITLE Sergeant												BADGE NO. 711		DATE 11/10/2015									
FOLLOW-UP?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		If yes, follow-up Assignment: PENTZ, RYAN																															
ADDITIONAL SUPPLEMENTS		<input type="checkbox"/> VICTIM/WITNESS <input type="checkbox"/> SUSPECT/ARRESTEE		<input type="checkbox"/> PROPERTY <input type="checkbox"/> NARRATIVE		<input type="checkbox"/> STATEMENTS <input type="checkbox"/> OTHER		FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION		<input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS		SPECIAL COPIES																							

INCIDENT
NUMBER
7-15-001190

INCIDENT REPORT – PART 2

INCIDENT NUMBER 7-15-001190

VICTIM SMITH, COURTNEY CARANO		OFFENSE Domestic Violence		INCIDENT DATE AND TIME 10/26/2015 1001	
NO. 1	NAME (Last, First, Middle) SMITH, COURTNEY CARANO			AGE/ D.O.B. 30 YRS 03/03/1985	SSN Redacted
ADDRESS (Street, Apt., City, State, Zip) 3325 MAINVIEW CT POWELL, OH 43065					PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE

REPORTER

STATEMENTS OBTAINED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		TYPE: <input checked="" type="checkbox"/> WRITTEN <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTHORIZED USE <input type="checkbox"/> ABANDONED					
NO.	<input type="checkbox"/> DAMAGE TO VEHICLE <input type="checkbox"/> THEFT FROM VEHICLE	LIC	LIS	LIY	LIT
VYR	VMA	VMO	VST	VCO TOP BOTTOM	VIN/OAN
VEHICLE ASSOC. W/ SUSPECT NO.		VEHICLE ASSOC. W/ VICTIM NO.		VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> Y <input type="checkbox"/> N
STOLEN MOTOR VEHICLE ONLY		NO. STOLEN	AREA STOLEN <input type="checkbox"/> BUSINESS	VEHICLE TOWED? <input type="checkbox"/> Y <input type="checkbox"/> N	OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER
AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip)					PHONE

VEHICLE

MOTOR VEHICLE RECOVERY ONLY	NO. RECOVERED	DATE REC.	STOLEN IN YOUR JURISDICTION <input type="checkbox"/> Y <input type="checkbox"/> N WHERE RECOVERED?
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PROPERTY

*TYPE PROPERTY LOSS/ETC. (enter codes below)	1 NONE	2 BURNED	3 COUNTERFEITED/FORGED	4 DESTROYED/DAMAGED/VANDALIZED	5 STOLEN/ETC.	6 SEIZED	7 RECOVERED	U UNKNOWN	P PHOTO EVIDENCE	TOTAL VALUE
*LOSS CODE 6	QUANTITY 1	DESCRIPTION IPHONE BROKEN						*PROP CODE 99	*VALUE	
VICT. NO. 1	VEH NO.	MAKE/BRAND				MODEL			DATE RECOVERED	
	SERIAL NUMBER	NCIC NUMBER				OTHER NUMBER 15-1190-1				
*LOSS CODE 6	QUANTITY 1	DESCRIPTION KITCHEN KNIFE						*PROP CODE 99	*VALUE	
VICT. NO. 1	VEH NO.	MAKE/BRAND				MODEL			DATE RECOVERED	
	SERIAL NUMBER	NCIC NUMBER				OTHER NUMBER 15-1190-1B				
*LOSS CODE 6	QUANTITY 1	DESCRIPTION RED USB DRIVE						*PROP CODE 99	*VALUE	
VICT. NO. 1	VEH NO.	MAKE/BRAND				MODEL			DATE RECOVERED	
	SERIAL NUMBER	NCIC NUMBER				OTHER NUMBER 15-1190-2B				
*LOSS CODE 6	QUANTITY 1	DESCRIPTION WIRELESS, EXTERNAL DRIVE (USB)						*PROP CODE 99	*VALUE	
VICT. NO. 1	VEH NO.	MAKE/BRAND				MODEL			DATE RECOVERED	
	SERIAL NUMBER	NCIC NUMBER				OTHER NUMBER 15-1190-3B				

PROPER TY CODES :		EXCHANGE MEDIUMS 01 Mo ney 02 Cred it/Deb it Card 03 Negot iable Instru ments 04 Ot her E xchange Med iums DOCUMENTS 05 No n-Negot iable Instru ments 06 Perso nal Papers 07 Ot her Doc u ments	VALUABLES 08 Jewe lry/Prec ious Meta ls 09 Art Ob jects, A ntiques 10 Ot her Va luables PERSONAL EFFECTS 11 Clo thing/F urs 12 P urses/Ha ndbags/ Wal lets 13 Ot her Perso nal Effects HOUSEHOLD ITEMS 14 Ho usehold Items	EQUIPMENT 15 Dr ug/Narcot ic Eq uip. 16 Gamb ling Eq uipme nt 17 Comp uter Hardware/Soft. 18 Off ice Eq uipme nt 19 Stereo TV Eq uip. 20 Recor dings-A udio Visual 21 Sports Eq uipme nt 22 P hotograp hic Eq uipme nt 23 Farm Eq uipme nt 24 Heavy Co nstruction/Industrial 25 B uilding Supplies-Co nst.	26 Too ls 27 Ve hicle Parts/Accessor ies 28 Sc hool Supplie s 29 Ot her Eq uipme nt CONSUMABLE ITEMS 30 A lcohol 31 Dr ugs/Narcot ics 32 Co nsumab le Goods ANIMALS 33 Livestock 34 Ho usehold Pets	VEHICLES 35 Aircraft 36 A utomob iles 37 Bicycles 38 B uses 39 Tr ucks 40 Tra ilers 41 Watercraft 42 Recreat ional Vehicle 43 Ot her Motor Ve hicle WEAPONS 44 F irearms 45 Ot her Weapo ns	STRUCTURES 46 Single Occ upancy 47 Ot her Dwe llin gs 48 Commerc ial/Business 49 Indus./Mfg. 50 P ublic/Comm unity 51 Storage 52 Ot her Str ucture OTHER 53 Merc handise 54 Ot her Property 55 Pe nding Inventory
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NARRATIVE

The victim reports that a domestic incident happened last night at her home and that she has been a victim of sustained physical abuse by the suspect.