

AGENCY NAME
Liberty Police Department

CALL NUMBER

*GEO CODE
A - RESIDENTIAL

*INCIDENT NUMBER- INVESTIGATIVE NUMBER
17-06489

TOD
07:31

TA
07:38

TB
08:19

INCIDENT (NON-CRIMINAL)
 OFFENSE
 SUPPLEMENT

*CLEARANCES

A Death of Suspect
B Prosecution Declined
C Extradition Denied
D Victim Refused to Coop.
E Juvenile/No Custody
F Arrest - Adult

G Arrest - Juvenile
H Warrant Issued
I Invest Pending
J Closed
K Unfounded
U Unknow

Printed: 08-24-2017 14:21

OHIO UNIFORM INCIDENT REPORT

*CLEARANCE DATE
08-02-2017

CLEARED BY
928

*REPORT DATE/TIME				*INCIDENT OCCURED FROM				*INCIDENT OCCURED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
08	02	2017	12:12	08	01	2017	15:00	08	02	2017	07:31

INCIDENT LOCATION (Street, Apt. City, State, Zip)
1365 SHANNON RD, GIRARD, OH 44420

*OFFENSE	*OFFENSE CODE	*AVC	*FM & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY
1. INCIDENT	1. INCD	C		N		1	1. 2. 3. (Enter up to three for each offense) B - Buying/Rec. C - Cultivating/Mfg./Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Promoting/Ass. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming
2.	2.						1. 2. 3.
3.	3.						1. 2. 3.
4.	4.						1. 2. 3.
5.	5.						1. 2. 3.

*LOCATION OF OFFENSE (Enter up to two)

1. 01 2. 45
- RESIDENTIAL STRUCTURE**
01 Single Family Home
02 Multiple Dwelling
03 Residential Facility
04 Other Residential
05 Garage/Shed
- PUBLIC ACCESS BLDGS.**
06 Transit Facility
07 Government Office
08 School
09 College
10 Church
11 Hospital
- COMMERCIAL LOCATIONS**
12 Jail/Prison
13 Parking Garage
14 Other Public Access Buildings
15 Auto Shop
16 Financial Institution
17 Barber/Beauty Shop
18 Hotel/Motel
19 Dry Cleaners/Laundry
20 Professional Office
21 Doctor's Office
22 Other Business Office
23 Amusement Center
24 Rental Storage Facility
25 Other Commercial Service
- RETAIL**
26 Bar
27 Buy/Sell/Trade Shop
28 Restaurant
29 Gas Station
30 Auto Sales Lot
31 Jewelry Store
32 Clothing Store
33 Drugstore
34 Liquor Store
35 Shopping Mall
36 Sporting Goods
37 Grocery/Supermarket
38 Variety/Convenience
39 Department Store
- OUTSIDE**
40 Other Retail Store
41 Factory/Mill/Plant
42 Other Building
43 Yard
44 Construction Site
45 Lake/Waterway
46 Fields/Woods
47 Street
48 Parking Lot
49 Park/Playground
50 Cemetery
51 Public Transit Vehicle
52 Other Outside Location
77 Other

*SUSPECTED OF USING

A ALCOHOL
 D DRUGS
 C COMPUTER EQUIPMENT
 N NOT APPLICABLE

*TYPE WEAPON/FORCE USED

1. U 2. 3. (Enter up to Three Codes)

*METHOD OF ENTRY	*METHOD OF ENTRY - MOTOR VEHICLE THEFT	*METHOD OF ENTRY - BURGLARY/B & E						
<input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE	<input type="checkbox"/> 01 MOTOR RUNNING/KEYS IN CAR <input type="checkbox"/> 02 UNLOCKED <input type="checkbox"/> 03 DUPLICATE KEY USED <input type="checkbox"/> 04 WINDOW BROKEN <input type="checkbox"/> 05 TOWED	<input type="checkbox"/> 06 HOT WIRE <input type="checkbox"/> 07 SLIM/JIM/COAT HANGER <input type="checkbox"/> 08 TUMBLERS REMOVED <input type="checkbox"/> 09 COLUMN PEELED <input type="checkbox"/> 10 IGNITION PEELED	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT
*NO. PREMISES ENTERED			<input type="checkbox"/> 1. BASEMENT <input type="checkbox"/> 2. 1st FLOOR <input type="checkbox"/> 3. 2nd FLOOR <input type="checkbox"/> 4. OTHER	<input type="checkbox"/> 1. DOOR <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> 3. GARAGE <input type="checkbox"/> 4. SKYLIGHT <input type="checkbox"/> 5. OTHER	<input type="checkbox"/> 1. FRONT <input type="checkbox"/> 2. SIDE <input type="checkbox"/> 3. REAR <input type="checkbox"/> 4. ROOF <input type="checkbox"/> 5. OTHER			

METHODS OF OPERATION

*NO. **1** *TOTAL VICTIMS **1** *VICTIM TYPE I INDIVIDUAL F FINANCIAL INSTITUTION P POLICE OFFICER (IN THE LINE OF DUTY) S SOCIETY O OTHER
 B BUSINESS G GOVERNMENT R RELIGIOUS ORGANIZATION U UNKNOWN

NAME (Last, First, Middle) **LYNN, LORAINÉ** PHONE

ADDRESS (Street, Apt., City, State, Zip) **4747 BLACK WALNUT LANE, RAVENNA, OH 44266** PHONE

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

*AGE/D.O.B **60 04-25-1957** *SEX **F** *RACE W B A I U HEIGHT **506** WEIGHT **125** HAIR **BLN** EYES **GRN**

OCCUPATION **[REDACTED]** *RESIDENT STATUS RESIDENT MILITARY OTHER TOURIST STUDENT UNKNOWN

VICTIM INJURED IF INJURED DESCRIBE INJURIES

*AGG. ASLT/HOMICIDE CIR. *VICTIM/SUSPECT RELATIONSHIP **0 1 2 3 4 5** *VICTIM/OFFENSE LINK **INCD**

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

REPORTING OFFICER **SUPERAK, DAN** BADGE NO. **928** DATE **08-02-2017**

PROVING OFFICER **SHUSTER, MICHAEL** BADGE NO. **912** DATE

FOLLOW UP If yes, follow-up assignment

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

INCIDENT NUMBER
17-06489

INCIDENT REPORT - PART 2

IN IT NUMBER 17-06489

OFFENSE INCIDENT INCIDENT DATE/TIME 08-01-2017 15:00

NO. 1 NAME (Last, First, Middle) LYNN, TIMOTHY H *AGE/D.O.B 61 05-18-1956
 ADDRESS (Street, Apt., City, State, Zip) 1351 SHANON RD, GIRARD, OH 44420 PHONE 330 7161423
 EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) UPS PHONE

STATEMENTS OBTAINED TYPE WRITTEN ORAL TAPED OTHER

CHECK CATEGORIES STOLEN RECOVERED IMPOUNDED RECEIVED SUSPECT'S VEHICLE VICTIM'S VEHICLE UNAUTH. USE ABANDONED

NO. 1 DAMAGE TO VEHICLE LIC GZA5542 LIS OH LIY 2018 LIT VIN/OAN 5N1DR2MM0HC646385 *VALUE \$ 30000
 THEFT FROM VEHICLE

VYR 2017 VMA NISS VMO SW VST VCO TOP BOTTOM WHI VEHICLE LOCKED KEYS IN VEHICLE HOLD VEHICLE RELEASE CONTENTS

VEHICLE ASSOC W/ SUSPECT # VEHICLE ASSOC W/ VICTIM # VEHICLE TOWED TOWED BY OWNERSHIP VERIFIED BY: TAG RECEIPT TITLE BILL OF SALE OTHER

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN: RESID. BUSINESS RURAL ADDITIONAL DESCRIPTION 2017 NISSAN PATHFINDER SUV / WHITE IN COLOR

AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) PHONE

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED 1 DATE RECOVERED STOLEN IN YOUR JURISDICTION WHERE RECOVERED?

*TYPE PROPERTY LOSS (Enter Code Below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ECT. 6 SEIZED 7 RECOVERED 8 U UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

*LOSS CODE QUANTITY DESCRIPTION *PROP CODE *VALUE

VICT. NO. VEH. NO. MAKE/BRAND MODEL DATE RECOVERED

SERIAL NUMBER NCIC NUMBER OTHER NUMBER

PROPERTY CODES:	VALUABLES	EQUIPMENT	24 Heavy Construction	ANIMALS	41 Watercraft	49 Indus./Mfg.
EXCHANGE MEDIUMS	08 Jewelry/Precious Metals	15 Drug/Narcotic Equip.	25 Building Supplies	33 Livestock	42 Recreational Veh.	50 Public/Comm.
01 Money	09 Art Objects, Antiques	16 Gambling Equipment	26 Tools	34 Household Pets	43 Other Motor Veh.	51 Storage
02 Credit/Debit Card	10 Other Valuables	17 Computer Hardware/Soft.	27 Vehicle Parts/Acces.	VEHICLES	WEAPONS	52 Other Structure
03 Negotiable Instruments	PERSONAL EFFECTS	18 Office Equipment	28 School Supplies	35 Aircraft	44 Firearms	OTHER
04 Other Exchange Mediums	11 Clothing/Furs	19 Stereo TV Equipment	29 Other Equipment	36 Automobiles	45 Other Weapons	53 Merchandise
DOCUMENTS	12 Purses/Handbags/Wallets	20 Recordings - Audio Vis.	CONSUMABLE ITEMS	37 Bicycles	STRUCTURES	54 Other Property
05 Non-Negotiable Instruments	13 Other Personal Effects	21 Sports Equipment	30 Alcohol	38 Buses	46 Single Occupancy	55 Pending Inventory
06 Personal Papers	HOUSHOLD ITEMS	22 Photographic Equipment	31 Drugs/Narcotics	39 Trucks	47 Other Dwellings	
07 Other Documents	14 Household Items	23 Farm Equipment	32 Consumable Goods	40 Trailers	48 Commercial/Bus.	

(SEE NARRATIVE SUPPLEMENT)

NARRATIVE

VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER **17-06489**

VICTIM		OFFENSE		INCIDENT DATE/TIME	
LYNN, LORAINÉ		INCIDENT		08-01-2017 15:00	
*NO.	*TOTAL VICTIMS	*VICTIM TYPE	<input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER	<input type="checkbox"/> B BUSINESS <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS ORGANIZATION <input type="checkbox"/> U UNKNOWN	
NAME (Last, First, Middle)					
ADDRESS (Street, Apt., City, State, Zip)					PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
*AGE/D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HEIGHT	WEIGHT HAIR EYES
OCCUPATION		*RESIDENT STATUS		<input type="checkbox"/> RESIDENT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER	<input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> VICTIM INJURED	IF INJURED DESCRIBE INJURIES				
*AGG. ASLT/HOMICIDE CIR.	*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK		
		0 _ 1 _ 2 _ 3 _ 4 _ 5 _			
My signature verifies that the information on this report is accurate and true					DATE _____

VICTIM		OFFENSE		INCIDENT DATE/TIME	
*NO.	*TOTAL VICTIMS	*VICTIM TYPE	<input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> F FINANCIAL INSTITUTION <input type="checkbox"/> P POLICE OFFICER (IN THE LINE OF DUTY) <input type="checkbox"/> S SOCIETY <input type="checkbox"/> O OTHER	<input type="checkbox"/> B BUSINESS <input type="checkbox"/> G GOVERNMENT <input type="checkbox"/> R RELIGIOUS ORGANIZATION <input type="checkbox"/> U UNKNOWN	
NAME (Last, First, Middle)					
ADDRESS (Street, Apt., City, State, Zip)					PHONE
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)					PHONE
*AGE/D.O.B.	*SEX	*RACE	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HEIGHT	WEIGHT HAIR EYES
OCCUPATION		*RESIDENT STATUS		<input type="checkbox"/> RESIDENT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER	<input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> VICTIM INJURED	IF INJURED DESCRIBE INJURIES				
*AGG. ASLT/HOMICIDE CIR.	*VICTIM/SUSPECT RELATIONSHIP		*VICTIM/OFFENSE LINK		
		0 _ 1 _ 2 _ 3 _ 4 _ 5 _			
signature verifies that the information on this report is accurate and true					DATE _____

WITNESS		NO.		NAME (Last, First, Middle)		AGE/D.O.B.			
		1		PULLIN, HOWARD J. III		53 12-20-1963			
ADDRESS (Street, Apt., City, State, Zip)								PHONE	
1335 SHANNON ROAD, GIRARD, OH 44420								330 5509754	
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)								PHONE	
<input checked="" type="checkbox"/> STATEMENTS OBTAINED		TYPE		<input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER					

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

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

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

REPORTING OFFICER/ARRESTING OFFICER			BADGE NO.	DATE
SUPERAK, DAN			928	08-02-2017
APPROVING OFFICER			BADGE NO.	DATE
SHUSTER, MICHAEL			912	

NARRATIVE SUPPLEMENT

Investigative Narrative <input type="checkbox"/>	INCIDENT NUMBER 17-06489
VICTIM LYNN, LORAIN	INCIDENT DATE/TIME 08-01-2017 15:00

On the above said date and time, I Officer Superak along with Officer Newton were dispatched to 1365 Shannon Rd for a female unresponsive laying in a pond. Upon arrival, officers were met by Howard Pullin and Timothy Lynn along with Liberty FD. Timothy advised that he was checking the area after locating his ex-wife's vehicle, Loraine Lynn, age 60, when he located her in the pond laying her face down.

Officers observed Loraine S Lynn laying face down on top of a tractor attached to a brush hog. Both Loraine and brush hog were partially submerged in the pond. Loraine was deceased upon arrival. Chief Tisone, Captain Meloro, Captain Shimko, and Sgt Shuster also arrived on scene as well to assist. It appeared that Loraine was cutting the yard with the tractor when it went into the pond.

Chief Tisone took photographs of the scene. Captain Meloro contacted the Trumbull County Coroners Office who advised they would send Medstar to the scene to retrieve Loraine. Medstar transported Loraine to the Trumbull County Coroners Office pending an autopsy. All photos taken at scene were attached to the report.

<input type="checkbox"/> ON CLEARED <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DENIED	<input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> JUVENILE/NO CUSTODY <input type="checkbox"/> ARREST - ADULT	<input type="checkbox"/> VICTIM REFUSED TO COOP. <input type="checkbox"/> ARREST - JUVENILE <input type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> INVEST. PENDING	<input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> INVEST. PENDING	DATE CLEARED 08-02-2017
REPORTING OFFICER SUPERAK, DAN			BADGE NO. 912	DATE 08-02-2017
APPROVING OFFICER SHUSTER, MICHAEL				