



Bellbrook Police Department  
15 East Franklin Street  
Bellbrook, Ohio 45305

### Public Records Request Summary Sheet

Disclaimer: A written request for records is not mandatory. A requestor may decline to reveal his/her identity, or the intended use of the record. The following contact information allows our department to advise you of when the record is ready for delivery. If you do not complete the contact information, please call or contact this department in person to check on the status of your request.

Name: John Stafford Phone number: \_\_\_\_\_

Business / Agency Name: \_\_\_\_\_

Email or other method of contact: john@staffordsdiamonds.com

Date/time of request: 9-21-21 / 0821

Record(s) requested: 21-1162

Preferred method of delivery – circle one:      E-mail      Pick-up      Mail (fees may apply)

Bottom Portion to be completed by Police Records Custodian:

Receipt date/time by custodian: \_\_\_\_\_ Date/time of delivery/notification: \_\_\_\_\_

Redaction(s):	Location - highlighted in rpt.	ORC Reference or Reason
Social Security numbers		ORC 149.43 A1v
Operators License numbers		ORC 149.43 A1dd
Phone Numbers		ORC 149.43 A1mm

Records removed from request	ORC Reference or Reason

AGENCY NAME **Bellbrook Police Department**  
CALL NUMBER **2100000-2354** GEOCODE **3**

INCIDENT NUMBER **1-21-001162**

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

CLEARANCE DATE **9/19/2021** CLEARED BY: **37**

**OHIO UNIFORM INCIDENT REPORT**

REPORT DATE/TIME: MONTH **09** DAY **19** YEAR **2021** TIME **1611**  
INCIDENT OCCURRED FROM: MONTH **09** DAY **19** YEAR **2021** TIME **1325**  
INCIDENT OCCURRED TO: MONTH **09** DAY **19** YEAR **2021** TIME **1358**

INCIDENT LOCATION (Street, Apt, City, State, Zip) **4103 Shadowleaf DR, Bellbrook, OH 45305**

OFFENSE	OFFENSE CODE	A/C F / M & DEGREE	TYPE OF CRIMINAL ACTIVITY
1. <b>Theft</b>	<b>2913.02</b>	<b>C M1</b>	1. 2. 3. <b>No Bias/Not Applicab</b>
2.			1. 2. 3. <b>B - BUYING / RECEIVING</b>
3.			1. 2. 3. <b>C - CULTIVATING / MFG / PUB</b>
4.			1. 2. 3. <b>D - DISTRIBUTING / SELLING</b>
5.			1. 2. 3. <b>E - EXPLOITING CHILDREN</b>

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

1. <b>01</b>	2.	3.	4.	5.	LARCENY TYPE
<b>RESIDENTIAL STRUCTURE</b> 01 SINGLE FAMILY HOME 02 MULTIPLE DWELLING 03 RESIDENTIAL FACILITY 04 OTHER RESIDENTIAL 05 GARAGE / SHED	<b>JAIL/PRISON</b> 12 JAIL/PRISON 13 PARKING GARAGE 14 OTHER PUBLIC ACCESS BUILDING	<b>COMMERCIAL LOCATIONS</b> 15 AUTO SHOP 16 FINANCIAL INSTITUTION 17 BARBER / BEAUTY SHOP 18 HOTEL/MOTEL 19 DRY CLEANER/LAUNDRY 20 PROFESSIONAL OFFICE 21 DOCTOR'S OFFICE 22 OTHER BUSINESS OFFICE 23 AMUSEMENT CENTER 24 RENTAL STORAGE FACILITY 25 OTHER COMMERCIAL SERVICE LOC.	<b>RETAIL</b> 26 BAR 27 BUY / SELL / TRADE SHOW 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	<b>40 OTHER RETAIL STORE</b> 41 FACTORY/MILL/PLANT 42 OTHER BUILDING	23A <input type="checkbox"/> POCKET PICKING 23B <input type="checkbox"/> PURSE SNATCHING 23C <input type="checkbox"/> SHOPLIFTING 23D <input type="checkbox"/> THEFT FROM BUILDING 23E <input type="checkbox"/> THEFT FROM COIN-OP MACH. 23F <input type="checkbox"/> THEFT FROM MOTOR VEH. 23G <input type="checkbox"/> MOTOR VEH. PARTS/ACCES. 240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE 23H <input checked="" type="checkbox"/> OTHER

METHOD OF ENTRY

METHOD OF ENTRY - MOTOR VEHICLE THEFT	METHOD OF ENTRY - BURGLARY / B & E
1 <input type="checkbox"/> FORCE 2 <input type="checkbox"/> NO FORCE NO. PREMISES ENTERED	ENTRY EXIT 1 <input type="checkbox"/> BASEMENT <input type="checkbox"/> 2 <input type="checkbox"/> 1ST FLOOR <input type="checkbox"/> 3 <input type="checkbox"/> 2ND FLOOR <input type="checkbox"/> 4 <input type="checkbox"/> OTHER <input type="checkbox"/>

NO. **001** TOTAL VICTIMS **001** NAME (Last, First, Middle) **Anderson, Todd Matthew**  
ADDRESS (Street, Apt., City, State, Zip) **4103 Shadowleaf Dr , Bellbrook, OH 45305**  
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) **[REDACTED]**  
AGE / DOB **43 11/14/1977** SEX **M** RACE  W  I  U  B  A  
HEIGHT **511** WEIGHT **210** HAIR **BRO** EYES **BRO**  
OCCUPATION **[REDACTED]** SSN **\*\*\*\*\*** RESIDENT STATUS 1  RESIDENT 3  MILITARY 5  OTHER  
2  TOURIST 4  STUDENT 6  UNKNOWN  
VICTIM TYPE I  INDIVIDUAL F  FINANCIAL INSTITUTION P  POLICE OFFICERS (IN THE LINE OF DUTY)  
B  BUSINESS G  GOVERNMENT R  RELIGIOUS ORGANIZATION S  SOCIETY / PUBLIC O  OTHER  
U  UNKNOWN  
VICTIM  Y  N IF INJURED, DESCRIBE INJURIES

AGG,ASLT / HOMICIDE CIRCUM **ST** VICT. OFF. RELAT **01** VICTIM LINKED TO OFFENDER NO(S) **01** VICTIM LINKED TO OFFENSE NO(S) **01**  
My signature verifies that the information on this report is accurate and true. DATE **9/19/2021**

REPORTING OFFICER **Warren, Joshua** BADGE NO. **37** DATE **9/19/2021**  
APPROVING OFFICER **[Signature]** BADGE NO. **[Signature]** DATE **9/21/21**

FOLLOW-UP?  Y  N If yes, follow-up assignment:  
ADDITIONAL SUPPLEMENTS  VICTIM / WITNESS  SUSPECT / ARREST  PROPERTY  NARRATIVE  STATEMENT  OTHER  
FORM RECEIVED BY:  INVESTIGATION  INTELLIGENCE  RECORDS SPECIAL COPIES

INCIDENT NUMBER **1-21-001162**

# INCIDENT REPORT - PART 2

INCIDENT NUMBER 1-21-001162

INCIDENT LOCATION  
**4103 Shadowleaf DR Bellbrook, OH 45305**

REPORT DATE / TIME  
**9/19/2021 1611**

NO. **001** NAME (Last, First, Middle)  
**Anderson, Todd Matthew**

AGE/D.O.B. **43 Y 11/14/1977** SSN **\*\*\*\*\***

ADDRESS (Street, Apt. City, State, Zip)  
**4103 Shadowleaf Dr , Bellbrook, OH 45305**

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

STATEMENT OBTAINED  Y  N TYPE  WRITTEN  ORAL  TAPED  OTHER

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

NO.  DAMAGE TO VEHICLE  THEFT FROM VEHICLE LIC LIS LIY LIT VIN / OAN VALUE

VYR VMA VMO VST VCO TOP BOTTOM VEHICLE LOCKED  Y  N KEYS IN  Y  N HOLD  Y  N RELEASE  Y  N

VEHICLE ASSOC. W/ SUSPECT NO. VEHICLE ASSOC. W/ VICTIM NO. VEHICLE TOWED?  Y  N TOWED BY OWNERSHIP VERIFIED BY:  TAG RECEIPT  TITLE  BILL OF SALE  OTHER

STOLEN MOTOR VEHICLE ONLY NO. STOLEN AREA STOLEN:  BUSINESS  RESID.  RURAL ADDITIONAL DESCRIPTION

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

MOTOR VEHICLE RECOVERY ONLY NO. RECOVERED DATE REC. STOLEN IN YOUR JURISDICTION WHERE RECOVERED?  Y  N

TYPE PROPERTY LOSS / ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED / FORGED 4 DESTROYED / DAMAGED / VANDALIZED 5 STOLEN / ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE TOTAL VALUE

LOSS CODE 7 QUANTITY 1 DESCRIPTION **Heidi Anderson (School Board) sign** PROP CODE 40 VALUE **\$9.50**

VEH NO. MAKE / BRAND **Political Sign** MODEL SERIAL NUMBER NCIC NUMBER OTHER NUMBER DATE RECOVERED

LOSS CODE 7 QUANTITY 1 DESCRIPTION **Keep Kinsey (School Board) sign** PROP CODE 40 VALUE **\$6.50**

VEH NO. MAKE / BRAND **Political Sign** MODEL SERIAL NUMBER NCIC NUMBER OTHER NUMBER DATE RECOVERED

LOSS CODE QUANTITY DESCRIPTION PROP CODE VALUE DATE RECOVERED

VEH NO. MAKE / BRAND MODEL SERIAL NUMBER NCIC NUMBER OTHER NUMBER DATE RECOVERED

LOSS CODE QUANTITY DESCRIPTION PROP CODE VALUE DATE RECOVERED

VEH NO. MAKE / BRAND MODEL SERIAL NUMBER NCIC NUMBER OTHER NUMBER DATE RECOVERED

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

On Sunday, September 19, 2021 at 1325 hours I responded to 4103 Shadowleaf Drive for a theft.



# SUSPECT / ARRESTEE SUPPLEMENT

INCIDENT NO.

1-21-001162

VICTIM <b>Anderson, Todd Matthew</b>		OFFENSE <b>Theft</b>		INCIDENT DATE / TIME <b>9/19/2021 1325</b>	
NO. <b>1</b>	<input checked="" type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE	CHECK APPROPRIATE CATEGORY		CHARGES FILED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
NAME (Last, First, Middle) <b>VINING, GEOFFREY ELLIOT</b>		<input type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTEE <input type="checkbox"/> SUSPECT / ARRESTEE <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING <input type="checkbox"/> OTHER			
ALIAS		SSN <b>*****</b>		GANG AFFILIATION	
ADDRESS (Street, Apt., City, State, Zip) <b>4194 W FRANKLIN ST , BELLBROOK, OH 45305 1543</b>		PHONE <b>(937) 684-6473</b>			
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)		PHONE			
PLACE OF BIRTH		DL# / STATE <b>***** / **</b>		OCCUPATION / SCHOOL	
AGE / D. O. B. <b>40 YRS 5/26/1981</b>	SEX <b>M</b>	RACE <b>W</b>	HGT <b>602</b>	WGT <b>205</b>	HAIR <b>BLN</b> EYES <b>BLU</b>
MARITAL STATUS	SCARS, MARKS, TATTOOS				
ADDITIONAL DESCRIPTIVES					
SUSPECTED OF USING: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		POTENTIAL INJURIES			
RESIDENT STATUS <input type="checkbox"/> 01 <input checked="" type="checkbox"/> RESIDENT <input type="checkbox"/> 02 TOURIST <input type="checkbox"/> 03 MILITARY <input type="checkbox"/> 04 STUDENT <input type="checkbox"/> 05 OTHER <input type="checkbox"/> 06 UNKNOWN					
TYPE WEAPON USED / ARRESTEE WAS ARMED WITH					
SUSPECT USED 1. <b>99</b> 2. 3. ARRESTEE ARMED WITH 1. <b>99</b> 2. 3.					
99 <input type="checkbox"/> NONE	13B <input type="checkbox"/> OTHER FULLY AUTOMATIC FIREARM	17 <input type="checkbox"/> SIMULATED FIREARM	50 <input type="checkbox"/> POISON		
11 <input type="checkbox"/> FIREARM	14 <input type="checkbox"/> SHOTGUN	18 <input type="checkbox"/> BB / PELLET GUN	60 <input type="checkbox"/> EXPLOSIVES		
12 <input type="checkbox"/> HANDGUN	15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT	65 <input type="checkbox"/> FIRE / INCENDIARY DEVICE		
12A <input type="checkbox"/> AUTOMATIC HANDGUN	15A <input type="checkbox"/> SEMI-AUTOMATIC SPORTING RIFLE	30 <input type="checkbox"/> BLUNT OBJECT	70 <input type="checkbox"/> DRUGS / NARC / SLEEPING PILLS		
13 <input type="checkbox"/> RIFLE	15B <input type="checkbox"/> SEMI-AUTOMATIC ASSAULT FIREARM	35 <input type="checkbox"/> MOTOR VEHICLE	80 <input type="checkbox"/> OTHER WEAPON		
13A <input type="checkbox"/> FULLY AUTOMATIC RIFLE	15C <input type="checkbox"/> MACHINE PISTOL	40 <input type="checkbox"/> PERSONAL WEAPON	85 <input type="checkbox"/> ASPHYXIATION		
	16 <input type="checkbox"/> IMITATION FIREARM		U <input type="checkbox"/> UNKNOWN		
ASSOCIATES					
NAME		ADDRESS (Street, Apt., City, State, Zip)		PHONE	
1.		1.		1.	
2.		2.		2.	
ARREST / OFFENSE DESCRIPTION					
1. <b>Theft</b>		ARREST / OFFENSE CODE 1. <b>2913.02</b>		F / M & DEGREE 1. <b>M1</b>	
2.		2.		23A <input type="checkbox"/> POCKET PICKING	
3.		3.		23B <input type="checkbox"/> PURSE SNATCHING	
4.		4.		23C <input type="checkbox"/> SHOPLIFTING	
5.		5.		23D <input type="checkbox"/> THEFT FROM BUILDING	
				23E <input type="checkbox"/> THEFT FROM COIN-OP MACH.	
				23F <input type="checkbox"/> THEFT FROM MOTOR VEH.	
				23G <input type="checkbox"/> MOTOR VEH. PART	
				240 <input type="checkbox"/> THEFT OF MOTOR VEHICLE	
				23H <input checked="" type="checkbox"/> OTHER:	
ARREST DATE <b>9/19/2021</b>		TIME <b>1555</b>	ARREST LOCATION (Street, Apt., City, State, Zip) <b>4194 W Franklin ST Bellbrook, OH 45305</b>		
ARREST TRANSACTION NUMBER <b>01-21--0078</b>		WARRANT NUMBER	ARREST DISPOSITION <b>Not Applicable</b>		BAIL
MIRANDA WITNESSED BY:					TIME READ
FINGERPRINTED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	FINGERPRINT CARD NO.	PHOTOS TAKEN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	NO. TAKEN <b>0</b>	PHOTO ID NO.	FBI / BCI #
MULTIPLE ARREST INDICATOR <input checked="" type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> MULTIPLE ARREST INDICATOR <input type="checkbox"/> N/A		ARREST TYPE 1 <input type="checkbox"/> COMPLAINT		2 <input type="checkbox"/> IN-PROGRESS	3 <input type="checkbox"/> WARRANT
JUV. PARENT / GDN. NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N	DATE / TIME NOTIFIED	NOTIFIED BY		JUVENILE DISPOSITION <input type="checkbox"/> HANDLED WITHIN DEPT. <input checked="" type="checkbox"/> REFERRED TO OTHER AUTHORITIES	4 <input checked="" type="checkbox"/> SUMMONS 5 <input type="checkbox"/> ORDER OF PROTECTION 6 <input type="checkbox"/> CUSTODY 7 <input type="checkbox"/> OTHER
PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE	
PARENT / GUARDIAN ADDRESS (Street, Apt., City, State, Zip)			RELATIONSHIP	PHONE	
PREVIOUS RUN / MISS <input type="checkbox"/> Y <input type="checkbox"/> N	DATE OF LAST CONTACT	DATE OF EMANCIPATION	NCIC #	DATE / TIME ENTERED	
LAST SEEN WEARING					
REPORTING OFFICER / ARRESTING OFFICER <b>Warren, Joshua / Warren, Joshua (37)</b>				BADGE NO. <b>37</b>	DATE <b>9/19/2021</b>
APPROVING OFFICER				BADGE NO.	DATE
COURT <b>Xenia Municipal Court</b>				COURT DATE <b>9/22/2021</b>	

# VICTIM / WITNESS SUPPLEMENT

INCIDENT NUMBER  
**1-21-001162**  
 INCIDENT DATE / TIME  
**9/19/2021 1325**

**VICTIM** **Anderson, Todd Matthew** **OFFENSE** **Theft**

NO.	TOTAL	NAME (Last, First, Middle)	ADDRESS (Street, Apt., City, State, Zip)		PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)					PHONE
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT	WGT	HAIR EYES
OCCUPATION	SSN	RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT	3 <input type="checkbox"/> MILITARY	5 <input type="checkbox"/> OTHER
		2 <input type="checkbox"/> TOURIST	4 <input type="checkbox"/> STUDENT	6 <input type="checkbox"/> UNKNOWN	
VICTIM TYPE	I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT	P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION	S <input type="checkbox"/> SOCIETY / PUBLIC U <input type="checkbox"/> UNKNOWN	O <input type="checkbox"/> OTHER
VICTIM INJURED?					
AGG. ASLT / HOMICIDE CIRC.	VICT. / OFF RELATIONSHIP	VICTIM LINKED TO OFFENDER NO(S)	VICTIM LINKED TO OFFENSE NO(S)		

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

**VICTIM**

NO.	TOTAL	NAME (Last, First, Middle)	ADDRESS (Street, Apt., City, State, Zip)		PHONE
EMPLOYER NAME AND ADDRESS (Street, City, State, Zip)					PHONE
AGE / DOB	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	HGT	WGT	HAIR EYES
OCCUPATION	SSN	RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT	3 <input type="checkbox"/> MILITARY	5 <input type="checkbox"/> OTHER
		2 <input type="checkbox"/> TOURIST	4 <input type="checkbox"/> STUDENT	6 <input type="checkbox"/> UNKNOWN	
VICTIM TYPE	I <input type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL INSTITUTION G <input type="checkbox"/> GOVERNMENT	P <input type="checkbox"/> POLICE OFFICER (IN THE LINE OF DUTY) R <input type="checkbox"/> RELIGIOUS ORGANIZATION	S <input type="checkbox"/> SOCIETY / PUBLIC U <input type="checkbox"/> UNKNOWN	O <input type="checkbox"/> OTHER
VICTIM INJURED?					
AGG. ASLT / HOMICIDE CIRC.	VICT. / OFF RELATIONSHIP	VICTIM LINKED TO OFFENDER NO(S)	VICTIM LINKED TO OFFENSE NO(S)		

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

**WITNESS**

NO.	1	NAME (Last, First, Middle) <b>ANDERSON, HAILEY NICOLE</b>	AGE / D.O.B.	20 YRS 5/10/2001	SSN *****
ADDRESS (Street, Apt., City, State, Zip) <b>4103 SHADOWLEAF DR , BELLBROOK, OH 45305 1130</b>					PHONE
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS					PHONE
STATEMENT OBTAINED	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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.		SSN
ADDRESS (Street, Apt., City, State, Zip)					PHONE
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS					PHONE
STATEMENT OBTAINED	<input type="checkbox"/> Y <input type="checkbox"/> N	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.		SSN
ADDRESS (Street, Apt., City, State, Zip)					PHONE
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS					PHONE
STATEMENT OBTAINED	<input type="checkbox"/> Y <input type="checkbox"/> N	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.		SSN
ADDRESS (Street, Apt., City, State, Zip)					PHONE
EMPLOYER NAME AND (Street, City, State, Zip) ADDRESS					PHONE
STATEMENT OBTAINED	<input type="checkbox"/> Y <input type="checkbox"/> N	TYPE	<input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER		

**REPORTING OFFICER** **Warren, Joshua** **BADGE NO.** **37** **DATE** **9/19/2021**

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

# NARRATIVE SUPPLEMENT

INCIDENT NUMBER

1-21-001162

VICTIM

Anderson, Todd Matthew

OFFENSE

Theft

INCIDENT DATE / TIME

9/19/2021 1325

**Narrative Type: Supplement**

**Topic: Theft Of Political Sign**

**Narrative Reporting Officer: Warren, Joshua 37**

**Narrative Date/Time: 09/19/2021 16:36**

On Sunday, September 19, 2021 at 1325 hours I responded to 4103 Shadowleaf Drive for a theft. Upon arrival I spoke to the complainant, Todd Anderson. Mr. Anderson advised his daughter, Hailey Anderson, observed a white male wearing a gray t-shirt with black shorts and white female wearing a blue t-shirt with black shorts walking a black dog removed two school board political signs from the edge of their property line near the entrance to Stephen Bell Elementary. Ms. Anderson stated the white male removed the signs from the metal posts and walked past their residence with the signs folded. Ms. Anderson stated the suspects turned right onto Sugar Run Trail and the right onto State Route 725 (West Franklin Street). Ms. Anderson got into her vehicle and took a video of them walking westbound on West Franklin Street. Ms. Anderson provided a video of the incident as well as a witness statement. Mr. Anderson advised he would like to pursue charges if the suspect was located. Photographs were taken of the incident. My body camera was activated.

Prior to leaving the residence, Mr. Anderson advised his wife, Heidi Anderson, posted photographs of the incident on Facebook and had a response from Jessica Turner advising who the suspects were. Ms. Turner (4184 West Franklin Street) advised the two individuals in the video were her neighbors. I was informed by Mr. Anderson the address of the suspects was 4194 West Franklin Street. I informed Mr. Anderson that I would watch the video and make contact with the suspects. I obtained a name matching the address to 4194 West Franklin Street through MasterName. I conducted a LEADS check of the resident, Geoffrey E Vining. The photograph provided through LEADS matched the photographs provided by Hailey Anderson.

At approximately 1515 hours Officer Ruble made contact with Todd Anderson to inquire about a trespass warning for the suspect. Mr. Anderson advised he would like to have the suspect trespassed from his property.

At approximately 1528 hours Officer Ruble and I spoke to Jessica Turner at 4184 West Franklin Street. Ms. Turner was provided a photograph submitted by Ms. Anderson. Ms. Turner advised the person holding the folded sign was her neighbor, Geoffrey Vining. Ms. Turner advised she would not like to write a witness statement. My body camera was activated.

At approximately 1540 hours Officer Ruble and I spoke to Geoffrey Vining at 4194 West Franklin Street. Mr. Vining was wearing a gray t-shirt with black shorts. I informed Mr. Vining that I wanted to speak to him about an incident that took place on Shadowleaf Drive near the driveway to Stephen Bell Elementary. Mr. Vining advised he was familiar with the location and that he and his wife walk there often. I informed him that a complainant came forward about him removing school board political signs from a resident's property. Mr. Vining stated he believed the sign was on school property and political signs on school property were prohibited. Officer Ruble provided a photograph of the victims property line for reference. I issued Mr. Vining a written warning 15148 for criminal trespass from 4103 Shadowleaf Drive. Mr. Vining stated he did not remove the signs for political reasons only to remove them from school property. Mr. Vining advised he would pay the victim for the two signs and write a letter of apology. I made contact with Mr. Anderson and informed him of Mr. Vining's statement. Mr. Anderson advised he wanted to pursue charges for theft. At approximately 1555 hours I issued Mr. Vining misdemeanor citation 31168 for theft ORC 2913.02 and set a mandatory court date for Wednesday, September 22, 2021 at 0900 hours. My body camera was activated.

Respectfully,

Officer J.Warren #37

ASON CLEARED	<input type="checkbox"/> A DEATH OF OFFENDER <input type="checkbox"/> B PROSECUTION DECLINED <input type="checkbox"/> C EXTRADITION DENIED	<input type="checkbox"/> D VICTIM REFUSED TO COOP. <input type="checkbox"/> E JUVENILE / NO CUSTODY <input checked="" type="checkbox"/> F ARREST - ADULT	<input type="checkbox"/> G ARREST - JUVENILE <input type="checkbox"/> H WARRANT ISSUED <input type="checkbox"/> I INVEST. PENDING	<input type="checkbox"/> J CLOSED <input type="checkbox"/> K UNFOUNDED <input type="checkbox"/> U UNKNOWN	DATE CLEARED		
ORTING OFFICER	Warren, Joshua			BADGE NO.	37	DATE	9/19/2021
ROVING OFFICER				BADGE NO.		DATE	9/19/2021

**BELLBROOK POLICE DEPARTMENT**

**Witness Statement**

I watched two adults remove and break two signs from my yard. One sign for Mike Kinsey and Heidi Anderson. The two adults walked out of Sugar run and on to 725. I followed them and took photo/video. I was not comfortable speaking to them. The two adults (man and woman) had a large black dog with them.

phone number redacted

THIS STATEMENT CONSISTS OF 1 PAGES, AND THIS IS PAGE 1 OF THE 1 PAGES OF THIS DOCUMENT. THIS STATEMENT IS DATED THE 19 DAY OF Sept, 2021.

WITNESSES: [Signature] 37

WITNESSES: \_\_\_\_\_

SIGNED: Heidi Anderson

BELLBROOK POLICE

Department

15 East Franklin Street  
Bellbrook, Ohio 45305



No. 15148

Name GEORGEY E VINING

Address 4194 W. FRANKLIN ST, BELLBROOK

Phone : [REDACTED] L No./ State [REDACTED]

F Race W DOB 5/26/1981

Date / Time of Violation 9/19/2021 AT 12:45 PM

Location of Violation 4103 SHADOWLEAF DR

Vehicle Information (If involved)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ State \_\_\_\_\_

Reg. # \_\_\_\_\_ Color \_\_\_\_\_

This **Written Warning** is issued for:

**Traffic Violation**

Moving Violation - Describe \_\_\_\_\_

Equipment Violation - Describe \_\_\_\_\_

Number of Days allowed for repair: \_\_\_\_\_ ( Bellbrook Police only)

**Criminal Violation - Describe** \_\_\_\_\_

**Criminal Trespass: This is a Criminal Trespass Warning for the person named above to not enter c remain on the premises listed below, or you will be charged with Criminal Trespassing, 2911.21.**

Address: 4103 SHADOWLEAF DR BELLBROOK OH

Officer's Signature / Unit # [Signature] 37

White copy - Records  
Bpd-069

Yellow Copy - Violate



MISDEMEANOR CITATION  
GREENE COUNTY, STATE OF OHIO

Report Number 21-1162 Case No \_\_\_\_\_

City / Village of BELLBROOK

Township of \_\_\_\_\_

In the Xenia Municipal Court

The undersigned, being duly sworn, upon his oath deposes and says

On SUNDAY the 19 day of SEPTEMBER 2021, at 1240 <sup>A.M.</sup> ~~P.M.~~

Name VINING GEOFFREY ELLIOT  
Last (Please Print) First Middle

Street 4194 WEST FRANKLIN ST

City-State BELLBROOK, OH 45305

Soc. Sec. No. \_\_\_\_\_ D.O.B 05-26-1981

OLN: \_\_\_\_\_

Race	Sex	Height	Weight	Hair	Eyes
<u>W</u>	<u>M</u>	<u>6'2</u>	<u>205</u>	<u>BLN</u>	<u>BLU</u>

Did unlawfully at 4103 SHADWLEAF DR in the

City/Village of BELLBROOK Twp. \_\_\_\_\_ in Greene County and State of Ohio, and then and there commit the following offense(s):

Ord. 2913 Sec. 02  Ordinance  Ohio Revised Code  
 Description: THEFT  
 Classification: M-1

Ord. \_\_\_\_\_ Sec. \_\_\_\_\_  Ordinance  Ohio Revised Code  
 Description: \_\_\_\_\_  
 Classification: \_\_\_\_\_

Ord. \_\_\_\_\_ Sec. \_\_\_\_\_  Ordinance  Ohio Revised Code  
 Description: \_\_\_\_\_  
 Classification: \_\_\_\_\_

Ord. \_\_\_\_\_ Sec. \_\_\_\_\_  Ordinance  Ohio Revised Code  
 Description: \_\_\_\_\_  
 Classification: \_\_\_\_\_

Accompanying Traffic Charge:  Yes  No Total Number of charges 1

Sworn to and acknowledged before me this 19 day of SEPTEMBER, 2021

Christine Florea Signature of Officer or other Complainant  
Deputy Clerk/Notary

Personal Appearance Required  
You are summoned to appear in the  
Xenia Municipal Court  
101 N. Detroit St. Xenia, OH 45305

COURT DATE		
<u>9</u>	<u>22</u>	<u>2021</u> <u>9:00</u> A.M.
Month	Day	P.M.

