

# CINCINNATI POLICE DEPARTMENT INCIDENT REPORT

OFFENSE NUMBER  
51102307.01

## ADMINISTRATIVE

DISTRICT <b>5</b>	BEAT <b>3</b>	RPT. AREA <b>405</b>	CAR NO. <b>5436</b>	<b>CLEARANCE</b>		
TOD <b>03:01</b>		<b>Offense</b>		<b>I--Investigation Pending</b>		
TOA <b>03:11</b>				CLEARANCE DATE	CLEARED BY:	
TOC <b>07:00</b>				CAD No. <b>LCP110418000159</b>		
INCIDENT OCCURRED FROM MONTH DAY YEAR TIME			INCIDENT OCCURRED TO MONTH DAY YEAR TIME			
<b>04/18/2011 02:50</b>			<b>04/18/2011 02:59</b>			
INCIDENT LOCATION (Street, Apt., City, State, Zip) <b>4352 VIRGINIA AV #5 CIN, OH 45223</b>				HATE/BIAS <b>No</b>	EXPLAIN <b>N--No Bias/Not Applicable</b>	
CIS NOTIFIED	WHOM NOTIFIED	REPORT FAXED	TELETYPE NO			

## OFFENSE

OFFENSE CODE & DESCRIPTION <b>2911-01 (120) -Aggravated Robbery</b>		A/C <b>Completed</b>	F/M & DEGREE <b>F1</b>	LARCENY TYPE
LOCATION CODE (Enter up to two from chart): <b>1. 02-Multi Family 2.</b>				
METHOD OF ENTRY - BURGLARY/B&E				
METHOD OF ENTRY	ENTRY	ENTRY	ENTRY	ENTRY
No. Of Premises Entered:	EXIT	EXIT	EXIT	EXIT
DIRECTION OF ENTRY 1		DIRECTION OF ENTRY 1		
METHOD OF OPERATION <b>35-Takes Only Special Items</b> <b>89-Other USED KNIFE</b>				

## VICTIM

NO. <b>1</b>	TOTAL VICTIMS <b>1</b>	VICTIM TYPE <b>I--Individual</b>			
NAME (LAST, FIRST, MIDDLE) <b>WELLER, JASON L</b>		SEX <b>Male</b>	RACE <b>White</b>	AGE/DOB <b>37 03/27/1974</b>	HGT <b>5' 9"</b>
ADDRESS, CITY, STATE & ZIP CODE <b>- 4352 VIRGINIA AV #5, CIN, OH 45223</b>		PHONE <b>- 487-9375</b>	SSN	HAIR <b>Brown</b>	EYES <b>Brown</b>
EMPLOYER NAME AND ADDRESS			OCCUPATION	Is MRDD <b>No</b>	
VICTIM BOOKLET <b>No</b>	VICTIM INJURED <b>Yes</b>	IF INJURED, DESCRIBE <b>06-Other Major Injury</b>		MEDICAL ATTENTION Yes TRANS. TO: BY: <b>ENG 20</b>	
AGG. ASLT: HOMICIDE:	RESIDENT STATUS <b>Resident</b>	VICTIM TO SUSPECT RELATIONSHIP <b>OK--Otherwise Known,</b>			VICTIM/OFFENSE LINK <b>1</b>
My signature verifies that the information on this report is accurate and true					Date

## Reportee

NAME (LAST, FIRST, MIDDLE) <b>SAME</b>		SEX	RACE	AGE/DOB	HGT	WGT
ADDRESS, CITY, STATE & ZIP CODE		PHONE	SSN	HAIR	EYES	
EMPLOYER NAME AND ADDRESS				OCCUPATION		
RESIDENT STATUS	VICTIM INJURED	IF INJURED, DESCRIBE		MEDICAL ATTENTION TRANS. TO: BY:		
SUSPECT RELATIONSHIP				RELATIONSHIP TO VICTIM		

## 45--Other Weapon

ITEM No.	VEH No.	DAMAGE TO VEHICLE THEFT FROM VEHICLE	LICENSE	LSTATE	LYEAR	LTYPE	VIN
VEH. ASSOCS W/VICTIM# V1 - <b>WELLER, JASON L</b> W/SUSPECT# ASSOC VEH#	VYEAR	VMANUF	VMODEL	VSTYPE	VCOLOR TOP: BOT:	AUTO INSURER NAME	

## NARRATIVE

**VICTIM STATED SUSPECT CAUSED PHYSICAL HARM TO VICTIM BY CUTTING HIM WITH A KNIFE ACROSS THE LEFT HAND, WHILE ATTEMPTING TO TAKE HIS WALLET WHICH WAS ON A CHAIN STRAPPED TO HIS BELT.**

REPORTING OFFICER <b>13022 - PIERSON, TODD</b>	BADGE NO. <b>P0713</b>	DATE <b>04/18/2011 03:30</b>
APPROVING OFFICER <b>13312 - MILEK, JOSEPH</b>	BADGE NO. <b>L0015</b>	DATE <b>05/02/2011</b>
FOLLOW-UP? <b>Yes</b>	If yes, follow-up assignment <b>13818 - CONNER, GARY - Officer Assigned to Case</b>	
ADDITIONAL SUPPLEMENTS	FORM RECEIVED BY	SPECIAL COPIES