LAKEWOOD POLICE DEPARTMENT

Incident Report Case#: 1-15-006137

Reviewing Officer:	Date:

Call#: 152760080 Beat: Beat 4
Units.: RESERV Employees: 0000001055 SIDELL, PAUL
*** CAD Call Narrative ***
found a disturbing editorial that she thought was threatening to her and wanted to notify police

NARRATIVE 2	Title: ORIGINAL REPORT	Reporting Officer: 1055 SIDELL, P.	Date: 10/03/2015
		Reviewing Officer:	Date:

10-3-15, COM/ MARY OSBURN came to the front counter to report, she was given an editorial that was posted on the Lakewood Observer's website. The editorial was addressed to OSBURN and numerous other people who are part of the Build Lakewood initiative, but more importantly those that are in favor of building the new wellness center and ED in place of Lakewood Hospital.

The editorial [redacted] written by OIV/ BRIAN ESSI. The part that caused OSBURN concern was, "You have all put your names and reputations on Build Lakewood's propaganda so you are all responsible for the lives that may be lost as a result of the misinformation and outright lies contained in the postcard you sent to Lakewood residents...People have already died at the hands of bad actors in league with you. If your propaganda is successful, it is a certainty that more lives will be lost as a result of your actions..."

OSBURN stated that she felt threatened by these comments by ESSI and feels that he has "crossed the line". She stated that she has never met ESSI but she has written editorials in the Plain Dealer and spoken publicly about [redacted] views on the situation with Lakewood Hospital and believes that his how he obtained her name.

A copy of the editorial by ESSI is attached and OSBURN was advised a report would be made.

1-15-006137

Approved:_____ Date:_____

LAKEWOOD POLICE DEPARTMENT

Incident Report **Case#: 1-15-006137**

NARRATIVE 3	Title: SUPPLEMENT	Reporting Officer: 1123 JAMESON, J.	Date: 10/05/2015
		Reviewing Officer:	Date:

On 10/5/2015, at approximately 0900 hours, COM- MARY OSBURN and OIV- LINDA BEEBE came to LPD front counter. BEEBE requested that I add her name to the complaint made by OSBURN on 10/3/15. I advised BEEBE that I would.

NARRATIVE 4	Title: SUPPLEMENT	Reporting Officer: 1041 FUERST, R.	Date: 10/06/2015
		Reviewing Officer: 1024 SPAETZEL, S.	Date: 10/07/2015

SGT SPAETZEL Sir,

HABER came to the front counter and requested that her name be included in this report as she was concerned with the statements made by ESSI.

NARRATIVE 5	Title: SUPPLEMENT	Reporting Officer: 1041 FUERST, R.	Date: 10/06/2015
		Reviewing Officer: 1024 SPAETZEL, S.	Date: 10/07/2015

SGT SPAETZEL Sir,

I received a call from STEIN asking to be added to this report.

NARRATIVE 6	Title: SUPPLEMENT	Reporting Officer: 1041 FUERST, R.	Date: 10/07/2015
		Reviewing Officer: 1024 SPAETZEL, S.	Date: 10/07/2015

SGT. SPAETZEL Sir,

1-15-006137

Approved:_____ Date:_____

GAYDOS called and asked that his name be added to this report. GAYDOS said that he is concerned by the statements made by ESSI. GAYDOS only wanted his concern documented and did not desire any further police involvement in this matter.

NARRATIVE 7	Title: SUPPLEMENT	Reporting Officer: 1041 FUERST, R.	Date: 10/07/2015
		Reviewing Officer: 1024 SPAETZEL, S.	Date: 10/07/2015

SGT SPAETZEL Sir,

I received a call from ANNE and JACK PALOMAKI asking to be added to this report as they are concerned by the comments made by ESSI.

NARRATIVE 8	Title: SUPPLEMENT	Reporting Officer: 1041 FUERST, R.	Date: 10/08/2015
		Reviewing Officer: 1024 SPAETZEL, S.	Date: 10/09/2015

SGT SPAETZEL Sir,

YVONNE and JOEL came to the front counter and asked to be added to this report. YVONNE and JOEL were advised of the status of this report.

LAKEWOOD POLICE DEPARTMENT

Incident Report

Case#: 1-15-006137

Case Number:	Report Date/Time:	Occur From Date/Time:	Occur To Date/Time:	Day of Week:
1-15-006137	10/03/2015 / 16:30	10/03/2015 / 16:30	10/03/2015 / 16:30	Saturday

Department Classification:	Status:	Status Date:
Departmental Information	No Further Action	10/08/2015

Common Name:	Location:	Map Reference:
	[redacted] LAKEWOOD	RD19

Dispatch Date / Time:	Respond Date / Time:	Arrive Date / Time:	Clear Date / Time:
10/03/2015 16:30			10/03/2015 16:34

Alcohol Related:	Drug Related:	Beat:	Shift:
		BEAT 400	Patrol Days 0700 - 1900

Original Reporting Officer:	Supervisory Officer/Date:
[redacted] SIDELL, P.	

COMPLAINANT 1

Status:	Name:	Birth Date:	Age/Age Range:
	OSBURN, MARY E	[redacted]	67 — 67

Address:	Home#:	Work#:	Other#:
[redacted] LAKEWOOD, OH 44107	[redacted]		

Email:	Occupation:	Employer:
NONE	RETIRED	

Race:	Sex:	SSN:	OLN:	School:	Grade:
White	Female	[redacted]			

Parents:	Booking #:

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
[redacted]	

OTHER PERSON 1

Status:	Name:	Birth Date:	Age/Age Range:
	ESSI, BRIAN	[redacted]	56 — 56

Address:	Home#:	Work#:	Other#:
[redacted]	[redacted]		

Email:	Occupation:	Employer:
UNKNOWN	UNKNOWN	UNKNOWN

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Male	-	-			[redacted]	

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
[redacted]	

OTHER PERSON 2

Status:	Name:	Birth Date:	Age/Age Range:
	BEEBE, LINDA G	[redacted]	73 — 73

Address:	Home#:	Work#:	Other#:
[redacted]	[redacted]		

Email:	Occupation:	Employer:

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Female	-	-				

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

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Approved:_____ Date:_____

LAKEWOOD POLICE DEPARTMENT

Incident Report

Case#: 1-15-006137

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
JAMESON, J. 10/05/2015 9:10	

OTHER PERSON 3	Status:	Name:	Birth Date:	Age/Age Range:
		HABER, KATHLEEN A	[redacted]	64 — 64

Address:	Home#:	Work#:	Other#:
[redacted] LAKEWOOD, OH 44107	[redacted]		

Email:	Occupation:	Employer:

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Female	[redacted]	[redacted]	Brown	Green	[redacted]	[redacted], OH

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
FUERST, R. 10/06/2015 10:24	SPAETZEL, S. 10/07/2015 10:07

OTHER PERSON 4	Status:	Name:	Birth Date:	Age/Age Range:
		STEIN, DAVID H	[redacted]	54 — 54

Address:	Home#:	Work#:	Other#:
[redacted] LAKEWOOD, OH 44107	[redacted]	[redacted]	[redacted]

Email:	Occupation:	Employer:

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Male	[redacted]	[redacted]	Brown	Blue	[redacted]	[redacted], OH

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
FUERST, R. 10/06/2015 11:29	SPAETZEL, S. 10/07/2015 10:07

OTHER PERSON 5	Status:	Name:	Birth Date:	Age/Age Range:
		GAYDOS, WILLIAM J	[redacted]	62 — 62

Address:	Home#:	Work#:	Other#:
[redacted] LAKEWOOD, OH 44107	[redacted]	[redacted]	

Email:	Occupation:	Employer:

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Male	[redacted]	[redacted]	Brown	Green	[redacted]	[redacted], OH

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
FUERST, R. 10/07/2015 10:27	SPAETZEL, S. 10/07/2015 10:07

OTHER PERSON 6	Status:	Name:	Birth Date:	Age/Age Range:
		PALOMAKI, JACK F	[redacted]	73 — 73

Address:	Home#:	Work#:	Other#:
[redacted] LAKEWOOD, OH 44107	[redacted]		

Email:	Occupation:	Employer:
	NONE	NONE

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Approved:_____ Date:_____

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Incident Report

Case#: 1-15-006137

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Male	[redacted]	[redacted]	Gray/Partiall	Blue	[redacted]	[redacted] OH

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
FUERST, R. 10/07/2015 13:09	SPAETZEL, S. 10/07/2015 10:07

OTHER PERSON 7	Status:	Name:	Birth Date:	Age/Age Range:
		PALOMAKI, ANNE H	[redacted]	73 — 73

Address:	Home#:	Work#:	Other#:
[redacted] LAKEWOOD, OH 44107	[redacted]		

Email:	Occupation:	Employer:

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Female	[redacted]	[redacted]	White	Hazel	[redacted]	[redacted] OH

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
FUERST, R. 10/07/2015 13:12	SPAETZEL, S. 10/07/2015 10:07

OTHER PERSON 8	Status:	Name:	Birth Date:	Age/Age Range:
		EGERTSON, YVONNE	[redacted]	75 — 75

Address:	Home#:	Work#:	Other#:
[redacted] LAKEWOOD, OH 44107	[redacted]		

Email:	Occupation:	Employer:

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Female	[redacted]	[redacted]	Brown	Brown	[redacted]	[redacted] OH

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
FUERST, R. 10/08/2015 14:03	SPAETZEL, S. 10/09/2015 10:09

OTHER PERSON 9	Status:	Name:	Birth Date:	Age/Age Range:
		EGERTSON, JOEL A	[redacted]	77 — 77

Address:	Home#:	Work#:	Other#:
[redacted] LAKEWOOD, OH 44107	[redacted]		

Email:	Occupation:	Employer:

Race:	Sex:	Height – From/To:	Weight – From/To:	Hair Color:	Eye Color:	SSN:	OLN:
White	Male	[redacted]	[redacted]	Gray/Partiall	Green	[redacted]	[redacted] OH

Person Type:	Parents:	School:	Grade:	Booking #:
OTHER INVOLVED				

Supplement Reporting Officer/Date/Time:	Supplement Review Officer/Date/Time:
FUERST, R. 10/08/2015 14:06	SPAETZEL, S. 10/09/2015 10:09

NARRATIVE 1	Title:	Reporting Officer:	Date:
	CAD Information	1055 SIDELL, P.	10/03/2015

1-15-006137

Approved:_____ Date:_____