

IN THE
SUPREME COURT OF OHIO

IN RE D.M.,

A Minor Child-Appellant.

Case No. 2013-0579

Appeal No. C-1200794

Trial No. 12-9552Z

ON APPEAL FROM THE FIRST DISTRICT COURT OF APPEALS
HAMILTON COUNTY, OHIO

MOTION TO SUPPLEMENT THE RECORD

JOSEPH T. DETERS (0012084)
Hamilton County Prosecutor

GORDON C. MAGELLA (0083770)
Counsel of Record

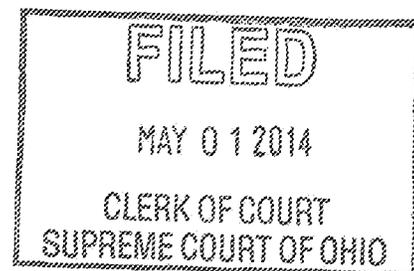
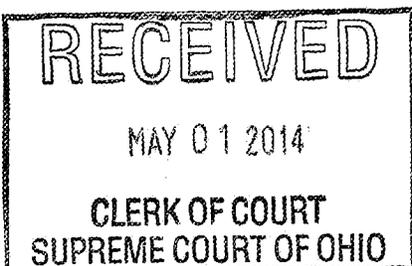
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Counsel for the State of Ohio

Counsel for D.M.



MOTION

Now comes D.M., a juvenile and the appellant herein, and moves to supplement the record pursuant to S.Ct.Prac.R. 15.08.

This case concerns the discoverability of two Cincinnati Police Department reports that the state refused to provide to the defense when ordered to do so prior to a probable cause hearing held pursuant to R.C. 2152.12. The reports at issue are Form 527B, which is titled "Cincinnati Police Department Trial Preparation Report," and Form 301, which is titled "Cincinnati Police Department Incident Report."

Neither completed report was ever provided to the defense nor the juvenile court below, so the reports were not made part of the record on appeal. D.M. submits that this Court may be aided by knowing the form of the relevant reports and the type of information that is contained in them. Therefore, D.M. has attached blank copies of the Form 527B and Form 301.

D.M. respectfully requests that this Court supplement the record with blank copies of the Form 527B and Form 301.

Respectfully submitted,



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CERTIFICATE OF SERVICE

The undersigned certifies that, on this 28th day of April 2014, a copy of the foregoing Motion to Supplement the Record was personally served on:

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CINCINNATI POLICE DEPARTMENT TRIAL PREPARATION REPORT

NOT A PUBLIC RECORD AS DEFINED BY R.C. 149.43

DATE OF ARREST: _____

DEFENDANT: _____ CONTROL #: _____ SSN: _____

DOB: _____ SEX: _____ RACE: _____ CASE NUMBER: _____

PRIMARY OFFICER: _____ BADGE #: _____ ID #: _____

CONTACT #: _____ UNIT: _____

CHARGES FILED: _____

PENDING CHARGES: _____

CO-DEFENDANT NAME:	CASE #:	CONTROL #:	SSN:

DEFENDANT: DID DID NOT MAKE: ORAL WRITTEN TAPED STATEMENT.

DEFENDANT: WAS WAS NOT ADVISED OF MIRANDA RIGHTS. BY: _____

SUMMARY OF STATEMENT:

STATEMENT TAKEN BY OFFICER: _____ BADGE: _____ UNIT: _____

DOCUMENTATION AND EVIDENCE EXPECTED TO BE USED IN PROSECUTION (CHECK ALL THAT APPLY):

- SEARCH WARRANT/CONSENT TO SEARCH VEHICLE INVENTORY FIREARMS/WEAPONS DNA
- WITNESS STATEMENTS LAB REPORT MEDICAL RECORDS FINGERPRINTS
- VEHICLE REGISTRATION POLICE IN-CAR VIDEO

PHOTOGRAPHIC EVIDENCE (DESCRIBE):

OTHER (DESCRIBE):

FIREARM TEST FIRED: YES NO BY: _____ DATE: _____

FIREARM OPERABLE: YES NO

LIST PHYSICAL EVIDENCE SEIZED AND DATES SUBMITTED TO LAB IF APPLICABLE:

EVIDENCE	DATE	EVIDENCE	DATE

CINCINNATI POLICE DEPARTMENT INCIDENT REPORT						CLEARANCES				OFFENSE NUMBER		
DISTRICT	BEAT	RPT. AREA	CAR #			A <input type="checkbox"/> DEATH OF OFFENDER	G <input type="checkbox"/> ARREST-JUVENILE					
TOD		<input type="checkbox"/> OFFENSE <input type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> CORRECTION				B <input type="checkbox"/> PROSECUTION DECLINED	H <input type="checkbox"/> WARRANT ISSUED					
TOA						C <input type="checkbox"/> EXTRADITION DECLINED	I <input type="checkbox"/> INVEST. PENDING					
TOC		CAD INCIDENT #				E <input type="checkbox"/> JUVENILE/NO CUSTODY	J <input type="checkbox"/> CLOSED	K <input type="checkbox"/> UNFOUNDED				
						F <input type="checkbox"/> ARREST-ADULT	U <input type="checkbox"/> UNKNOWN	Z <input type="checkbox"/> EARLY CLOSURE				
						CLEARANCE DATE:		CLEARED BY:				
INCIDENT OCCURRED FROM			INCIDENT OCCURRED TO			REPORT DATE/TIME						
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY		YEAR	TIME
INCIDENT LOCATION (STREET, APT., CITY, STATE, ZIP)								HATE/BIAS	EXPLAIN:			
								<input type="checkbox"/> Y <input type="checkbox"/> N	ANTI: _____			
OFFENSE				OFFENSE CODE		A/C F/M & DEGREE		LARCENY TYPE				
1.								23A <input type="checkbox"/> POCKET PICKING				
2.								23B <input type="checkbox"/> PURSE SNATCHING				
3.								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.				
LOCATION CODE (ENTER UP TO TWO FROM CHART): 1. _____ 2. _____								23H <input type="checkbox"/> OTHER _____				
METHOD OF ENTRY - BURGLARY/B & E												
1 <input type="checkbox"/> FORCE		ENTRY		EXIT		ENTRY		EXIT		CIS NOTIFIED		
2 <input type="checkbox"/> NO FORCE		1 <input type="checkbox"/> BASEMENT		<input type="checkbox"/>		1 <input type="checkbox"/> FRONT		<input type="checkbox"/>		REPORT FAXED		
		2 <input type="checkbox"/> 1ST FLOOR		<input type="checkbox"/>		2 <input type="checkbox"/> SIDE		<input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N		
		3 <input type="checkbox"/> 2ND FLOOR		<input type="checkbox"/>		3 <input type="checkbox"/> REAR		<input type="checkbox"/>		TELETYPE NO. _____		
		4 <input type="checkbox"/> OTHER		<input type="checkbox"/>		4 <input type="checkbox"/> ROOF		<input type="checkbox"/>				
		5 <input type="checkbox"/> OTHER		<input type="checkbox"/>		5 <input type="checkbox"/> OTHER		<input type="checkbox"/>				
METHOD OF OPERATION:				USE OF FIREARM		<input type="checkbox"/> NONE		<input type="checkbox"/> IMPLIED/THREATENED		VICTIM SHOT		
						<input type="checkbox"/> BRANDISHED/DISPLAYED		<input type="checkbox"/> DISCHARGED		<input type="checkbox"/> Y <input type="checkbox"/> N		
NO.	TOTAL VICTIMS	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FINANCIAL INSTITUTION	<input type="checkbox"/> POLICE OFFICER	<input type="checkbox"/> SOCIETY/PUBLIC	<input type="checkbox"/> OTHER	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> UNKNOWN	
NAME (LAST, FIRST, MIDDLE)					SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> NH		AGE/DOB		HGT	WGT	
RES. ADDRESS, CITY, STATE, ZIP CODE					PHONE		SSN		HAIR	EYES		
EMPLOYER NAME AND ADDRESS					BUSINESS PHONE		OCCUPATION		IS VICTIM MR/DD? <input type="checkbox"/> Y <input type="checkbox"/> N			
VICTIM BOOKLET <input type="checkbox"/> Y <input type="checkbox"/> N	VICTIM INJURED <input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:			INJURY CODE	MEDICAL ATTENTION <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> REFUSED						
AGG. ASLT/HOMICIDE CIR.	RESIDENT STATUS	1 <input type="checkbox"/> RESIDENT	3 <input type="checkbox"/> MILITARY	5 <input type="checkbox"/> OTHER	VICTIM TO SUSPECT RELATIONSHIP			VICTIM/OFFENSE LINK				
	2 <input type="checkbox"/> TOURIST	4 <input type="checkbox"/> STUDENT	6 <input type="checkbox"/> UNKNOWN		0	1	2	3	4			
MY SIGNATURE VERIFIES THAT THE INFORMATION ON THIS REPORT IS ACCURATE AND TRUE					EMAIL							
					DATE ____/____/____							
NAME (LAST, FIRST, MIDDLE)					SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U <input type="checkbox"/> NH		AGE/DOB		SSN		
RES. ADDRESS, CITY, STATE, ZIP CODE					RES. PHONE		RELATIONSHIP TO VICTIM					
NO	DAMAGE TO VEHICLE	LICENSE	LSTATE	LYEAR	LTYPE	VIN						
____ OF ____	____ THEFT FROM VEHICLE											
VEH. ASSOC. W/VICTIM #	VYEAR	VMAKE	VMODEL	VSTYLE	VCOLOR TOP/BOT	AUTO INSURER NAME						
W/SUSPECT #												
NARRATIVE												
REPORTING OFFICER					BADGE NO.		EMPL. ID #		DATE			
APPROVING OFFICER					BADGE NO.		EMPL. ID #		DATE			
FOLLOW-UP <input type="checkbox"/> Y <input type="checkbox"/> N		IF YES, FOLLOW-UP ASSIGNMENT										
ADDITIONAL SUPPLEMENTS	<input type="checkbox"/> VICTIM/VEHICLE	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> ARREST	FORM RECEIVED BY:		<input type="checkbox"/> INTELLIGENCE		SPECIAL COPIES				
				<input type="checkbox"/> INVESTIGATION		<input type="checkbox"/> RECORDS						

CINCINNATI POLICE DEPARTMENT INCIDENT REPORT

CLEARANCES

DISTRICT	BEAT	RPT. AREA	CAR #
TOD		<input type="checkbox"/> OFFENSE <input type="checkbox"/> INCIDENT (NON-CRIMINAL)	
TOA		<input type="checkbox"/> SUPPLEMENT <input type="checkbox"/> CORRECTION	
TOC		CAD INCIDENT #	

<input type="checkbox"/> DEATH OF OFFENDER	<input type="checkbox"/> ARREST-JUVENILE
<input type="checkbox"/> PROSECUTION DECLINED	<input type="checkbox"/> WARRANT ISSUED
<input type="checkbox"/> EXTRADITION DECLINED	<input type="checkbox"/> INVEST. PENDING
<input type="checkbox"/> VICTIM REFUSED TO COOP.	<input type="checkbox"/> CLOSED
<input type="checkbox"/> JUVENILE/NO CUSTODY	<input type="checkbox"/> UNFOUNDED
<input type="checkbox"/> ARREST-ADULT	<input type="checkbox"/> UNKNOWN
	<input type="checkbox"/> EARLY CLOSURE

OFFENSE NUMBER

ADMINISTRATIVE

INCIDENT OCCURRED FROM				INCIDENT OCCURRED TO				REPORT DATE/TIME					
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME		
INCIDENT LOCATION (STREET, APT., CITY, STATE, ZIP)										HATE/BIAS <input type="checkbox"/> Y <input type="checkbox"/> N		EXPLAIN: ANTI: _____	

OFFENSE

OFFENSE	OFFENSE CODE	A/C	F/M & DEGREE	LARCENY TYPE
1.				23A <input type="checkbox"/> POCKET PICKING
2.				23B <input type="checkbox"/> PURSE SNATCHING
3.				23C <input type="checkbox"/> SHOPLIFTING
LOCATION CODE (ENTER UP TO TWO FROM CHART): 1. _____ 2. _____				23D <input type="checkbox"/> THEFT FROM BUILDING
METHOD OF ENTRY - BURGLARY/B & E				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.
				23H <input type="checkbox"/> OTHER

VICTIM

1 <input type="checkbox"/> FORCE	ENTRY	EXIT	ENTRY	EXIT	ENTRY	EXIT	CIS NOTIFIED	REPORT FAXED
2 <input type="checkbox"/> NO FORCE	1 <input type="checkbox"/> BASEMENT	<input type="checkbox"/>	1 <input type="checkbox"/> DOOR	<input type="checkbox"/>	1 <input type="checkbox"/> FRONT	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
NO. PREMISES ENTERED:	2 <input type="checkbox"/> 1ST FLOOR	<input type="checkbox"/>	2 <input type="checkbox"/> WINDOW	<input type="checkbox"/>	2 <input type="checkbox"/> SIDE	<input type="checkbox"/>	WHOM NOTIFIED _____	
	3 <input type="checkbox"/> 2ND FLOOR	<input type="checkbox"/>	3 <input type="checkbox"/> GARAGE	<input type="checkbox"/>	3 <input type="checkbox"/> REAR	<input type="checkbox"/>	TELETYPE NO. _____	
	4 <input type="checkbox"/> OTHER	<input type="checkbox"/>	4 <input type="checkbox"/> SKYLIGHT	<input type="checkbox"/>	4 <input type="checkbox"/> ROOF	<input type="checkbox"/>		
			5 <input type="checkbox"/> OTHER	<input type="checkbox"/>	5 <input type="checkbox"/> OTHER	<input type="checkbox"/>		

REPORTER

NO.	TOTAL VICTIMS	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FINANCIAL INSTITUTION	<input type="checkbox"/> POLICE OFFICER	<input type="checkbox"/> SOCIETY/PUBLIC	<input type="checkbox"/> OTHER	
			<input type="checkbox"/> BUSINESS	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> RELIGIOUS ORGANIZATION	<input type="checkbox"/> UNKNOWN		
NAME (LAST, FIRST, MIDDLE)				SEX	RACE	AGE/DOB	HGT	WGT
RES. ADDRESS, CITY, STATE, ZIP CODE				PHONE	SSN	HAIR	EYES	
EMPLOYER NAME AND ADDRESS				BUSINESS PHONE	OCCUPATION	IS VICTIM MR/DD? <input type="checkbox"/> Y <input type="checkbox"/> N		

VEHICLE

VICTIM BOOKLET <input type="checkbox"/> Y <input type="checkbox"/> N	VICTIM INJURED <input type="checkbox"/> Y <input type="checkbox"/> N	IF INJURED, DESCRIBE INJURIES:	INJURY CODE	MEDICAL ATTENTION <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> REFUSED
AGG. ASLT/HOMICIDE CIR.	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
MY SIGNATURE VERIFIES THAT THE INFORMATION ON THIS REPORT IS ACCURATE AND TRUE			VICTIM TO SUSPECT RELATIONSHIP	
DATE _____ / _____ / _____			VICTIM/OFFENSE LINK	

NARRATIVE

NAME (LAST, FIRST, MIDDLE)	SEX	RACE	AGE/DOB	SSN
RES. ADDRESS, CITY, STATE, ZIP CODE	RES. PHONE	RELATIONSHIP TO VICTIM		

NO. OF _____	DAMAGE TO VEHICLE	LICENSE	LSTATE	LYEAR	LTYPE	VIN
VEH. ASSOC. W/VICTIM # _____	YEAR	VMAKE	VMODEL	VSTYLE	VCOLOR TOP/BOT	AUTO INSURER NAME
REPORTING OFFICER						
BADGE NO.			EMPL. ID #		DATE	
APPROVING OFFICER						
BADGE NO.			EMPL. ID #		DATE	
FOLLOW-UP <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, FOLLOW-UP ASSIGNMENT						
ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM/VEHICLE <input type="checkbox"/> PROPERTY <input type="checkbox"/> ARREST			FORM RECEIVED BY: <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INTELLIGENCE <input type="checkbox"/> RECORDS		SPECIAL COPIES	