

SHELBY POLICE DEPARTMENT

SHELBY POLICE DEPARTMENT 31 MACK AVENUE SHELBY, OH 44875 Phone: (419)347-2242

(419)347-2512

Fax:

Incident Report Incident #: 24-17729 Report Date: Saturday, December 7, 2024

Incident Information

Call Type: WARRANT SERVICE

Location: 234 MANSFIELD SHELBY Zone: 4

Occurred Between: 12/07/2024 23:18:00 And 12/07/2024 23:18:00

Supervisor: 508 NOAH KOCHER Unit on Scene: 508

Officer Report: 508 NOAH KOCHER Officer Assigned: 517 DOMINIC EWING

Boards: D, C or J: Copies To:

Approved By: Approved Date:

Clearance Code: I _ INVESTIGATION PENDING

Dispatch Times

Received: 23:18 Dispatched: 23:39 Arrived: 23:49 Cleared: Total:

Incident Names

Name: JACOBS, TYLER SHAWN DOB: 07/25/1993

Entry Type Address: 162 E MAIN ST 2 SHELBY, OH 44875 Phone1:

SUS Sex: M Race: W Hgt: 5 9 Wgt: 145 Hair: BRO Eyes: GRN Phone2:

Charge Information for the Above Person

Degree Offense Description

M1 ARREST ON WARRANT

2903.11A2 Felonious Assault _ weapon or ordnance

_____ Name: HALE, MATTHEW J JR DOB: 06/10/1978

Entry Type Address: 2132 PLYMOUTH EAST RD GREENWICH, OH 44837 Phone1:

WIT Sex: M Race: W Hgt: 5 8 Wgt: 192 Hair: BRO Eyes: BRO Phone2:

_______Name: KOCHER, NOAH ELI DOB: 07/26/1999

Entry Type Address: 31 MACK AVE SHELBY, OH 44875 Phone1:

VIC Sex: M Race: W Hgt: 6 0 Wgt: 190 Hair: BRO Eyes: BLU Phone2:

Name: EWING, DOMINIC THOMAS DOB: 05/22/2000

Entry Type 31 MACK AVE SHELBY, OH 44875 Address: Phone1: Phone2: WIT W BRO BLU Sex: Race: Hgt: Wgt: Hair: Eyes:

Narrative Report

On the listed date and time, officers responded to Arby's at 234 Mansfield Ave for a warrant arrest. Officers received information that a male subject had an active warrant through the Shelby Municipal Court for Failure to Appear. The officers made contact at Arby's and briefly spoke with the wanted male subject. The subject attacked an officer which led to an officer-involved shooting. The crime scene was eventually turned over to the Ohio Bureau of Criminal Investigation and Identification (BCI&I).



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Report By:			Date:	
Supervisor:			Date:	
Entered By:			Date:	
Approved By:			Date:	