

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER 2016-006683		ORIGINAL CASE NUMBER		PAGE 1 OF 4 PAGES		NCIC ENTRY		SHERIFF		INQ.		ENT.	

  

<b>EVENT</b>	1. Injured Party				INCIDENT CODE		COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FORCED ENTRY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PREMISE TYPE <b>Roadway</b>		<b>UNITS ENTERED</b>	TYPE VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIG. ORG. <input type="checkbox"/> SOC. / PUB. <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF.			
	2.						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO								
	3.						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO								
	INCIDENT LOCATION: <b>Old Georgetown Road/ Palmers Bridge Road McClellanville, SC</b>																
		ZIP CODE <b>29458</b>		WEAPON TYPE													
BEGINNING INCIDENT DATE <b>4/29/16</b>		24 HR. CLOCK <b>1850</b>		ENDING INCIDENT DATE <b>4/29/16</b>		24 HR. CLOCK <b>1900</b>		DISP. DATE <b>4/29/16</b>		DISP. TIME <b>1901</b>		TIME ARRIVED <b>1914</b>		DEPART TIME <b>2100</b>		TRACT #	

  

<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) <b>Concerned Citizen</b>										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>J</b>		SEX <b>M</b>		AGE <b>14</b>		DOB <b>02</b>		ETH <b>N</b>			
	HEIGHT		WEIGHT		HAIR <b>N/A</b>		EYES <b>N/A</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS #				STREET NAME				CITY				STATE		ZIP CODE		DAY PHONE				EVENING PHONE					
	OCCUPATION				EMPLOYER				ALIAS				NIC #													

  

<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE)										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>J</b>		SEX <b>M</b>		AGE <b>14</b>		DOB <b>02</b>		ETH <b>N</b>			
	HEIGHT		WEIGHT		HAIR <b>XXX</b>		EYES <b>XXX</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS #				STREET NAME				CITY				STATE		ZIP CODE		DAY PHONE				EVENING PHONE					
	OCCUPATION				EMPLOYER				ALIAS				NIC #													

  

<b>SUBJ. I.D.</b>	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # <b>1</b> <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON																									
	NAME: (LAST, FIRST, MIDDLE) <b>[REDACTED]</b>										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT <b>J</b>		RACE <b>W</b>		SEX <b>M</b>		AGE <b>14</b>		DOB <b>02</b>		ETH <b>N</b>			
	HEIGHT		WEIGHT		HAIR <b>BRO</b>		EYES <b>BLU</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC / ID & STATE <b>N/A</b>				SOCIAL SECURITY # <b>Unknown</b>			
	ADDRESS #				STREET NAME <b>Ginglis Way</b>				CITY <b>Mt. Pleasant</b>				STATE <b>SC</b>		ZIP CODE <b>29464</b>		DAY PHONE <b>[REDACTED]</b>				EVENING PHONE <b>Same</b>					
	VISIBILITY		INJURY		NO		YES		COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK		TWO-MAN VEHICLE <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK		DETECTIVE SPLASMIT <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK		ALONE <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK		ASSISTED <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK							

  

<b>ARREST</b>	(A) CHARGE <b>N/A</b>										(C) CHARGE <b>N/A</b>											
	(B) CHARGE <b>N/A</b>										(D) CHARGE <b>N/A</b>											

  

<b>NARRATIVE</b>	(McClellanville) On the above date and time, I responded to the above incident location in reference to a traffic accident. Upon arrival, I met with two witnesses, [REDACTED] and [REDACTED]. Both parties stated that they were riding on ATV down Old Georgetown Road. [REDACTED] whom was behind his friend, [REDACTED] stated that while riding he noticed that [REDACTED] was losing control of his ATV. [REDACTED] further stated that [REDACTED] started to head for the wood line. [REDACTED] stated that [REDACTED] hit a tree and was thrown over the handle bars of the ATV into the woods. [REDACTED] was able to run and call for help, while [REDACTED] stayed to provide aid. [REDACTED] was transported by Helo to MUSC where he was treated. All parents were notified at that time. Lt Stanley and Traffic were also notified. While speaking to Windham, the owner of the ATVs he stated that he did not know the boys were riding them or even left the residence. Nothing further.																					

  

<b>PROPERTY EST.</b>	TYPE (GROUP)		<b>N/A</b>												TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY  JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
	STOLEN				<b>N/A</b>													
	DAMAGED						<b>N/A</b>											
	BURNED								<b>N/A</b>									
	RECOVERED										<b>N/A</b>							
	SEIZED												<b>N/A</b>					

  

<b>ADMINISTRATIVE</b>	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18							
					<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER							
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY															
	REPORTING OFFICER(S) <b>C. Harris</b>				DATE <b>4/29/16</b>		BADGE NUMBER <b>10482</b>		APPROVING OFFICER <b>Sgt. Droney</b>				DATE <b>4/29/16</b>		BADGE NUMBER <b>9595</b>	
									FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO							

PERSON SUPPLEMENT

SC0100000

DISPATCH NUMBER  
2016-006683

ORIGINAL CASE NUMBER

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NCIC  
ENTRY

INQ. ENT.

☒ ORIGINAL  
REPORT  
☐ MODIFIES  
REPORT

☐ SUPPLEMENTAL  
REPORT  
☐ CASE STATUS  
CHANGE

☐ ADDITIONAL  
VICTIMS  
☐ ADDITIONAL  
OFFENDERS

☐ ADDITIONAL  
WITNESSES  
☐ ADDITIONAL  
SUBJECTS

☐ ADDITIONAL  
STOLEN PROPERTY  
☐ ADDITIONAL  
RECOVERED PROPERTY

SUBJ. I.D. ARREST	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 2 <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) Green, Stacey Emma	RELATIONSHIP TO SUBJECT #1 Mother #2 #3	RESIDENT J	RACE W	SEX F	AGE 47	DOB [REDACTED]/69	ETH N	
	HEIGHT 501	WEIGHT 128	HAIR BRO	EYES BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE [REDACTED]		
	ADDRESS # 737		STREET NAME Ginglis		CITY Mt. Pleasant		STATE SC	ZIP CODE 29464	DAY PHONE 8437063142	EVENING PHONE H Same H
	<input type="checkbox"/> VISIBLE INJURY YES EXPLAIN		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		SOCIAL SECURITY # [REDACTED]	
OCCUPATION Unknown		EMPLOYER Unknown		ALIAS N/A		NIC # N/A				

(A) CHARGE N/A	(C) CHARGE N/A
(B) CHARGE N/A	(D) CHARGE N/A

SUBJ. I.D. ARREST	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 1 <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) [REDACTED]	RELATIONSHIP TO SUBJECT #1 #2 #3	RESIDENT J	RACE W	SEX M	AGE 13	DOB [REDACTED]/03	ETH N	
	HEIGHT 410	WEIGHT 120	HAIR BRO	EYES BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE N/A		
	ADDRESS # [REDACTED]		STREET NAME S Carolina Road		CITY McClellanville		STATE SC	ZIP CODE 29458	DAY PHONE [REDACTED]	EVENING PHONE H Same H
	<input type="checkbox"/> VISIBLE INJURY YES EXPLAIN		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		SOCIAL SECURITY # Unknown	
OCCUPATION Unknown		EMPLOYER Unknown		ALIAS N/A		NIC # N/A				

(A) CHARGE N/A	(C) CHARGE N/A
(B) CHARGE N/A	(D) CHARGE N/A

SUBJ. I.D. ARREST	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 3 <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) Jackson, Donald L	RELATIONSHIP TO SUBJECT #1 #2 #3	RESIDENT J	RACE W	SEX M	AGE 43	DOB [REDACTED]/73	ETH N	
	HEIGHT 507	WEIGHT 220	HAIR BLK	EYES BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE [REDACTED]		
	ADDRESS # 10048		STREET NAME S Carolina Road		CITY McClellanville		STATE SC	ZIP CODE 29458	DAY PHONE 8434578387	EVENING PHONE H Same H
	<input type="checkbox"/> VISIBLE INJURY YES EXPLAIN		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		SOCIAL SECURITY # [REDACTED]	
OCCUPATION Unknown		EMPLOYER Unknown		ALIAS N/A		NIC # N/A				

(A) CHARGE N/A	(C) CHARGE N/A
(B) CHARGE N/A	(D) CHARGE N/A

REMARKS									
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SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY							
REPORTING OFFICER(S) C. Harris		DATE 4/29/2016	BADGE NUMBER 10482	APPROVING OFFICER Sgt. Droney		DATE 4/29/2016	BADGE NUMBER 9595
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO				OFFICER			

J. Al Cannon, Jr.  
Sheriff

PERSON SUPPLEMENT

<b>SC0100000</b>		DISPATCH NUMBER <b>2016-006683</b>		ORIGINAL CASE NUMBER		PAGE <b>3</b> OF 4 PAGES		NCIC ENTRY		INQ. ENT.	
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES REPORT		<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS CHANGE		<input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL OFFENDERS		<input type="checkbox"/> ADDITIONAL WITNESSES <input type="checkbox"/> ADDITIONAL SUBJECTS		<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY			
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input checked="" type="checkbox"/> WITNESS # <b>2</b> <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) <b>[REDACTED]</b> RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH <b>J W M 13 [REDACTED] 03 N</b>									
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY # <b>410 95 BLN BLU [REDACTED] N/A Unknown</b>										
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE <b>[REDACTED] Randall Road McClellanville SC 29458 [REDACTED] H Same H</b>										
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN USING ALCOHOL <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK OCCUPATION <b>Lincoln Middle 8<sup>th</sup></b> EMPLOYER <b>N/A</b> ALIAS <b>N/A</b> NIC # <b>N/A</b>										
ARREST	(A) CHARGE <b>N/A</b>					(C) CHARGE <b>N/A</b>					
	(B) CHARGE <b>N/A</b>					(D) CHARGE <b>N/A</b>					
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # <b>4</b> <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) <b>Windham, Larry Alan</b> RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH <b>J W M 47 [REDACTED] /69 N</b>									
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY # <b>511 160 BRO BLU [REDACTED] [REDACTED]</b>										
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE <b>9906 Randall Road McClellanville SC 29458 8438304498 H Same H</b>										
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN USING ALCOHOL <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK OCCUPATION <b>Unknown</b> EMPLOYER <b>Unknown</b> ALIAS <b>N/A</b> NIC # <b>N/A</b>										
ARREST	(A) CHARGE <b>N/A</b>					(C) CHARGE <b>N/A</b>					
	(B) CHARGE <b>N/A</b>					(D) CHARGE <b>N/A</b>					
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH <b>[REDACTED] J [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</b>									
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY # <b>[REDACTED] [REDACTED] XXX XXX [REDACTED] [REDACTED]</b>										
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE <b>[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</b>										
	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK OCCUPATION EMPLOYER ALIAS NIC #										
ARREST	(A) CHARGE					(C) CHARGE					
	(B) CHARGE					(D) CHARGE					
REMARKS											
ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER		
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY										
	REPORTING OFFICER(S) <b>C.Harris</b>		DATE <b>4/29/2016</b>		BADGE NUMBER <b>10482</b>		APPROVING OFFICER <b>Sgt.Droney</b>		DATE <b>4/29/2016</b>		BADGE NUMBER <b>9595</b>
	FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO										

## ARTICLE SUPPLEMENT

SC0100000

DISPATCH NUMBER  
2016-006683

ORIGINAL CASE NUMBER

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SHERIFF  
NCIC ENTRY INQ. ENT.

<input checked="" type="checkbox"/> ORIGINAL REPORT		<input type="checkbox"/> MODIFIES ORIGINAL		<input type="checkbox"/> SUPPLEMENTAL REPORT		<input type="checkbox"/> CASE STATUS CHANGE		<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY		<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		
VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		TYPE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE		LICENSE/REGISTRATION NO.		BOAT HULL NO. OR VIN NO. 2bvcmhfls7000262		OWNER APPLIED #			
					SERIAL #							
					YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE	
					MODEL		STYLE		BRAND NAME		COLOR	
					Outlander		ATV				Red	
					NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE	
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		TYPE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE		LICENSE/REGISTRATION NO.		BOAT HULL NO. OR VIN NO. Unknown		OWNER APPLIED #			
					SERIAL #		Unknown					
					YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE	
					Unknown		Unknown		Unknown		Kawasaki	
					MODEL		STYLE		BRAND NAME		COLOR	
					Velocity Powersports		MC				Black	
					NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE	
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		TYPE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE		LICENSE/REGISTRATION NO.		BOAT HULL NO. OR VIN NO. Unknown		OWNER APPLIED #			
					SERIAL #		Unknown					
					YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE	
					Unknown		Unknown		Unknown		Honda	
					MODEL		STYLE		BRAND NAME		COLOR	
					Forman		ATV				Green	
					NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE	
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		TYPE <input type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE		LICENSE/REGISTRATION NO.		BOAT HULL NO. OR VIN NO.		OWNER APPLIED #			
					SERIAL #							
					YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE	
					MODEL		STYLE		BRAND NAME		COLOR	
					NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE	
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

VEH. / GUN / ETC.	STATUS <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED		TYPE <input type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS, STOCKS <input type="checkbox"/> ARTICLE		LICENSE/REGISTRATION NO.		BOAT HULL NO. OR VIN NO.		OWNER APPLIED #			
					SERIAL #							
					YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE	
					MODEL		STYLE		BRAND NAME		COLOR	
					NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE	
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

REMARKS												

ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER			
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY											
	REPORTING OFFICER(S)			DATE		BADGE NUMBER		APPROVING OFFICER			DATE	
	C.Harris			4/29/16		10482		Sgt.Droney			4/29/16	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES			OFFICER	