

INCIDENT REPORT

SC0100000	DISPATCH NUMBER 2016-006683	ORIGINAL CASE NUMBER	PAGE 1 OF 4 PAGES	NCIC ENTRY	INQ.	ENT.
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EVENT	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 Roadway	UNITS ENTERED	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:
Old Georgetown Road/ Palmers Bridge Road McClellanville, SC

ZIP CODE: **29458** WEAPON TYPE:

BEGINNING INCIDENT DATE 4/29/16	24 HR. CLOCK 1850	ENDING INCIDENT DATE 4/29/16	24 HR. CLOCK 1900	DISP. DATE 4/29/16	DISP. TIME 1901	TIME ARRIVED 1914	DEPART TIME 2100	TRACT #
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NAME: (LAST, FIRST, MIDDLE) Concerned Ciziten		RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE	DOB	ETH
HEIGHT	WEIGHT	HAIR N/A	EYES N/A	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 #			

NAME: (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE	DOB	ETH
HEIGHT	WEIGHT	HAIR XXX	EYES XXX	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 #			
<input type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMIT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED
EXPLAIN OCCUPATION		EMPLOYER			ALIAS		NIC #			

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT	NAME: (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #	[REDACTED]					J	W	M	14	02	N
	<input type="checkbox"/> SUSPECT #	[REDACTED]					DRIVERS LIC / ID & STATE		SOCIAL SECURITY #			
	<input checked="" type="checkbox"/> SUBJECT # <u>1</u>	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			N/A		Unknown	
	<input type="checkbox"/> WITNESS #	508	122	BRO	BLU							
	<input type="checkbox"/> WANTED	ADDRESS #		STREET NAME			CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE	
<input type="checkbox"/> WARRANT	[REDACTED]		Ginglis Way			Mt.Pleasant	SC	29464	[REDACTED]	Same		
<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		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 SPLASMIT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED	
<input type="checkbox"/> RUNAWAY	EXPLAIN		cuts face			DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE		<input type="checkbox"/> UNK				
<input type="checkbox"/> MISSING PERSON	OCCUPATION		Lincoln Middle School 8 th			EMPLOYER N/A		ALIAS N/A		NIC # N/A		

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

NARRATIVE

(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.

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

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) C.Harris			DATE 4/29/16		BADGE NUMBER 10482		APPROVING OFFICER Sgt.Droney			DATE 4/29/16	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO			BADGE NUMBER 9595	

PERSON SUPPLEMENT

SC010000 DISPATCH NUMBER 2016-006683 ORIGINAL CASE NUMBER PAGE 2 OF 4 PAGES NCIC ENTRY INQ ENT.

ORIGINAL REPORT SUPPLEMENTAL REPORT ADDITIONAL VICTIMS ADDITIONAL WITNESSES ADDITIONAL STOLEN PROPERTY
 MODIFIES REPORT CASE STATUS CHANGE ADDITIONAL OFFENDERS ADDITIONAL SUBJECTS ADDITIONAL RECOVERED PROPERTY

SUBJ. I.D. COMPLAINANT VICTIM # SUSPECT # SUBJECT # 2 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) Green, Stacey Emma RELATIONSHIP TO SUBJECT #1 Mother #2 #3 RESIDENT RACE SEX AGE DOB ETH J W F 47 /69 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 501 128 BRO BLU [REDACTED] [REDACTED]

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 737 Ginglis Mt. Pleasant SC 29464 8437063142 H Same H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES DRUGS NO YES TYPE UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION Unknown EMPLOYER Unknown ALIAS N/A NIC # N/A

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

SUBJ. I.D. COMPLAINANT VICTIM # SUSPECT # SUBJECT # 1 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) [REDACTED] RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH J W M 13 /03 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 410 120 BRO BLU N/A Unknown

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 [REDACTED] S Carolina Road McClellanville SC 29458 [REDACTED] H Same H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES DRUGS NO YES TYPE UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION Unknown EMPLOYER Unknown ALIAS N/A NIC # N/A

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

SUBJ. I.D. COMPLAINANT VICTIM # SUSPECT # SUBJECT # 3 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) Jackson, Donald L RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH J W M 43 /73 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 507 220 BLK BLU [REDACTED] [REDACTED]

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 10048 S Carolina Road McClellanville SC 29458 8434578387 H Same H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES DRUGS NO YES TYPE UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION Unknown EMPLOYER Unknown ALIAS N/A NIC # N/A

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

REMARKS

ADMINISTRATIVE SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO ACTIVE ADM. CLOSED UNFOUNDED ARRESTED UNDER 18 EX-CLEAR UNDER 18 ARRESTED 18 AND OVER EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE NO CUSTODY

REPORTING OFFICER(S) DATE BADGE NUMBER APPROVING OFFICER DATE BADGE NUMBER
 C.Harris 4/29/2016 10482 Sgt. Droney 4/29/2016 9595

FOLLOW-UP INVESTIGATION YES NO OFFICER

PERSON SUPPLEMENT

SC010000 DISPATCH NUMBER 2016-006683 ORIGINAL CASE NUMBER PAGE 3 OF 4 PAGES NCIC ENTRY INQ. ENT.

ORIGINAL REPORT SUPPLEMENTAL REPORT ADDITIONAL VICTIMS ADDITIONAL WITNESSES ADDITIONAL STOLEN PROPERTY
 MODIFIES REPORT CASE STATUS CHANGE ADDITIONAL OFFENDERS ADDITIONAL SUBJECTS ADDITIONAL RECOVERED PROPERTY

SUBJ. I.D.
 COMPLAINANT VICTIM # SUSPECT # SUBJECT # WITNESS # 2 WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) ██████████ #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH
 J W M 13 ████████ 03 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 410 95 BLN BLU ██████████ N/A Unknown

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 ██████████ Randall Road McClellanville SC 29458 ██████████ H Same H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION EMPLOYER ALIAS NIC #
 Lincoln Middle 8th N/A N/A N/A

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

SUBJ. I.D.
 COMPLAINANT VICTIM # SUSPECT # SUBJECT # 4 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) Windham, Larry Alan #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH
 J W M 47 ████████ /69 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 511 160 BRO BLU ██████████ ██████████

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 9906 Randall Road McClellanville SC 29458 8438304498 H Same H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION EMPLOYER ALIAS NIC #
 Unknown Unknown N/A N/A

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

SUBJ. I.D.
 COMPLAINANT VICTIM # SUSPECT # SUBJECT # WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH
 J ████████ ████████

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 XXX XXX ██████████ ██████████

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 ██████████ ██████████ ██████████ ██████████ H ██████████ H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION EMPLOYER ALIAS NIC #

(A) CHARGE (C) CHARGE
 (B) CHARGE (D) CHARGE

REMARKS

ADMINISTRATIVE

SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO ACTIVE ADM. CLOSED UNFOUNDED ARRESTED UNDER 18 ARRESTED 18 AND OVER EX-CLEAR UNDER 18 EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE NO CUSTODY

REPORTING OFFICER(S) DATE BADGE NUMBER APPROVING OFFICER DATE BADGE NUMBER
 C.Harris 4/29/2016 10482 Sgt.Dronev 4/29/2016 9595

FOLLOW-UP INVESTIGATION YES NO

ARTICLE SUPPLEMENT

SC010000

DISPATCH NUMBER 2016-006683

ORIGINAL CASE NUMBER

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SHERIFF NCIC ENTRY INQ. ENT.

ORIGINAL REPORT MODIFIES ORIGINAL SUPPLEMENTAL REPORT CASE STATUS CHANGE ADDITIONAL STOLEN PROPERTY ADDITIONAL RECOVERED PROPERTY

VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO.	BOAT HULL NO. OR VIN NO.		
	<input type="checkbox"/> STOLEN	<input checked="" type="checkbox"/> VEHICLE	SERIAL #	2bvemhfls7000262		
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	OWNER APPLIED #
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL	STYLE	2006	MAKE
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	Outlander	ATV	BRAND NAME	Can am
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	NIC NO.	DENOMINATION	ISSUER	TYPE
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE			Red	Auto
			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	

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

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

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

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

REMARKS

ADMINISTRATIVE	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input type="checkbox"/> ACTIVE	<input checked="" type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18	<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<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)		DATE	BADGE NUMBER	APPROVING OFFICER		BADGE NUMBER
	C.Harris		4/29/16	10482	Sgt.Droney		9595
				FOLLOW-UP INVESTIGATION	OFFICER		
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		