

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2010-016731		ORIGINAL CASE NUMBER		PAGE 1 OF 3 PAGES		NICG ENTRY		SHERIFF BIO.		ETH. NC			
EVENT	INCIDENT TYPE 1. Grand Larceny			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 Highway/ Roadway		TYPE VICTIM <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FEDERAL/STATE <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: 3674 Old Charleston Road, Charleston, SO			ZIP CODE 29465		WEAPON TYPE None									
BEGINNING INCIDENT DATE 10-04-16		24 HR. CLOCK 1234		ENDING INCIDENT DATE 10-04-16		24 HR. CLOCK 0105		DISP. DATE 10-04-16		DISP. TIME 1234		TIME ARRIVED 1249			
NAME: (LAST, FIRST, MIDDLE) Coffman, Carolyn, A.		RELATIONSHIP TO SUBJECT #1 Acquaint #2 Stranger #3 Stranger		RESIDENT J		RACE W		SEX F		AGE 26		DOB 06-19-91			
HEIGHT 165		WEIGHT 504		HAIR BRO		EYES BRO		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. None Noted							
ADDRESS # 1372		STREET NAME Orange Grove Road		CITY Charleston		STATE SC		ZIP CODE 29407		EVENING PHONE Same		H			
OCCUPATION Painter		EMPLOYER Triad Mechanical Contractor		ALIAS None		NIC # N/A									
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Stavrinakis, Kyriaki			RELATIONSHIP TO SUBJECT #1 Acquaint #2 Stranger #3 Stranger		RESIDENT J		RACE W		SEX F		AGE 60			
	HEIGHT 504		WEIGHT 150		HAIR BRO		EYES BRO		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. None						
	ADDRESS # 110		STREET NAME Summit Avenue		CITY Goose Creek		STATE SC		ZIP CODE 29445		EVENING PHONE Same		H		
	<input type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINANT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		TYPE <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-WAY VEHICLE <input type="checkbox"/> DEFECTIVE FLASHT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-WAY VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSAULTED		
OCCUPATION Ice Cream Truck Owner		EMPLOYER Self		ALIAS None		NIC # N/A									
SUBJ. ID.	NAME: (LAST, FIRST, MIDDLE) Unknown			RELATIONSHIP TO SUBJECT #1 Unknown #2 Unknown #3 Unknown		RESIDENT J		RACE W		SEX M		AGE 36			
	HEIGHT 511		WEIGHT 210		HAIR BRO		EYES BRO		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Brown Beard, Sunglasses, and Long Hair		DRIVERS LIC / ID & STATE Unknown		SOCIAL SECURITY # Unknown		
	ADDRESS # Unknown		STREET NAME Unknown		CITY Unknown		STATE Unk		ZIP CODE Unk		DAY PHONE Unknown		EVENING PHONE Unknown		
	<input type="checkbox"/> VISIBLE INJURY		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINANT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES		TYPE <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO-WAY VEHICLE <input type="checkbox"/> DEFECTIVE FLASHT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-WAY VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSAULTED		
OCCUPATION Unk		EMPLOYER Unk		ALIAS Unk		NIC # Unk									
ARREST	(A) CHARGE			(C) CHARGE											
	(B) CHARGE			(D) CHARGE											
NARRATIVE	<p>(John's Island) On October 4th, 2016 at approximately 1234 hours I, Deputy Venning, responded to 3674 Old Charleston (Triad Mechanic Contractors) Highway in reference to the report of the Grand Larceny of a motor vehicle. The complainant (Carolyn A. Coffman, W/F, 06-19-1991) reported that her 2013 black Ford Escape (Tag #: JLP204, VIN #: 1FMCU0G95DUC98822, NIC #: V998723662) was last seen driving in the direction of Dodges Chicken, therefore, several deputies patrolled the area with negative results on locating the vehicle.</p> <p>Upon arriving on scene I made contact with the complainant who stated that she parked her vehicle running, with the doors unlocked and the keys inside at the above stated location. She stated that she observed a white male (5'11", 35/45 years old) with a bushy brown beard and sunglasses getting into her driver's seat and drive away with her vehicle. It should be noted that the male also was wearing a white t-shirt and camouflage cargo shorts. (Cont.)</p>														
PROPERTY EST.	TYPE (GROUP)		Auto								TOTAL VALUE		APPROPRIATION OF TRAFFIC LAW ENFORCEMENT AGENCY		
	STOLEN		\$40,000.00								\$40,000.00		CCSO		
	DAMAGED														
	RECOVERED														
SEIZED															
ADMINISTRATIVE	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADJ. 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		BADGE NUMBER				
	S. Venning		10-04-16		10870		Sgt. Prindle		10-04-16		9472				
FOLLOWUP INVESTIGATION		<input type="checkbox"/> YES <input type="checkbox"/> NO													

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.

Sheriff

SC0100000	DISPATCH NUMBER 2016-015731	ORIGINAL CASE NUMBER	PAGE 2 OF 3 PAGES	INCIDENT ENTRY	NOV	ENV	NC
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS <input type="checkbox"/> 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			

The complainant also stated that the vehicle was actually in her mother in-law/victim's (Kriaki Stavrinakis, W/F, 08-05-1966) name.

The complainant also stated that her red air compressor (Value: \$500.00) and assorted tools (\$500.00) were in the vehicle when the unknown subject drove away.

A security camera picture from the above business was obtained and placed into Forensic Services.

ORIGINAL COPY

PROPERTY EST.	TYPE (GROUP)						TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				
	STOLEN											
	DAMAGED											
	BURNED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
	RECOVERED											
	SEIZED											
ADMINISTRATIVE	SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input 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		BADGE NUMBER	
	S. Venning		10-04-16		10870		Sgt. Prindle		10-04-16		9472	
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER			

ARTICLE SUPPLEMENT

SC0100000		DISPATCH NUMBER 2018-016791	ORIGINAL CASE NUMBER		PAGE 3 OF 3 PAGES	NCIC ENTRY	INO.	ENT. NO.
<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	TYPE	LICENSE/REGISTRATION NO.	BOAT HULL NO. OR VIN NO.		OWNER APPLIED #		
	<input checked="" type="checkbox"/> STOLEN	<input checked="" type="checkbox"/> VEHICLE	SC/H.P204	IFMCU0G9SDUC98822		None		
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL #					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE	
	<input checked="" type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	2016	2016	2013	Ford	Auto	
VEH. / GUN / ETC.	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	MODEL	STYLE	BRAND NAME	COLOR	CALIBER	
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	Escape	SU	Ford	Black	N/A	
			TRC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
			V998723662	N/A	N/A	N/A		
			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	CCSO		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO.	BOAT HULL NO. OR VIN NO.		OWNER APPLIED #		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	N/A					
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL #					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE	
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE						
VEH. / GUN / ETC.	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	MODEL	STYLE	BRAND NAME	COLOR	CALIBER	
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	TRC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
			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.		OWNER APPLIED #		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	N/A					
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL #					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE	
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE						
VEH. / GUN / ETC.	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	MODEL	STYLE	BRAND NAME	COLOR	CALIBER	
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	TRC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
			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.		OWNER APPLIED #		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	N/A					
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL #					
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE	
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE						
VEH. / GUN / ETC.	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	MODEL	STYLE	BRAND NAME	COLOR	CALIBER	
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE	TRC NO.	DENOMINATION	ISSUER	SECURITIES DATE		
			JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
REMARKS	ORIGINAL COPY							
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADJ. CLOSED	
	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18	<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	BADGE NUMBER
	S. Venning		10-04-16	10870	Sgt. Prindle		10-04-16	9472
FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES								