

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2017-001418		ORIGINAL CASE NUMBER		PAGE 1 OF 1 PAGES		NCIC ENTRY		INO.		ENT.						
EVENT	INCIDENT TYPE 1. Robbery				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 Bank		UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> INDIVIDUAL <input checked="" 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: 6213 Hwy 162, Hollywood SC				ZIP CODE 29449		WEAPON TYPE NA											
BEGINNING INCIDENT DATE 1-23-17		24 HR. CLOCK 1645		ENDING INCIDENT DATE 1-23-17		24 HR. CLOCK 1655		DISP. DATE 1-23-17		DISP. TIME 1656		TIME ARRIVED 1703		DEPART TIME				
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Smith, Leola, Elizabeth				RELATIONSHIP TO SUBJECT #1 Stranger #2 #3				RESIDENT J		RACE B		SEX F		AGE 54			
	DOB 12-31-62				ETH N				SOCIAL SECURITY # Refused									
	HEIGHT 5'5		WEIGHT 169		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unknown				DRIVERS LIC / ID & STATE SCDL 0088****					
	ADDRESS # ****		STREET NAME Maybank Hwy		CITY Wadmalaw Island		STATE SC		ZIP CODE 29487		DAY PHONE 8435681278		EVENING PHONE Same					
OCCUPATION Teller				EMPLOYER First Citizens				ALIAS NA				NIC # NA						
VICTIM #1	NAME: (LAST, FIRST, MIDDLE) First Citizens Bank				RELATIONSHIP TO SUBJECT #1 #2 #3				RESIDENT J		RACE		SEX		AGE			
	DOB				ETH				SOCIAL SECURITY #									
	HEIGHT N/A		WEIGHT N/A		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				DRIVERS LIC / ID & STATE									
	ADDRESS # 6213		STREET NAME Hwy 162		CITY Hollywood		STATE SC		ZIP CODE 29449		DAY PHONE 843-889-2223		EVENING PHONE Same					
<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 SPLASMT <input type="checkbox"/> ALONE						
EXPLAIN				DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK				<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED										
OCCUPATION				EMPLOYER				ALIAS				NIC #						
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input checked="" type="checkbox"/> SUSPECT # 1 <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) Unknown				RELATIONSHIP TO SUBJECT #1 NA #2 #3				RESIDENT U		RACE B		SEX M	
	AGE Unk				ETH N				SOCIAL SECURITY # Unknown									
	HEIGHT 5'5		WEIGHT Unk		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Black hoodie, jeans, mask, black shoes, black gloves				DRIVERS LIC / ID & STATE Unknown					
	ADDRESS # Unknown		STREET NAME Unknown		CITY Unknown		STATE Unk		ZIP CODE Unk		DAY PHONE Unknown		EVENING PHONE Same					
<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 SPLASMT <input type="checkbox"/> ALONE						
EXPLAIN				DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK				<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED										
OCCUPATION Unknown				EMPLOYER Unknown				ALIAS Unknown				NIC # NA						
ARREST	(A) CHARGE				(C) CHARGE													
	(B) CHARGE				(D) CHARGE													
NARRATIVE	(Hollywood) I was dispatched to the incident location in reference to a robbery. Arriving on scene I was met by Complainant Elizabeth Smith who stated she was closing the branch when she saw an unknown black male sprinting across the parking lot. Thinking it was a customer trying to make it before they closed she let him in but then realized he has a bandana over his face. He began screaming and jumped up on the teller's desk taking an undetermined amount from two of the tellers' drawers and putting it into a white plastic bag he had brought. Smith was unable to tell how much cash the suspect took. The suspect then fled on foot across the parking lot. FSU and CID were summoned by SGT Prindle with SGT Smith, Det. Goldstein, and Inv. Shelton responding to my location. I remained on scene until relieved by Sgt Smith. Nothing Further.																	
PROPERTY EST.	TYPE (GROUP)		Cash								TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY					
	STOLEN		Unknown								Unknown		CCSO					
	DAMAGED																	
	BURNED																	
	RECOVERED												JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					
	SEIZED												NA					
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) DFC B. Zager				DATE 1-23-17		BADGE NUMBER 10540		APPROVING OFFICER SGT J. Prindle				DATE 1-23-17		BADGE NUMBER 9472			
									FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO									