

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-011399		ORIGINAL CASE NUMBER		PAGE 1 OF 4 PAGES		NCIC ENTRY No		SHERIFF INQ. N/A		ENT. N/A	

EVENT	1. Burglary				INCIDENT CODE		COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO		FORCED ENTRY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PREMISE TYPE Residence		UNITS ENTERED	N/A	TYPE VICTIM <input checked="" type="checkbox"/> INDIVIDUAL						
	2. Shots Fired						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Residence				<input type="checkbox"/> BUSINESS						
	3. N/A						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		N/A				<input type="checkbox"/> FINANCIAL INST.						
															<input type="checkbox"/> GOVERNMENT						
INCIDENT LOCATION: 2565 Gibbs Rd., Johns Island, SC														ZIP CODE 29455		WEAPON TYPE Handgun					
BEGINNING INCIDENT DATE 7/23/16		24 HR. CLOCK 0110		ENDING INCIDENT DATE 7/23/16		24 HR. CLOCK 0122		DISP. DATE 7/23/16		DISP. TIME 0122		TIME ARRIVED 0132		DEPART TIME 0630		TRACT #					

COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Same as Victim #1										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT RACE J		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 #									

VICTIM #1	NAME: (LAST, FIRST, MIDDLE) Brown, Sheila Renea										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT RACE J		SEX B		AGE 52		DOB 		ETH N				
	HEIGHT 504		WEIGHT 184		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Black Dress						DRIVERS LIC / ID & STATE				SOCIAL SECURITY #						
	ADDRESS # 2565				STREET NAME Gibbs Rd.				CITY Johns Island				STATE SC		ZIP CODE 29455		DAY PHONE		EVENING PHONE Same						
	<input type="checkbox"/> VISIBLE INJURY		<input checked="" 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 OCCUPATION Prep, Dishwasher														EMPLOYER Wild Olive				ALIAS N/A				NIC # N/A			

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT		NAME: (LAST, FIRST, MIDDLE) Williams, John Lee Jr.										RELATIONSHIP TO SUBJECT #1 #2 #3		RESIDENT RACE J		SEX B		AGE 47		DOB 		ETH N							
	<input checked="" 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		HEIGHT 506		WEIGHT 140		HAIR BLK		EYES BRO		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unknown					
	ADDRESS # 3583				STREET NAME Legareville Rd.				CITY Johns Island				STATE SC		ZIP CODE 29455		DAY PHONE		EVENING PHONE											
	<input type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		<input checked="" 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 checked="" type="checkbox"/> UNK						<input type="checkbox"/> TWO-MAN VEHICLE		<input type="checkbox"/> DETECTIVE SPLASMT		<input type="checkbox"/> ALONE											
EXPLAIN OCCUPATION Unemployed														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	(Legareville) On the above date and time, I was dispatched to the incident location in reference to a burglary involving a weapon. Information given to the call taker stated that an unknown black male in his 20s had kicked in the front door of the residence and shot the complainant's son. The complainant, , stated she was driving down River Rd. so that she could get her son to the hospital. She was advised to stop at the intersection of River Rd. and Maybank Hwy. to meet with deputies and EMS. I continued to the scene due to the possibly of another individual being in the residence and not knowing if the suspect was still on scene. Upon arrival, I was flagged down at the end of the driveway by Sheila Brown, who stated her front door was kicked in and her cousin, John Williams, was shot. I immediately asked Brown to stay back while I checked around the residence.													
	(Continued)													

PROPERTY EST.	TYPE (GROUP)		Door		N/A		N/A		N/A		N/A		TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN														N/A	
	DAMAGED		200													
	BURNED															
	RECOVERED														JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
SEIZED														N/A		

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"/> EX-CLEAR UNDER 18		
									<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) Dep. J. Hill				DATE 7/23/16		BADGE NUMBER 10577		APPROVING OFFICER Sgt. A. Midgett				DATE 7/23/16
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO				OFFICER 9897	

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.

Sheriff

SC0100000	DISPATCH NUMBER 2016-011399	ORIGINAL CASE NUMBER	PAGE 2 OF 4 PAGES	NCIC ENTRY#	REQ. N/A	ENT. N/A
<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL WITNESSES	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY		
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		

Deputies Jacko and Comfort arrived on scene a short time later. While Deputy Comfort secured the rear of the residence, Deputy Jacko and I cleared the residence through the front door. We had negative contact within the residence. The front door of the residence appeared to have been kicked in and there was glass all over the front porch of the residence. There was also a large piece of the door frame leaning against the couch within the living room. I located a large puddle of blood within the front bedroom of the residence and advised Sgt. Midgett of my findings. Deputy Craver attempted to pick up a scent using his K9 but was unable to do so. The scene was immediately secured and a crime scene log was started.

While speaking with Brown, she stated that an unknown black male was on her front porch knocking on the window. Brown stated that Williams saw the male and informed her that he was outside. Brown stated that she did not know who the male was and asked him. Brown stated that he said he was "black" and started knocking on the door and windows. Brown refused to open the door due to not knowing who the individual was and remained in the living room of the residence. Brown stated she heard the beating on the door getting louder and heard glass break. Brown stated there were more loud noises that sounded like gunshots. At this time Brown stated that the door was kicked in and she immediately saw the suspect holding a gun. Brown retreated to the back bedroom in the residence and hid in the closet, covering herself up with clothing. Brown stated she heard the unknown male state "where's the money" and Williams state "please don't shoot." A moment later, Brown stated she heard a gunshot. Brown stated she remained in the closet for a little while longer and heard an unknown male start calling out "Sheila." Due to her not knowing who the person was, and her fearing for her safety, she remained in the closet. After waiting a little while longer, Brown exited the residence and went to the end of the road where I later located her. Brown stated when she exited the residence, she only saw blood on the floor and did not see Williams anywhere in the residence. Brown was unable to advise if there was anything taken from the residence.

Brown described the suspect as a black male approximately 5 foot 6 inches tall. She stated he was wearing a white crew neck t-shirt and had on black shorts. Brown also stated that he had a beard and appeared to be in his early to mid-20s. Brown could not advise who the suspect was, and did not know why he would come to her residence looking for money. Brown stated that the suspect had a black in color handgun, similar to the ones carried by deputies on scene, but was unable to describe it any further.

Williams was transported to the intersection of River Rd. and Maybank Hwy. by his mother, Ruthell Williams, in her vehicle. Deputy Johnson remained with the vehicle while EMS transported Williams to MUSC. The vehicle, a white in color Ford Explorer baring SC tag KKX190, was secured by Deputy Johnson who remained with it until CID and Forensics were able to examine it. R. Williams stated she was contacted by Williams after the incident occurred. R. Williams stated that Williams asked for help and informed her that he had been shot. R. Williams got to the residence and assisted Williams into her vehicle and immediately contacted 911 for assistance. R. Williams did not have any further information about the incident.

I remained on scene with Brown until CID and Forensics personnel arrived. At this time the investigation was turned over to CID and all information gathered prior to their arrival was provided to Detective Turner. I remained on scene until CID and Forensics finished their investigation.

PROPERTY EST.	TYPE (GROUP)	N/A				TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			
	STOLEN	N/A					N/A			
	DAMAGED	N/A								
	BURNED			N/A						
	RECOVERED			N/A						
	SEIZED					N/A	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
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		
	Dep. J. Hill		7/23/16	10577	Sgt. A. Midgett		7/23/16	9897		
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER				

PERSON SUPPLEMENT

Sheriff

SC0100000		DISPATCH NUMBER 2016-011399		ORIGINAL CASE NUMBER		PAGE 3 OF 4 PAGES		NCIC ENTRY#		ING. N/A		ENT. N/A		
<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 checked="" type="checkbox"/> SUSPECT # <u>1</u> <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 N/A #2 N/A #3 N/A		RESIDENT U	RACE B	SEX M	AGE 23	DOB 25	ETH U
	HEIGHT 506 WEIGHT Unk HAIR BLK EYES BRO		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Wht Shirt, Blk Short				DRIVERS LIC / ID & STATE Unknown		SOCIAL SECURITY # Unknown					
	ADDRESS # Unknown		STREET NAME Unknown		CITY Unknown		STATE Unknown		ZIP CODE Unk		DAY PHONE Unknown		EVENING PHONE H Unknown H	
	<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		<input type="checkbox"/> USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE					
	OCCUPATION Unknown		EMPLOYER Unknown		ALIAS Black		NIC # N/A							
	(A) CHARGE N/A				(C) CHARGE N/A									
	(B) CHARGE N/A				(D) CHARGE N/A									
	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____ <input type="checkbox"/> SUSPECT # _____ <input checked="" type="checkbox"/> SUBJECT # <u>1</u> <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) Williams, Ruthell Fludd				RELATIONSHIP TO SUBJECT #1 Unknown #2 N/A #3 N/A		RESIDENT J	RACE B	SEX F	AGE 23	DOB 25	ETH N
	HEIGHT 503 WEIGHT 190 HAIR N/A EYES N/A		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unknown				DRIVERS LIC / ID & STATE Unknown		SOCIAL SECURITY # Unknown					
	ADDRESS # 3583		STREET NAME Legareville Rd.		CITY Johns Island		STATE SC		ZIP CODE 29455		DAY PHONE Unknown		EVENING PHONE H Unknown H	
<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		<input type="checkbox"/> USING ALCOHOL UNK <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE						
OCCUPATION Admin. Assistant		EMPLOYER MUSC		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.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____ <input type="checkbox"/> SUSPECT # _____ <input checked="" type="checkbox"/> SUBJECT # <u>2</u> <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 Unknown #2 N/A #3 N/A		RESIDENT U	RACE U	SEX M	AGE U	DOB N	ETH U
	HEIGHT Unk WEIGHT Unk HAIR XXX EYES XXX		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unknown				DRIVERS LIC / ID & STATE Unknown		SOCIAL SECURITY # Unknown					
	ADDRESS # Unknown		STREET NAME Unknown		CITY Unknown		STATE Unknown		ZIP CODE Unk		DAY PHONE Unknown		EVENING PHONE H Unknown H	
	<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		<input type="checkbox"/> USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE					
	OCCUPATION Unknown		EMPLOYER Unknown		ALIAS Unknown		NIC # N/A							
	(A) CHARGE N/A				(C) CHARGE N/A									
	(B) CHARGE N/A				(D) CHARGE N/A									
REMARKS														
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"/> 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) Dep. J. Hill				DATE 7/23/2016		BADGE NUMBER 10577		APPROVING OFFICER Sgt. A. Midgett		DATE 7/23/2016		BADGE NUMBER 9897		
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO						

ARTICLE SUPPLEMENT

SC0100000		DISPATCH NUMBER 2016-011399		ORIGINAL CASE NUMBER		PAGE 4 OF 4 PAGES		SHERIFF NCIC ENTRY		INQ. N/A		ENT. N/A	
<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 checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	TYPE <input type="checkbox"/> VEHICLE <input checked="" 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. N/A		BOAT HULL NO. OR VIN NO. N/A		OWNER APPLIED # N/A							
		SERIAL # Unknown		YEAR OF REGISTRATION N/A		YEAR OF EXPIRATION N/A		YEAR N/A		MAKE Unknown		TYPE Handgun	
		MODEL Unknown		STYLE Semi Auto		BRAND NAME N/A		COLOR Black		CALIBER Unknown			
		NIC NO. N/A		DENOMINATION N/A		ISSUER N/A		SECURITIES DATE N/A					
		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A							

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. KKX190		BOAT HULL NO. OR VIN NO. 1FMZU73W02ZB80028		OWNER APPLIED # N/A							
		SERIAL # N/A		YEAR OF REGISTRATION 2016		YEAR OF EXPIRATION 2017		YEAR 2002		MAKE Ford		TYPE Auto	
		MODEL Explorer		STYLE SU		BRAND NAME N/A		COLOR White		CALIBER N/A			
		NIC NO. N/A		DENOMINATION N/A		ISSUER N/A		SECURITIES DATE N/A					
		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A							

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. N/A		BOAT HULL NO. OR VIN NO.		OWNER APPLIED #							
		SERIAL #		YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE		TYPE	
		MODEL		STYLE		BRAND NAME		COLOR		CALIBER			
		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. N/A		BOAT HULL NO. OR VIN NO.		OWNER APPLIED #							
		SERIAL #		YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE		TYPE	
		MODEL		STYLE		BRAND NAME		COLOR		CALIBER			
		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. N/A		BOAT HULL NO. OR VIN NO.		OWNER APPLIED #							
		SERIAL #		YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE		TYPE	
		MODEL		STYLE		BRAND NAME		COLOR		CALIBER			
		NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE					
		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							

REMARKS

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"/> 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) Dep. J. Hill			DATE 7/23/16		BADGE NUMBER 10577		APPROVING OFFICER Sgt. A. Midgett		DATE 7/23/16	
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES		BADGE NUMBER 9897	