

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-011399		ORIGINAL CASE NUMBER		PAGE 1 OF 4 PAGES		NCIC ENTRY No		INQ. N/A		ENT. N/A										
EVENT	INCIDENT TYPE			INCIDENT CODE		COMPLETED		FORCED ENTRY		PREMISE TYPE		UNITS ENVERED										
	1. Burglary					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Residence		N/A										
	2. Shots Fired					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Residence		N/A										
	3. N/A					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		N/A		N/A										
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								
NAME: (LAST, FIRST, MIDDLE) Same as Victim #1						RELATIONSHIP TO SUBJECT			RESIDENT RACE		SEX		AGE		DOB		ETH					
HEIGHT		WEIGHT		HAIR		EYES		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 #										
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Brown, Sheila Renea						RELATIONSHIP TO SUBJECT			RESIDENT RACE		SEX		AGE		DOB		ETH				
	HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS # 2565				STREET NAME Gibbs Rd.				CITY Johns Island				STATE SC		ZIP CODE 29455		DAY PHONE				EVENING PHONE	
	OCCUPATION Prep, Dishwasher		EMPLOYER Wild Olive				ALIAS N/A				NIC # N/A											
VICTIM #1	NAME: (LAST, FIRST, MIDDLE) Brown, Sheila Renea						RELATIONSHIP TO SUBJECT			RESIDENT RACE		SEX		AGE		DOB		ETH				
	HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS # 2565				STREET NAME Gibbs Rd.				CITY Johns Island				STATE SC		ZIP CODE 29455		DAY PHONE				EVENING PHONE	
	OCCUPATION Prep, Dishwasher		EMPLOYER Wild Olive				ALIAS N/A				NIC # N/A											
SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) Williams, John Lee Jr.						RELATIONSHIP TO SUBJECT			RESIDENT RACE		SEX		AGE		DOB		ETH				
	HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						DRIVERS LIC / ID & STATE				SOCIAL SECURITY #			
	ADDRESS # 3583				STREET NAME Legareville Rd.				CITY Johns Island				STATE SC		ZIP CODE 29455		DAY PHONE				EVENING PHONE	
	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	<p>(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.</p> <p>(Continued)</p>																					
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												JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
	BURNED														N/A							
	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"/> 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		BADGE NUMBER 9897							
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO														

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.

Sheriff

SC010000	DISPATCH NUMBER 2016-011399	ORIGINAL CASE NUMBER	PAGE 2 OF 4 PAGES	NCIC ENTRY#	IRG 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 KXK190, 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		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	RECOVERED					N/A	N/A
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"/> 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 7/23/16	BADGE NUMBER 10577	APPROVING OFFICER Sgt. A. Midgett	DATE 7/23/16
			FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER	

PERSON SUPPLEMENT

Sheriff

SC010000	DISPATCH NUMBER 2016-011399	ORIGINAL CASE NUMBER	PAGE 3 OF 4 PAGES	NCIC ENTRY#	ING. N/A	ENT. N/A
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<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 REPORT	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

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 N/A #2 N/A #3 N/A	RESIDENT U	RACE B	SEX M	AGE 23	DOB 25	ETH U	
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 506 Unk BLK BRO Wht Shirt, Blk Short	DRIVERS LIC / ID & STATE Unknown	SOCIAL SECURITY # Unknown						
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE Unknown Unknown Unknown Unknown Unk Unknown H Unknown H								
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES NO <input type="checkbox"/> YES	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"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
	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

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) Williams, Ruthell Fludd	RELATIONSHIP TO SUBJECT #1 Unknown #2 N/A #3 N/A	RESIDENT J	RACE B	SEX F	AGE [REDACTED]	DOB [REDACTED]	ETH N	
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. 503 190 N/A N/A	DRIVERS LIC / ID & STATE [REDACTED]	SOCIAL SECURITY # [REDACTED]						
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE 3583 Legareville Rd. Johns Island SC 29455 [REDACTED] H [REDACTED] H								
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES NO <input type="checkbox"/> YES	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"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
	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 checked="" type="checkbox"/> SUSPECT # 2 <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 Unknown #2 N/A #3 N/A	RESIDENT U	RACE U	SEX M	AGE U	DOB N	ETH U	
	HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. Unk Unk XXX XXX Unknown	DRIVERS LIC / ID & STATE Unknown	SOCIAL SECURITY # Unknown						
	ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE Unknown Unknown Unknown Unknown Unk Unknown H Unknown H								
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES NO <input type="checkbox"/> YES	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"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
	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"/> 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) 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

SHERIFF

SC0100000	DISPATCH NUMBER 2016-011399	ORIGINAL CASE NUMBER	PAGE 4 OF 4 PAGES	NCIC ENTRY	INQ. N/A	ENT. N/A
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<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
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VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. N/A	BOAT HULL NO. OR VIN NO. N/A		
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE	SERIAL # Unknown	OWNER APPLIED # N/A		
	<input type="checkbox"/> RECOVERED	<input checked="" type="checkbox"/> GUN	YEAR OF REGISTRATION N/A	YEAR OF EXPIRATION N/A	YEAR N/A	MAKE Unknown
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL Unknown	STYLE Semi Auto	BRAND NAME N/A	COLOR Black
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO. N/A	DENOMINATION N/A	ISSUER N/A	SECURITIES DATE N/A
	<input checked="" type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A	
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE				

VEH. / GUN / ETC.	STATUS	TYPE	LICENSE/REGISTRATION NO. KKX190	BOAT HULL NO. OR VIN NO. 1FMZU73W02ZB80028		
	<input type="checkbox"/> STOLEN	<input checked="" type="checkbox"/> VEHICLE	SERIAL # N/A	OWNER APPLIED # N/A		
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION 2016	YEAR OF EXPIRATION 2017	YEAR 2002	MAKE Ford
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	MODEL Explorer	STYLE SU	BRAND NAME N/A	COLOR White
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> LICENSE PLATE	NIC NO. N/A	DENOMINATION N/A	ISSUER N/A	SECURITIES DATE N/A
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY N/A		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY N/A	
	<input type="checkbox"/> TOWED	<input type="checkbox"/> ARTICLE				

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

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

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

REMARKS					
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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			