

INCIDENT REPORT

SC010000	DISPATCH NUMBER 2016-001162	ORIGINAL CASE NUMBER	PAGE 1 of 3 PAGES	NCIC ENTRY	INQ.	ENT.
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EVENT	INCIDENT TYPE 1. Shooting	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 checked="" 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: **5770 Scott-White RD Hollywood, SC** ZIP CODE **29449** WEAPON TYPE **N/A**

BEGINNING INCIDENT DATE 1/10/16	24 HR. CLOCK 0108	ENDING INCIDENT DATE 1/10/16	24 HR. CLOCK 0109	DISP. DATE 1/10/16	DISP. TIME 0109	TIME ARRIVED 0115	DEPART TIME 0354	TRACT # 513-A
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NAME: (LAST, FIRST, MIDDLE) SOC/PUB				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 #				

NAME: (LAST, FIRST, MIDDLE) [REDACTED]				RELATIONSHIP TO SUBJECT #1 Unk #2 Friend #3 N/A			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 #				
<input checked="" type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input checked="" 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		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		
OCCUPATION			EMPLOYER			ALIAS		NIC #				

SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) Heyward, Maulique Alexander				RELATIONSHIP TO SUBJECT #1 Unknown #2 N/A #3 N/A			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> COMPLAINANT	<input checked="" type="checkbox"/> VICTIM # 2	<input 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	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		
	<input type="checkbox"/> VISIBLE INJURY		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input checked="" 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		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED		
	OCCUPATION			EMPLOYER			ALIAS		NIC #				

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

NARRATIVE
 (Hollywood) I was dispatched to 5770 Scott White Rd in reference to shots fired. Upon arrival I was notified by dispatch of a victim of a gunshot at 5732 Hwy 162, Hollywood. Deputy Torres Responded to that location where he advised he found one male victim laying on the ground. CID and Forensic services were notified and responded to the location. A second victim was located at Roper St. Francis a short time later. It was later determined that victim 1 was taken to the Hwy 162 address by the listed vehicle. Victim 1 was transported to Roper St. Francis by EMS. A crime scene was established and crime scene logs were started

PROPERTY EST.	TYPE (GROUP)	Automobile	N/A	N/A	N/A	N/A	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
	STOLEN							N/A
	DAMAGED	500						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	BURNED							N/A
	RECOVERED							
SEIZED								

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. L.C. Alsbrook			DATE 1/10/16		BADGE NUMBER 10561		APPROVING OFFICER Lt. D. Stanley			DATE 1/10/16		BADGE NUMBER 9612	
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO													

PERSON SUPPLEMENT

Sheriff

SC010000	DISPATCH NUMBER 2016-001162	ORIGINAL CASE NUMBER	PAGE 2 OF 3 PAGES	NCIC ENTRY	INQ.	ENT.
<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 Unknown #2 Unknown #3 N/A						
RESIDENT J RACE UN SEX K AGE UN DOB K ETH						
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 Unk ZIP CODE Unk DAY PHONE Unknown EVENING PHONE Unknown						
<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						
USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input checked="" type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/>						
OCCUPATION Unknown EMPLOYER Unknown ALIAS Unknown NIC # N/A						
(A) CHARGE N/A						
(C) CHARGE						
(B) CHARGE						
(D) CHARGE						
ARREST	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____					
	<input 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					
	NAME: (LAST, FIRST, MIDDLE) N/A					
RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____						
RESIDENT J RACE UN SEX UN AGE UN DOB UN ETH						
HEIGHT N/A WEIGHT N/A HAIR N/A EYES N/A FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A						
DRIVERS LIC / ID & STATE _____ SOCIAL SECURITY # _____						
ADDRESS # _____ STREET NAME _____ CITY _____ STATE _____ ZIP CODE _____ DAY PHONE _____ EVENING PHONE _____						
<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES						
USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/>						
OCCUPATION _____ EMPLOYER _____ ALIAS _____ NIC # _____						
(A) CHARGE						
(C) CHARGE						
(B) CHARGE						
(D) CHARGE						
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____					
	<input 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					
	NAME: (LAST, FIRST, MIDDLE) N/A					
RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____						
RESIDENT J RACE UN SEX UN AGE UN DOB UN ETH						
HEIGHT N/A WEIGHT N/A HAIR N/A EYES N/A FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A						
DRIVERS LIC / ID & STATE _____ SOCIAL SECURITY # _____						
ADDRESS # _____ STREET NAME _____ CITY _____ STATE _____ ZIP CODE _____ DAY PHONE _____ EVENING PHONE _____						
<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES						
USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/>						
OCCUPATION _____ EMPLOYER _____ ALIAS _____ NIC # _____						
(A) CHARGE						
(C) CHARGE						
(B) CHARGE						
(D) CHARGE						
ARREST	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____					
	<input 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					
	NAME: (LAST, FIRST, MIDDLE) N/A					
RELATIONSHIP TO SUBJECT #1 _____ #2 _____ #3 _____						
RESIDENT J RACE UN SEX UN AGE UN DOB UN ETH						
HEIGHT N/A WEIGHT N/A HAIR N/A EYES N/A FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. N/A						
DRIVERS LIC / ID & STATE _____ SOCIAL SECURITY # _____						
ADDRESS # _____ STREET NAME _____ CITY _____ STATE _____ ZIP CODE _____ DAY PHONE _____ EVENING PHONE _____						
<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES						
USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK						
<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/>						
OCCUPATION _____ EMPLOYER _____ ALIAS _____ NIC # _____						
(A) CHARGE						
(C) CHARGE						
(B) CHARGE						
(D) CHARGE						
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)		DATE	BADGE NUMBER	APPROVING OFFICER	DATE
Dep. L.C. Alsbrook		1/10/2016	10561	Lt. D. Stanley	1/10/2016	9612
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO						

ARTICLE SUPPLEMENT

SC0100000

DISPATCH NUMBER 2015-001162	ORIGINAL CASE NUMBER	PAGE 3 OF 3 PAGES	SHERIFF NCIC ENTRY	INQ.	ENT.
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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 <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. LCJ944	BOAT HULL NO. OR VIN NO. 3FAHP0HA7CR419579			
			SERIAL #	OWNER APPLIED #			
			YEAR OF REGISTRATION 2015	YEAR OF EXPIRATION 2016	YEAR 2012	MAKE Ford	TYPE Auto
			MODEL Fusion	STYLE 4DS	BRAND NAME	COLOR White	CALIBER
			NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE	
				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.			
			SERIAL #	OWNER APPLIED #			
			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.			
			SERIAL #	OWNER APPLIED #			
			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.			
			SERIAL #	OWNER APPLIED #			
			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.			
			SERIAL #	OWNER APPLIED #			
			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

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"/> UNFOUNDED	<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. L.C. Alsbrook	DATE 1/10/16	BADGE NUMBER 10561	APPROVING OFFICER Lt. D. Stanley	DATE 1/10/16	BADGE NUMBER 9612
			FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES		