

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER <b>2016-001162</b>		ORIGINAL CASE NUMBER		PAGE 1 OF 3 PAGES		NCIC ENTRY		INQ.		ENT.			
<b>EVENT</b>	INCIDENT TYPE <b>1. Shooting</b>			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 <b>Roadway</b>		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: <b>5770 Scott-White RD Hollywood, SC</b>			ZIP CODE <b>29449</b>		WEAPON TYPE <b>N/A</b>									
BEGINNING INCIDENT DATE <b>1/10/16</b>		24 HR. CLOCK <b>0108</b>		ENDING INCIDENT DATE <b>1/10/16</b>		24 HR. CLOCK <b>0109</b>		DISP. DATE <b>1/10/16</b>		DISP. TIME <b>0109</b>		TIME ARRIVED <b>0115</b>			
										DEPART TIME <b>0354</b>		TRACT # <b>513-A</b>			
<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) <b>SOC/PUB</b>			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT <b>J</b>		RACE <b>J</b>		SEX <b>M</b>		AGE <b>23</b>		
	HEIGHT <b>XXX</b>			WEIGHT <b>XXX</b>			FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE			SOCIAL SECURITY #		
	ADDRESS #			STREET NAME			CITY			STATE			ZIP CODE		
	OCCUPATION			EMPLOYER			ALIAS			NIC #					
<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE) [REDACTED]			RELATIONSHIP TO SUBJECT #1 <b>Unk</b> #2 <b>Friend</b> #3 <b>N/A</b>			RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>M</b>		AGE <b>23</b>		
	HEIGHT [REDACTED]			WEIGHT [REDACTED]			FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE			SOCIAL SECURITY # <b>Unk</b>		
	ADDRESS #			STREET NAME			CITY <b>SC</b>			STATE			ZIP CODE		
	OCCUPATION <b>Unk</b>			EMPLOYER			ALIAS <b>Unk</b>			NIC # <b>N/A</b>					
<b>SUBJ. I.D.</b>	<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM # <b>2</b>			NAME: (LAST, FIRST, MIDDLE) <b>Heyward, Maulique Alexander</b>			RELATIONSHIP TO SUBJECT #1 <b>Unknown</b> #2 <b>N/A</b> #3 <b>N/A</b>			RESIDENT <b>J</b>		RACE <b>B</b>		SEX <b>M</b>	
	<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 <b>509</b>			WEIGHT <b>200</b>			HAIR <b>BLK</b>			EYES <b>BRO</b>		
				FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>None Noted</b>			DRIVERS LIC / ID & STATE			SOCIAL SECURITY # <b>Unknown</b>					
				ADDRESS # <b>8239</b>			STREET NAME <b>Timberace Ct</b>			CITY <b>North Charleston</b>			STATE <b>SC</b>		
<b>ARREST</b>	(A) CHARGE <b>N/A</b>			(C) CHARGE <b>N/A</b>			(B) CHARGE <b>N/A</b>			(D) CHARGE <b>N/A</b>					
<b>NARRATIVE</b>	(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														
<b>PROPERTY EST.</b>	TYPE (GROUP)		<b>Automobile</b>		<b>N/A</b>		<b>N/A</b>		<b>N/A</b>		<b>N/A</b>		TOTAL VALUE		
	STOLEN														
	DAMAGED		<b>500</b>												
	BURNED														
<b>ADMINISTRATIVE</b>	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) <b>Dep. L.C. Alsbrook</b>		DATE <b>1/10/16</b>		BADGE NUMBER <b>10561</b>		APPROVING OFFICER <b>Lt. D. Stanley</b>		DATE <b>1/10/16</b>		BADGE NUMBER <b>9612</b>				
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO								

PERSON SUPPLEMENT

<b>SC0100000</b>		DISPATCH NUMBER <b>2016-001162</b>		ORIGINAL CASE NUMBER		PAGE <b>2</b> OF <b>3</b> 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 # _____		NAME: (LAST, FIRST, MIDDLE) <b>Unknown</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
	<input checked="" type="checkbox"/> SUSPECT # <u>1</u> <input type="checkbox"/> SUBJECT # _____ <input type="checkbox"/> WITNESS # _____		HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC / ID & STATE		SOCIAL SECURITY #					
	<input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON		Unk		Unk		XXX		XXX		Unknown										Unknown		Unknown					
			ADDRESS #				STREET NAME				CITY		STATE		ZIP CODE		DAY PHONE				EVENING PHONE		H					
			Unknown				Unknown				Unknown		Unk		Unk		Unknown				Unknown		H					
			<input type="checkbox"/> VISIBLE INJURY YES		<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input checked="" type="checkbox"/> 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 ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/> OTHER							
			EXPLAIN								DRUGS		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TYPE <input checked="" type="checkbox"/> UNK													
			OCCUPATION		Unknown		EMPLOYER		Unknown		ALIAS		Unknown				NIC #		N/A									
			(A) CHARGE		N/A										(C) CHARGE													
		(B) CHARGE												(D) CHARGE														
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____		NAME: (LAST, FIRST, MIDDLE) <b>N/A</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
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			<input type="checkbox"/> VISIBLE INJURY YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/> OTHER							
			EXPLAIN								DRUGS		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TYPE <input type="checkbox"/> UNK													
			OCCUPATION				EMPLOYER				ALIAS						NIC #											
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		(B) CHARGE												(D) CHARGE														
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____		NAME: (LAST, FIRST, MIDDLE) <b>N/A</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
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SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____		NAME: (LAST, FIRST, MIDDLE) <b>N/A</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
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			(A) CHARGE												(C) CHARGE													
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			ADDRESS #				STREET NAME				CITY		STATE		ZIP CODE		DAY PHONE				EVENING PHONE		H					
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			<input type="checkbox"/> VISIBLE INJURY YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/> OTHER							
			EXPLAIN								DRUGS		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TYPE <input type="checkbox"/> UNK													
			OCCUPATION				EMPLOYER				ALIAS						NIC #											
			(A) CHARGE												(C) CHARGE													
		(B) CHARGE												(D) CHARGE														
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____		NAME: (LAST, FIRST, MIDDLE) <b>N/A</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
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			<input type="checkbox"/> VISIBLE INJURY YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/> OTHER							
			EXPLAIN								DRUGS		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TYPE <input type="checkbox"/> UNK													
			OCCUPATION				EMPLOYER				ALIAS						NIC #											
			(A) CHARGE												(C) CHARGE													
		(B) CHARGE												(D) CHARGE														
SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____		NAME: (LAST, FIRST, MIDDLE) <b>N/A</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
	<input type="checkbox"/> SUSPECT # _____ <input type="checkbox"/> SUBJECT # _____ <input type="checkbox"/> WITNESS # _____		HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC / ID & STATE		SOCIAL SECURITY #					
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			ADDRESS #				STREET NAME				CITY		STATE		ZIP CODE		DAY PHONE				EVENING PHONE		H					
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			<input type="checkbox"/> VISIBLE INJURY YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/> OTHER							
			EXPLAIN								DRUGS		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TYPE <input type="checkbox"/> UNK													
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			(A) CHARGE												(C) CHARGE													
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SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____		NAME: (LAST, FIRST, MIDDLE) <b>N/A</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
	<input type="checkbox"/> SUSPECT # _____ <input type="checkbox"/> SUBJECT # _____ <input type="checkbox"/> WITNESS # _____		HEIGHT		WEIGHT		HAIR		EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										DRIVERS LIC / ID & STATE		SOCIAL SECURITY #					
	<input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON						N/A		N/A																			
			ADDRESS #				STREET NAME				CITY		STATE		ZIP CODE		DAY PHONE				EVENING PHONE		H					
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			<input type="checkbox"/> VISIBLE INJURY YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES YES		<input type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL UNK		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT OTHER		<input type="checkbox"/> ALONE <input type="checkbox"/> OTHER							
			EXPLAIN								DRUGS		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> TYPE <input type="checkbox"/> UNK													
			OCCUPATION				EMPLOYER				ALIAS						NIC #											
			(A) CHARGE		</																							

# ARTICLE SUPPLEMENT

SC0100000

DISPATCH NUMBER

2015-001162

ORIGINAL CASE NUMBER

PAGE 3 OF 3 PAGES

NCIC  
ENTRY

INQ. ENT.

SHERIFF

<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.	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	<b>TYPE</b> <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.	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	<b>TYPE</b> <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. N/A								
			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.	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	<b>TYPE</b> <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. N/A								
			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.	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	<b>TYPE</b> <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. N/A								
			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.	<b>STATUS</b> <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> TOWED	<b>TYPE</b> <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. N/A								
			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												
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	
	Dep. L.C. Alsbrook			1/10/16		10561		Lt. D. Stanley			1/10/16	
								FOLLOW-UP INVESTIGATION <input type="checkbox"/> NO <input type="checkbox"/> YES			OFFICER	