

AGENCY I.D.
SC0260400

INCIDENT REPORT

CASE NUMBER

NCIC

1 6 1 1 4 8 4 6

INQ.	ENTD.
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EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.
	1. Harassment / 2nd degree Harassment - N - None/Unknown				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20		
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
VICTIM NO. 1	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE	
	2 COLDWATER CIR						29588		
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.	
	12/14/2016	17:00				DISP. DATE	DISP. TIME	TIME ARRIVED	
						12/14/2016	17:05	17:21	
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	
	Same as Victim No. 1					J S O U			
	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.	
	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	
				# 1	X S O U				
HEIGHT				WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.		
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN				COMPLAINT OF ANY NON-VISIBLE INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>					
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/>				DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/> TYPE:					
TWO-MAN VEH. <input type="checkbox"/>				ONE-MAN VEH. <input type="checkbox"/>		DETECTIVE/SPLASMT. <input type="checkbox"/>		OTHER <input type="checkbox"/>	
ALONE <input type="checkbox"/>				ASSISTED <input type="checkbox"/>		J - This Jurisdiction S - State O - Out of State U - Unknown			
SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	
	<input type="checkbox"/> RUNAWAY								
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE	ZIP CODE	
	<input type="checkbox"/> ARREST								
	<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/>				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE	
<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input checked="" type="checkbox"/> TYPE:				TOTAL #ARRESTED 0		12/14/2016 5:00:00 PM		
NARRATIVE	R/O RESPONDED TO ABOVE INCIDENT LOCATION IN REFERENCE TO HARASSMENT. ON ARRIVAL R/O MET WITH THE VICTIM.								
	VICTIM STATED HE HAD MADE CONTACT WITH HIS SOON TO BE EX WIFE AT BUS STOP. THE VICTIM STATED THE TWO ENGAGED IN A VERBAL ALTERCATION. THE VICTIM STATED LATER IN THE DAY THE BOYFRIEND OF THE EX WIFE KNOWN AS CALLED HIM CURSING AND THREATENING HIM ABOUT FURTHER CONTACT WITH HIS EX WIFE. THE VICTIM STATED HE HUNG UP THE PHONE AND HAD THE SUBJECT BLOCKED FROM CALLING HIM. THE VICTIM REQUESTED DOCUMENTATION OF THE INCIDENT.								
PROPERTY EST.	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
	TYPE (GROUP)							TOTAL VALUE	
	STOLEN								
	DAMAGED								
	BURNED								
	RECOVERED								
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 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	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER	
	McLean, Kevin Michael		12/14/2016	810					
					FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER		