

AGENCY I.D.
SC0260400

INCIDENT REPORT

CASE NUMBER

1 8 0 8 9 2 0 1

NCIC

INQ.	ENTD.
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EVENT	INCIDENT TYPE				COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input type="checkbox"/> NO	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input 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.					
					<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								
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE						
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.					
						DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT X S O U	RACE [REDACTED]	SEX [REDACTED]	AGE [REDACTED]	ETH. [REDACTED]	DAYTIME PHONE [REDACTED] H B	EVENING PHONE [REDACTED] H B		
ADDRESS [REDACTED]				CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]		LOCATION NO.				
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT J S O U	RACE [REDACTED]	SEX [REDACTED]	AGE [REDACTED]	ETH. [REDACTED]	DAYTIME PHONE [REDACTED] H B	EVENING PHONE [REDACTED] H B		
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
ADDRESS				CITY		STATE		ZIP CODE		LOCATION NO.				
VISIBLE INJURY (VICT.) <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.) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input 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.	<input type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
	<input type="checkbox"/> WANTED	ADDRESS				CITY		STATE		ZIP CODE		LOCATION NO.		
	<input type="checkbox"/> WARRANT													
<input type="checkbox"/> ARREST														
<input type="checkbox"/> JAIL														
<input type="checkbox"/> SUMMONS														
SUBJECT (NO.) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DATE/TIME OF OFFENSE DATE/TIME OF ARREST														
DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE: TOTAL # ARRESTED														
NARRATIVE	Complainant stated that he is supposed to have his four children on this date and time from 4:30 PM to 8:00 PM. One of the complainant's sons was at a friends birthday party in The Gates community and was unable to be there at the specified time. The complainant is going through family court and stated that he needed a report written so that he may take it to mediation that they are having on October 3rd. R/O explained that no custodial interference had taken place. The complainant insisted that a report be written for this matter still so it was done at the complainants request.													
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY														
PROPERTY EST.	TYPE (GROUP)									TOTAL VALUE				
	STOLEN													
	DAMAGED													
	BURNED													
	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"/> 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	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER		
	Mize, Andrew				09/25/2018									
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				OFFICER			