

AGENCY I.D.
SC0260400

INCIDENT REPORT

CASE NUMBER

1 6 0 5 8 4 3 5

NCIC

INQ.	ENTD.
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EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
	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 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.	
					<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		
3 FRESHWATER CT							29588			
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.		
06/28/2016		21:00		06/28/2016	22:50	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	
						06/28/2016	22:12	22:18	22:35	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	ETH.	
Same as Victim No. 1					J S O U					
ADDRESS				CITY	STATE	ZIP CODE		LOCATION NO.		
VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE	
					# 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 checked="" type="checkbox"/> UNK <input type="checkbox"/>				DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>						
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	ETH.	
	<input type="checkbox"/> RUNAWAY									
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
	<input type="checkbox"/> WARRANT									
<input type="checkbox"/> ARREST	ADDRESS				CITY	STATE	ZIP CODE		LOCATION NO.	
<input type="checkbox"/> JAIL										
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/> UNK <input type="checkbox"/>				TOTAL #ARRESTED 0		6/28/2016 9:00:00 PM				
NARRATIVE	ON THE ABOVE DATE AND TIME, THE OFFICER RESPONDED TO THE INCIDENT LOCATION IN REFERENCE TO A HARASSMENT COMPLAINANT. THE R/O MET WITH THE VICTIM WHO STATES (SEPARATED FOR A YEAR AND GOING THROUGH DIVORCE) HAS BEEN USING A GREEN LASER TO SHINE INTO HER RESIDENCE.									
	THE VICTIM STATES THE SUSPECT MOVED INTO A HOUSE ACROSS THE LAKE WHERE HE CAN SEE INTO HER GARAGE/RESIDENCE. THE VICTIM STATES TONIGHT, THE SUSPECT HAD A GREEN LASER AND IT WAS BEING POINTED AT HER GARAGE WHERE WAS. THE INCIDENT WAS CAUGHT ON VIDEO.									
	THE R/O OBSERVED THE VIDEO. THE VIDEO SHOWED A GREEN IN COLOR LIGHT BEING SHINED ON THE VICTIMS RESIDENCE FROM ACROSS THE LAKE, APPROXIMATELY WHERE THE SUSPECT LIVES. THE R/O ADVISED TO HAVE A COPY BURNED AND GIVEN TO HER LAWYER.									
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		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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)		DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER	
Klatka, Adam Paul		06/28/2016	347							
				FOLLOW-UP INVESTIGATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER		

NOTHING FURTHER.

