

AGENCY I.D.  
SC0020000

AIKEN COUNTY SHERIFF'S OFFICE  
INCIDENT REPORT

18

024403

INO ENT

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 INST. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF.						
	1 Assist Other Agency	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Hom	0							
	2. Arson	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Hom	0							
	3. Ill-treatment of Animals	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Hom	0							
	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE							
205 Third Street Jackson, SC		29831		Unk								
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP DATE	DISP TIME 2016	TIME ARRIVE	TIME DEPART	LOCATION #		
05-11-18		1900		05-11-18	1910	05-11-18		2107	0314	110-D-2		
COMPLAINANT NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAY PHONE	NIGHT PHONE
Tarleton, Shannon			#1 Unk #2 #3			J S O U	Unk	Unk	Unk	Unk		Same
ADDRESS			CITY			STATE		ZIP CODE		LOCATION #		
204 Third Street			Jackson			SC		29831		110-D-2		

VICTIM 1	VICTIM NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH
	Gray, Cynthia			#1 PA #2 #3			J S O U	W	F	37	N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.						
	503	140	Bro	Blu							
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION #	DAY PHONE		NIGHT PHONE	
205 Third Street			Jackson	SC	29831	110-D-2			Same		
<input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> VICTIM 1 USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.						COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:					
TWO MAN VEH. <input type="checkbox"/> ONE MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>						<input type="checkbox"/> J- THIS JURISDICTION <input type="checkbox"/> S-STATE <input type="checkbox"/> O-OUT OF STATE <input type="checkbox"/> U-UNKNOWN					

SUBJECT 1	<input checked="" type="checkbox"/> SUBJECT	NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH	D.O.B.	HGT	WGT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	Cantrell, Marc-Antony Rickson			W	M	20	N		506	160	Bro	Bro
	<input type="checkbox"/> WANTED	FACIAL HAIR SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.											
	<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE	LOCATION #					
	<input checked="" type="checkbox"/> ARREST	205 Third Street			Jackson	SC	29831	110-D-2					
<input type="checkbox"/> JAIL	SUBJECT 1: USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE/TIME OF OFFENSE			DATE/TIME OF ARREST			
<input type="checkbox"/> SUMMONS	DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.			TOTAL # ARRESTED 1			05-11-18/1910			05-11-18/2219			

NARRATIVE	CHARGE #1	CHARGE #2	CHARGE #3
	Warrants Pending		
	<p>On the above date and time the I/O was requested to respond to the incident location in to assist the Jackson Police Department with investigating a structure fire that had occurred in their jurisdiction. Upon arrival on scene, I/O met with and spoke to Officer John Hicks of the Jackson Police Department, and Chief Thorne of the Jackson Volunteer Fire Department. Chief Thorne stated that fire department members responded to the I/L and extinguished the fire. Shortly after the fire was extinguished, fire department personnel found three dogs inside the residence with visible injury not caused by the fire. Chief Thorne also stated that during overhaul he and several other fire department members observed a heavy odor of gasoline inside the residence. I/O then contacted Lt. Clay Adams and advised him of the incident. I/O then learned that the subject's grandmother called Aiken County Dispatch and advised that the subject had just confessed to her that he set the fire. I/O along with Officer John Hicks responded to the grandmother's, Karen Johnson, residence to speak with the subject. Upon arrival at the grandmother's listed address, Officer Hicks activated his BWC. The subject met</p>		
	Officer Hick and the I/O at the street in front of the residence.		
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.	TYPE					TOTAL VALUE
	STOLEN					\$
	DAMAGED					\$
	BURNED	Home				\$ Unknown
	RECOVERED					\$
	SEIZED					\$

ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ACTIVE <input type="checkbox"/> ADM CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input checked="" 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 OFFICERS		DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER
	Chris Johnson		05-12-18	5260	A. Dailey				05-12-18	5988
					FOLLOW-UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				OFFICER Inv. Johnson	

MAY 14 2018

☒ ORIGINAL REPORT ☐ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY  
☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 OF 2 PAGES

VICTIM/SUBJECT I.D. OVERFLOW	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input checked="" type="checkbox"/> VICTIM # 2	Johnson, Karen		#1 GP	#2	#3	J S O U	W	F	Unk	Unk	N
	<input type="checkbox"/> SUBJECT#	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR SCARS TATTOOS GLASSES CLOTHING PHYSICAL PECULIARITIES ETC						
	<input type="checkbox"/> RUNAWAY	504	130	Gry	Blu							
	<input type="checkbox"/> WANTED	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO	DAY PHONE	EVENING PHONE			
<input type="checkbox"/> WARRANT	520 Highland Cir		Jackson	SC	29831	110-D-2						
<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO 2		VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMIT ALONE			
<input type="checkbox"/> JAIL	EXPLAIN:		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNK.		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE		<input type="checkbox"/> UNKNOWN					

VICTIM/SUBJECT I.D. OVERFLOW	<input type="checkbox"/> COMPLAINT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input checked="" type="checkbox"/> VICTIM # 3	Gray, Frank		#1 SP	#2	#3	J S O U	W	M	45		N
	<input type="checkbox"/> SUBJECT#	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR SCARS TATTOOS GLASSES CLOTHING PHYSICAL PECULIARITIES ETC						
	<input type="checkbox"/> RUNAWAY	603	250	BLN	BLU							
	<input type="checkbox"/> WANTED	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO	DAY PHONE	EVENING PHONE			
<input type="checkbox"/> WARRANT	205 Third Street		Jackson	SC	29831	110-D-2						
<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO 3		VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMIT ALONE			
<input type="checkbox"/> JAIL	EXPLAIN:		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		<input type="checkbox"/> UNK.		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES		USING DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE		<input type="checkbox"/> UNKNOWN					

**NARRATIVE**

I/O asked subject what was going on, subject stated that he killed the dogs and burned the house. I/O interrupted the subject and read him of his Miranda rights. The subject stated that he understood his rights and wished to speak to us with out the presence of a lawyer. The subject was then allowed to continue. The subject stated again that he killed the dogs and burned the house. When asked why he stated that he black out form injecting amphetamine and when he came to he had an ax in his hand and saw that he had killed the dogs. The subject then stated that he burned the house to try to cover up the fact that he killed the dogs because he had killed his family's dogs in the past. The I/O then asked how he set the fire and the subject responded by stating that he used gasoline that he got out of the garage. He stated that he used the gasoline and started it with a lit paper towel that he lit with a candle. The subject was then arrested and placed in officer

Hicks patrol vehicle. Officer Hicks transported the subject to ACDC where he was placed on hold for warrants.

VEH/GUN/ETC 1	STATUS		TYPE		VIN AND/OR LICENSE NO.		BOAT HULL NO AND/OR REG NO											
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> FOUND	<input type="checkbox"/> TOWED	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> GUN	<input type="checkbox"/> BOAT	<input type="checkbox"/> LICENSE PLATE	<input type="checkbox"/> SECURITIES/BONDS	<input type="checkbox"/> ARTICLE						
	SERIAL AND/OR OWNER APPLIED NO.		STATE		YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE		TYPE					
	MODEL		STYLE		COLOR		BRAND NAME		CALIBER		NIC NO		DENOMINATION		ISSUER		SECURITIES DATE	
	MISCELLANEOUS																	

PROPERTY EST.	TYPE											TOTAL VALUE	
	STOLEN												
	DAMAGED												
	BURNED												
	RECOVERED												
SEIZED													

ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		<input type="checkbox"/> ACTIVE <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" 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 OFFICERS		DATE		UNIT NUMBER		APPROVING OFFICER		DATE		UNIT NUMBER	
	Chris Johnson		05-12-18		5260		A. Dailey		05-12-18		5988	
						FOLLOW-UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER Inv. Johnson		MAY 14 2019		

# SUPPLEMENTARY REPORT

AGENCY ID  
SC0020000

Case Number  
18-024403

NCIC

<input checked="" type="checkbox"/> Original Report	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Offender	<input type="checkbox"/> Additional Stolen Property	<input type="checkbox"/> Additional Recovered Property
Incident Type: Assist Other Agency, Arson, Ill-treatment of animals				Date: 05-11-18		Time: 1910
Victim Name: Gray, Cynthia			Subject Name: Cantrell, Marc-Antony Rickson			
<input type="checkbox"/> Warrant obtained by Deputy		Date:		Judge:		
<input type="checkbox"/> No suspects/leads/clues developed		Date:		Time:		
<input type="checkbox"/> Contacted victim by telephone		Date:		Time:		
<input type="checkbox"/> Contacted victim in person		Date:		Time:		
<input type="checkbox"/> Case turned over to CID		Date:		Investigator:		
Narrative:						
<p>I/O returned to the scene and met with Lt. Adams who had obtained a search warrant for the I/L. I/O then entered the scene and observed a small brown and white in color dog with a laceration to its neck hanging from a drawer pull to the left of the front door. I/O also observed a large black in color dog on the laundry room floor with an arrow in the back of its head. A small brown in color dog was also observed on the laundry room floor with a laceration to its neck and tied to a small shelf unit. The I/O observed two separated points of origin inside the residence and observed a heavy odor of gasoline. The I/O also observed two partially burned pieces of paper towel in the kitchen area next to the doorway leading to the laundry room, a broken glass jar containing the remains of a green in color candle on the kitchen counter, and a red in color gas can in the kitchen sink. From the fire patterns observed, the I/O determined that there to be two separate points of origin, and that the fire was an incendiary fire. The scene was documented with still digital images, and processed for physical evidence. For a detailed list of items collected from the scene, refer to the ACSO Property and Evidence Receipt.</p>						
Subject Identified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Subject Located <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Active	<input type="checkbox"/> Admin Closed	<input type="checkbox"/> Unfounded
		<input checked="" type="checkbox"/> Arrest over 18		<input type="checkbox"/> Arrest under 18		<input type="checkbox"/> Ex Clear over 18
Reason for Ex Clear						
<input type="checkbox"/> Offender Death		<input type="checkbox"/> No Prosecution		<input type="checkbox"/> Extradition Denied		<input type="checkbox"/> Victim Declines Coop.
				<input type="checkbox"/> Juv. no custody		
Reporting Officer	Date	Employee Number	Approving Officer	Date	Employee Number	Follow-up Invest.
Chris Johnson	05-12-18	5260	A. Dailey	05-12-18	5988	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				Follow-up Investigation Officer Inv. Johnson		

# SUPPLEMENTARY REPORT

AGENCY ID  
SC0020000

Case Number  
18-024403

NCIC

<input type="checkbox"/> Original Report	<input checked="" type="checkbox"/> Supplemental	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Offender	<input type="checkbox"/> Additional Stolen Property	<input type="checkbox"/> Additional Recovered Property
Incident Type: Arson / Ill-Treatment of Animals				Date: 05-11-18		Time: 1900
Victim Name: Johnson, Karen / Gray, Cynthia			Subject Name: Cantrell, Marc-Antony Rickson			
<input checked="" type="checkbox"/> Warrant obtained by Deputy		Date: 05-12-18		Judge: Williamson		
<input type="checkbox"/> No suspects/leads/clues developed		Date:		Time:		
<input type="checkbox"/> Contacted victim by telephone		Date:		Time:		
<input type="checkbox"/> Contacted victim in person		Date:		Time:		
<input checked="" type="checkbox"/> Case turned over to CID		Date: 05-11-18		Investigator: C. Johnson		

**Narrative:**

On Saturday May 12, 2018 the Honorable Judge Williamson signed warrant numbers 2018A0210200672, 2018A0210200673, 2018A0210200674 for Ill-treatment of animals and warrant number 2018A0210200675 for Arson second degree.



Subject Identified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Subject Located <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Active	<input checked="" type="checkbox"/> Admin Closed	<input type="checkbox"/> Unfounded	<input type="checkbox"/> Ex Clear over 18
				<input checked="" type="checkbox"/> Arrest over 18	<input type="checkbox"/> Arrest under 18	<input type="checkbox"/> Ex Clear under 18	
Reason for Ex Clear							
<input type="checkbox"/> Offender Death		<input type="checkbox"/> No Prosecution		<input type="checkbox"/> Extradition Denied		<input type="checkbox"/> Victim Declines Coop.	
<input type="checkbox"/> Juv. no custody							
Reporting Officer	Date	Employee Number	Approving Officer	Date	Employee Number	Follow-up Invest.	
C. Johnson	05-16-18	5260	Lt. Clay Adams	5/16/18	4791	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Follow-up Investigation Officer							

# SUPPLEMENTARY REPORT

AGENCY ID  
SC0020000

Case Number

18-024403

NCIC

<input type="checkbox"/> Original Report	<input checked="" type="checkbox"/> Supplemental	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Offender	<input type="checkbox"/> Additional Stolen Property	<input type="checkbox"/> Additional Recovered Property
Incident Type: Assist Other Agency / Arson / Ill-treatment of animals				Date: 05-11-18		Time: 1900
Victim Name: Gray, Cynthia / Johnson, Karen			Subject Name: Cantrell, Marc-Antony Rickson			
<input type="checkbox"/> Warrant obtained by Deputy	Date:		Judge:			
<input type="checkbox"/> No suspects/leads/clues developed	Date:		Time:			
<input type="checkbox"/> Contacted victim by telephone	Date:		Time:			
<input type="checkbox"/> Contacted victim in person	Date:		Time:			
<input checked="" type="checkbox"/> Case turned over to CID	Date: 05-11-18		Investigator: C. Johnson			

**Narrative:**

On Friday, May 11, 2018, Inv. C. Johnson was requested to respond to the location of 205 Third Street in the town limits of Jackson in the County of Aiken, South Carolina to conduct an investigation for the fire that occurred. Upon arrival on scene, Inv. Johnson met with Chief Thorne, Jackson Volunteer Fire Department, and Officer John Hicks, Jackson Police Department. Chief Thorne stated that during fire suppression, he and some members of the fire department observed a heavy odor of gasoline inside the structure. He further stated that he and other members of the fire department observed three dogs deceased with visible injuries not caused by the fire inside the residence as well as a gas can in the kitchen sink. Inv. Johnson was contacted by Lt. Adams who stated that the subject's Grandmother, Karen Johnson, had called dispatch and told them that the subject was at her residence and had told her that he hurt the dogs and started the fire. Inv. Johnson and Officer Hicks responded to 520 Highland Cir., Residence of Karen Johnson, and spoke to the subject. Officer Hicks activated his body worn camera prior to speaking with the subject. The subject was given his Miranda warnings and he agreed to speak with Officer Hicks and Inv. Johnson. During the conversation with the subject, the subject confessed to killing the dogs and starting the fire to cover up the crime. He also stated that he used gasoline to set the fire, and used a paper towel and a candle to ignite the gasoline. He further stated that he left the gas can in the kitchen sink. Officer Hicks took the subject into custody and transported him to the Aiken County Detention Center. Inv. Johnson responded back to the incident location to conduct the origin and cause investigation. Upon arrival at the scene, Inv. Johnson met with Lt. Adams who had obtained a search warrant for the residence. Inv. Johnson entered the residence and observed the dogs inside the residence. One dog was located to the left of the front door and the other two dogs were located in the laundry room area. Inv. Johnson also observed a red in color partially melted gas can in the kitchen sink as well as a heavy odor of gasoline in the laundry room, kitchen and dinning room area. Irregular patterns were observed on the floor of the laundry, and dinning room areas with no fire pattern observed on the floor of the kitchen. Inv. Johnson observed fire damage in the laundry room and in the dinning room, with only heat damage in the kitchen area separating the laundry room from the dinning room area. Inv. Johnson determined the fire to have two separate areas of origin and the cause of the fire to be incendiary.

Subject Identified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Subject Located <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Active	<input checked="" type="checkbox"/> Admin Closed	<input type="checkbox"/> Unfounded	<input type="checkbox"/> Ex Clear over 18
				<input checked="" type="checkbox"/> Arrest over 18	<input type="checkbox"/> Arrest under 18	<input type="checkbox"/> Ex Clear under 18	
Reason for Ex Clear							
<input type="checkbox"/> Offender Death		<input type="checkbox"/> No Prosecution		<input type="checkbox"/> Extradition Denied		<input type="checkbox"/> Victim Declines Coop.	
						<input type="checkbox"/> Juv. no custody	
Reporting Officer	Date	Employee Number	Approving Officer	Date	Employee Number	Follow-up Invest.	
C. Johnson	05-16-18	5260	Lt. Clay Adams	5/16/18	4791	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Follow-up Investigation Officer							



AGENCY I.D.  
SC0020000

AIKEN COUNTY SHERIFF'S OFFICE  
INCIDENT REPORT

18

003084

INO

ENTD

JUVENILE

<b>EVENT</b>	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	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"/> RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF				
	1. Juvenile Runaway		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HOM	0					
	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 (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE		WEAPON TYPE		
Irving Dr., Aiken, SC							29801		N/A		
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP DATE	DISP TIME	TIME ARRIVE	TIME DEPART	LOCATION #	
1/16/18		1610				1/18/18	1618	1632	1655		
COMPLAINANT NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAY PHONE	
Same as Victim			#1 #2 #3		J S O U					H B	
ADDRESS			CITY		STATE	ZIP CODE	LOCATION #				
<b>VICTIM 1</b>	VICTIM NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH		
			#1 #2 #3		J S O U	B	F	30	N		
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.						
	5-05	215	BLK	BRO							
ADDRESS		CITY		STATE	ZIP CODE	LOCATION #		DAY PHONE	NIGHT PHONE		
		Aiken		SC	29801					H B	
<input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
VICTIM 1 USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.					DRUGS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:						
TWO MAN VEH. <input type="checkbox"/> ONE MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>					<input type="checkbox"/> J - THIS JURISDICTION <input type="checkbox"/> S-STATE <input type="checkbox"/> O-OUT OF STATE <input type="checkbox"/> U-UNKNOWN						
<b>SUBJECT 1</b>	<input checked="" type="checkbox"/> SUBJECT		NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH	DOB	HGT	
	<input checked="" type="checkbox"/> RUNAWAY		*Juvenile*								
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.								
	<input type="checkbox"/> WARRANT		ADDRESS		CITY	STATE	ZIP CODE	LOCATION #			
<input type="checkbox"/> ARREST											
<input type="checkbox"/> JAIL				DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
<input type="checkbox"/> SUMMONS											
		SUBJECT 1 USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOTAL # ARRESTED 0					
		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.									
<b>NARRATIVE</b>	CHARGE #1										
	CHARGE #2										
	CHARGE #3										
	<p>On the above date and time, R/O responded to I/L in reference to a juvenile runaway. Vict. stated she last saw (Subj.) on Tuesday(1/16/18) evening. Vict. and Subj. got into a verbal argument over Subj. skipping school. Subj. then left the residence and began walking down the road. Vict. attempted to follow and stop her, but was unable to catch up in time. Vict. is unsure where Subj. went, but believes she may be with her boyfriend(Marc Anthony Cantrell). Vict. spoke with Marc's parents and they stated they had not seen or heard from him since Tuesday as well. Vict. and R/O attempted to contact Marc by phone with negative results. Vict. does have some of Subj.'s friends helping locate her, but has been unsuccessful at time of report. Subj. does not have a phone for R/O to attempt contact. R/O will have Subj. entered into NCIC as a runaway. BWC was activated. No further.</p>										
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY				
<b>PROPERTY EST.</b>	TYPE									TOTAL VALUE	
	STOLEN									\$	
	DAMAGED									\$	
	BURNED									\$	
	RECOVERED									\$	
	SEIZED									\$	
<b>ADMINISTRATIVE</b>	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input 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 OFFICERS		DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER		
	A. Busbee		011818	6241	K. A. Lancaster			011818	5535		
				FOLLOW-UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO JUV							
Attachments <input type="checkbox"/> Statements # _____ <input type="checkbox"/> Other Documents # _____ <input type="checkbox"/> Pictures <input type="checkbox"/> Videos <input type="checkbox"/> Victims Rights											

JAN 19 2018

AGENCY I.D.  
SC0020000

SUPPLEMENTAL INCIDENT REPORT

18

- 003084

INQ

ENTD

☒ ORIGINAL REPORT  
☐ MODIFIES ORIGINAL☐ SUPPLEMENTAL REPORT  
☐ CASE STATUS CHANGE☐ ADDITIONAL VICTIMS  
☐ ADDITIONAL OFFENDERS☐ ADDITIONAL STOLEN PROPERTY  
☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 OF 2 PAGES

VICTIM/SUBJECT I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)				VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #	Cantrell, Marc Anthony				#1	#2	#3	J S O U	B	M	19		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.								
	<input type="checkbox"/> RUNAWAY	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO	DAY PHONE	EVENING PHONE			
	<input type="checkbox"/> WANTED									H	H			
<input type="checkbox"/> WARRANT													B	
<input type="checkbox"/> ARREST					<input type="checkbox"/> VICTIM NO. VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		<input type="checkbox"/> VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPASMT <input type="checkbox"/> ALONE			
<input type="checkbox"/> JAIL	EXPLAIN						<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
<input type="checkbox"/> SUMMONS					<input type="checkbox"/> SUBJECT NO. USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES									
<input checked="" type="checkbox"/> Other					USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE:		<input type="checkbox"/> UNKNOWN							

VICTIM/SUBJECT I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)				VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
	<input type="checkbox"/> VICTIM #					#1	#2	#3	J S O U					
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.								
	<input type="checkbox"/> RUNAWAY	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO	DAY PHONE	EVENING PHONE			
	<input type="checkbox"/> WANTED									H	H			
<input type="checkbox"/> WARRANT													B	
<input type="checkbox"/> ARREST					<input type="checkbox"/> VICTIM NO. VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		<input type="checkbox"/> VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPASMT <input type="checkbox"/> ALONE			
<input type="checkbox"/> JAIL	EXPLAIN						<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
<input type="checkbox"/> SUMMONS					<input type="checkbox"/> SUBJECT NO. USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES									
<input type="checkbox"/>					USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE:		<input type="checkbox"/> UNKNOWN							

NARRATIVE	<div style="text-align: center; font-size: 48px; opacity: 0.5;">FNC</div>												
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY						

VEHICLE/ETC 1	STATUS	TYPE	VIN AND/OR LICENSE NO.	BOAT HULL NO. AND/OR REG. NO.
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE		
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL AND/OR OWNER APPLIED NO	STATE
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	MODEL	STYLE
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS	COLOR	BRAND NAME
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE	NIC NO.	DENOMINATION
		ISSUER		SECURITIES DATE
MISCELLANEOUS				

PROPERTY EST.	TYPE							TOTAL VALUE
	STOLEN							
	DAMAGED							
	BURNED							
	RECOVERED							
SEIZED								

ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input 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"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18	
					<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 OFFICERS		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER		
A. Busbee		1/18/18	6241	K. A. Lancaster		011818	5535			
				FOLLOW-UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO JUV						

JAN 19 2018

Attachments	
<input type="checkbox"/> Statements #	<input type="checkbox"/> Other Documents #
<input type="checkbox"/> Pictures	<input type="checkbox"/> Videos <input type="checkbox"/> Victims Rights

Attachments

☐ Statements # \_\_\_\_\_ Other Documents # \_\_\_\_\_

☐ Pictures ☐ Videos ☐ Victims Rights



☐ ORIGINAL REPORT ☒ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY ☐ MODIFIES ORIGINAL ☐ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED PROPERTY PAGE 1 OF 2 PAGES

VICTIM/SUBJECT I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	DOB	ETH	
	<input checked="" type="checkbox"/> VICTIM #			#2 #3		J S O U	B	F	30	0-22-07	N	
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC						
	<input type="checkbox"/> RUNAWAY	5 05	215	Blk	Bro							
	<input type="checkbox"/> WANTED	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO	DAY PHONE	EVENING PHONE			
<input type="checkbox"/> WARRANT			Aiken	SC	29801							
<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. : VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT					
<input type="checkbox"/> JAIL	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK		<input type="checkbox"/> ALONE					
<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO. : USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES						<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
<input type="checkbox"/>	USING DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE											

VICTIM/SUBJECT I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	DOB	ETH	
	<input type="checkbox"/> VICTIM #	Cantrell Marc-Antony Rickson		#1 #2 #3		J S O U	W	M	19		N	
	<input checked="" type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC						
	<input type="checkbox"/> RUNAWAY	5 06	180	Blk	Bro							
	<input type="checkbox"/> WANTED	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO	DAY PHONE	EVENING PHONE			
<input type="checkbox"/> WARRANT			205 3rd St.	Jackson	SC	29831	161-C-2					
<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO. : VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT					
<input type="checkbox"/> JAIL	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE <input type="checkbox"/> UNK		<input type="checkbox"/> ALONE					
<input type="checkbox"/> SUMMONS	<input type="checkbox"/> SUBJECT NO. : USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES						<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED					
<input type="checkbox"/>	USING DRUGS <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE											

R/o responded to 123 Earle St. S. in Wagener in reference to a runaway juvenile. When R/o arrived Officer J. Hill(301) was on scene, juvenile and Sub(M. Cantrell) were sitting in a car. R/o spoke with juvenile who stated she left home because Vic told her to call Sub for a ride and get out. R/o spoke with Sub who stated juvenile and Vic had got into an argument. Juvenile called him to come get her because she said Vic kicked her out. Sub stated they just drove around and slept in the car because they had no where they could go. Sub stated nothing sexual happened between himself and juvenile. R/o spoke with Vic who stated juvenile walk out of the house while they were arguing. She went after her but juvenile had gotten in the car with Sub and left. Vic stated she called and text Sub telling him to bring juvenile back. Sub did not answer.

JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
---	--	--	--

VEH/GUN/ETC 1	STATUS	TYPE	VIN AND/OR LICENSE NO	BOAT HULL NO AND/OR REG NO
	<input type="checkbox"/> STOLEN	<input type="checkbox"/> VEHICLE		
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	SERIAL AND/OR OWNER APPLIED NO	STATE
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR OF REGISTRATION	YEAR OF EXPIRATION
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	MODEL	STYLE
<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS	COLOR	BRAND NAME	
<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE	NIC NO	DENOMINATION	
		ISSUER	SECURITIES DATE	
		MISCELLANEOUS		

PROPERTY EST.	TYPE	TOTAL VALUE
	STOLEN	
	DAMAGED	
	BURNED	
	RECOVERED	
SEIZED		

ADMINISTRATIVE	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input 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 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 OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE
	Hudson R.	1-19-18	6732	A.Dailey	01-19-18
			FOLLOW-UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO JUV		

☐ ORIGINAL REPORT  
☐ MODIFIES ORIGINAL

☒ SUPPLEMENTAL REPORT  
☐ CASE STATUS CHANGE

☐ ADDITIONAL VICTIMS  
☐ ADDITIONAL OFFENDERS

☐ ADDITIONAL STOLEN PROPERTY  
☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 OF 2 PAGES

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT  
☐ VICTIM #  
☐ SUBJECT #  
☐ RUNAWAY  
☐ WANTED  
☐ WARRANT  
☐ ARREST  
☐ JAIL  
☐ SUMMONS  
☐

NAME (LAST, FIRST, MIDDLE)

VICTIM RELATIONSHIP TO SUBJECT

RESIDENT

RACE

SEX

AGE

DOB

ETH

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC

ADDRESS CITY STATE ZIP CODE LOCATION NO. DAY PHONE H B EVENING PHONE H B

☐ VICTIM NO. VISIBLE INJURY ☐ NO ☐ YES  
EXPLAIN: COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES  
VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK  
DRUGS ☐ NO ☐ YES TYPE ☐ UNK  
☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT  
☐ ALONE  
☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. USING ALCOHOL ☐ NO ☐ YES  
USING DRUGS ☐ NO ☐ YES TYPE ☐ UNKNOWN

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINANT  
☐ VICTIM #  
☐ SUBJECT #  
☐ RUNAWAY  
☐ WANTED  
☐ WARRANT  
☐ ARREST  
☐ JAIL  
☐ SUMMONS  
☐

NAME (LAST, FIRST, MIDDLE)

VICTIM RELATIONSHIP TO SUBJECT

RESIDENT

RACE

SEX

AGE

DOB

ETH

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC

ADDRESS CITY STATE ZIP CODE LOCATION NO. DAY PHONE H B EVENING PHONE H B

☐ VICTIM NO. VISIBLE INJURY ☐ NO ☐ YES  
EXPLAIN: COMPLAINT OF NON-VISIBLE INJURIES ☐ NO ☐ YES  
VICTIM USING ALCOHOL ☐ NO ☐ YES ☐ UNK  
DRUGS ☐ NO ☐ YES TYPE ☐ UNK  
☐ TWO MAN VEHICLE ☐ DETECTIVE/SPLASMT  
☐ ALONE  
☐ ONE MAN VEHICLE ☐ OTHER ☐ ASSISTED

☐ SUBJECT NO. USING ALCOHOL ☐ NO ☐ YES  
USING DRUGS ☐ NO ☐ YES TYPE ☐ UNKNOWN

NARRATIVE

Vic stated she wanted to press charges on Sub. R/o obtained a signed Miranda Warning and a written statement from Sub. R/o released the juvenile subj into Vic custody and will have her removed from NCIC. Deputy Busbee is the original officer in this case. R/o has no further.

JURISDICTION OF THEFT  
LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY  
LAW ENFORCEMENT AGENCY

VEH/GUN/ETC 1

STATUS ☐ STOLEN ☐ RECOVERED ☐ FOUND ☐ TOWED ☐ SUSPECT ☐ VICTIM  
TYPE ☐ VEHICLE ☐ GUN ☐ BOAT ☐ LICENSE PLATE ☐ SECURITIES/BONDS ☐ ARTICLE  
VIN AND/OR LICENSE NO. BOAT HULL NO. AND/OR REG. NO.  
SERIAL AND/OR OWNER APPLIED NO. STATE  
YEAR OF REGISTRATION YEAR OF EXPIRATION YEAR MAKE TYPE  
MODEL STYLE COLOR BRAND NAME CALIBER  
NIC NO. DENOMINATION ISSUER SECURITIES DATE  
MISCELLANEOUS

PROPERTY EST.

TYPE							TOTAL VALUE
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							

ADMINISTRATIVE

SUBJECT IDENTIFIED ☒ YES ☐ NO SUBJECT LOCATED ☒ YES ☐ NO  
☒ ACTIVE ☐ ADM CLOSED ☐ UNFOUNDED ☐ ARRESTED UNDER 18 ☐ ARRESTED 18 AND OVER ☐ EX-CLEAR UNDER 18 ☐ EX-CLEAR 18 AND OVER  
REASON FOR EXCEPTIONAL CLEARANCE 1 ☐ OFFENDER DEATH 2 ☐ NO PROSECUTION 3 ☐ EXTRADITION DENIED 4 ☐ VICTIM DECLINES COOPERATION 5 ☐ JUVENILE - NO CUSTODY  
REPORTING OFFICERS DATE UNIT NUMBER APPROVING OFFICER DATE UNIT NUMBER  
Hudson R. 1-19-18 6732 A. Dailey 01-19-18 5988  
FOLLOW-UP INVESTIGATION ☒ YES ☐ NO OFFICER JUV

AGENCY I. D.  
SC0020000

JUVENILE SUPPLEMENTARY REPORT

CASE NUMBER

18-003084

NCIC

☐ ORIGINAL REPORT ☒ SUPPLEMENTAL REPORT ☐ ADDITIONAL VICTIMS ☐ ADDITIONAL STOLEN PROPERTY Page 1 of 1 Pages  
☐ MODIFIES ORIGINAL ☒ CASE STATUS CHANGE ☐ ADDITIONAL OFFENDERS ☐ ADDITIONAL RECOVERED

Incident Type: Juvenile Runaway Date: 1-16-18 Time:   
Victim's Name: Subject Name: Cantrell, Marc Anthony (19 yoa)

On 1-18-18 Deputy Busbee met with who stated that she last saw (16 yoa), on 1-16-18. stated that she and her daughter got into a verbal argument over her skipping school. stated that her daughter left the house and began walking down the road. stated that she did not know where her daughter was but believes that she was with her boyfriend, Marc Cantrell stated that she spoke with Marc's parents who advised that they had no seen him since 1-16-18 as well. and Deputy Busbee attempted to contact Marc via cell phone to no avail. Deputy Busbee entered into NCIC.

On 1-19-18 I/O spoke with Cynthia Gray, mother of Marc, who stated that she thinks that Marc and are together. Cynthia stated that Marc called his grandmother who wired him \$ to a store in Athens, GA. Cynthia stated that the grandmother didn't know what was going on and that she didn't tell her until after it happened. Cynthia stated that she had no other leads but that she would try to get in touch with Marc to bring home.

On 1-19-18 Deputy Hudson responded to 123 Earle St. Wagener and met with Officer Hill. Deputy Hudson was advised that was reported as a runaway and that she was currently in the car with Marc. Deputy Hudson spoke with who stated that she left home because her mother. told her to call Marc for a ride and to get out. Marc stated that called him and told him to come and get her and that she and her mother had gotten into an argument and her mom kicked her out. Marc stated that they drove around and slept in the car because they didn't have anywhere else to go. Marc stated nothing sexual happened. stated that if possible she would like to press charges.

On 1-22-18 I/O spoke with about the incident. stated that she did not want to press charges due to roll and participation in this incident.

On 3-13-18 I/O closed this case as excleared/No custody. I/O completed and turned in case file.

SUBJECT IDENTIFIED YES ☒ NO ☐ SUBJECT LOCATED YES ☒ NO ☐ ☐ ACTIVE ☐ ADM CLOSED ☐ ARRESTED UNDER 18 ☒ EX CLEARED UNDER 18 ☐ UNFOUNDED ☐ ARRESTED 18 & OVER ☐ EX CLEARED 18 & OVER

Reason For Exceptional Clearance ☐ Offender Death ☐ No Prosecution ☐ Extradition Denied ☐ Victim Declines Cooperation ☒ Juvenile No Custody

REPORTING OFFICER DATE UNIT # APPROVING OFFICER DATE UNIT #  
K. Case 3-13-18 4511 V. Gaskins 3-13-18 439a

Follow up Investigation ☐ Yes ☒ No Officer:

APP 1 8 2 46

AGENCY I.D.  
SC0020000

AIKEN COUNTY SHERIFF'S OFFICE  
INCIDENT REPORT

17

050481

INQ.

ENTO

<b>EVENT</b>	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED		TYPE VICTIM																																																																																		
	1. Traffic Stop		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STR	0		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS ORG <input checked="" type="checkbox"/> SOCIETY/PUBLIC <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																																																																																						
<b>VICTIM 1</b>	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE		WEAPON TYPE																																																																																	
	Pipeline Rd. and Sandy Ln., Aiken, SC						29801		none																																																																																	
	INCIDENT DATE	24 HR CLOCK	TO	DATE	24 HR CLOCK	DISP DATE	DISP TIME	TIME ARRIVE	TIME DEPART	LOCATION #																																																																																
	9/2/17	1017		9/2/17	1017	9/2/17	1017	1017	1025	35 E-5																																																																																
<b>SUBJECT 1</b>	COMPLAINANT NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH	DAY PHONE	NIGHT PHONE																																																																														
	Glass, Stephen T.			#1 ST #2 #3		J S O U	W	M	/	N	803-642-1762																																																																															
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION #																																																																																			
	420 Hampton Ave NE			Aiken	SC	29801	49F6																																																																																			
<b>NARRATIVE</b>	VICTIM NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH																																																																																
	Soc. Public			#1 RU #2 #3		J S O U																																																																																				
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.																																																																																					
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION #	DAY PHONE	NIGHT PHONE																																																																																	
<b>PROPERTY EST.</b>	NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH	D.O.B	HGT	WGT	HAIR	EYES																																																																														
	Cantrell, Marc-Antony, Rickerson			W	M	19	N		506	180	BRO	BRO																																																																														
	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.																																																																																									
	ADDRESS			CITY	STATE	ZIP CODE	LOCATION #																																																																																			
<b>ADMINISTRATIVE</b>	205 3rd St.			Jackson	SC	29831	33 B-3																																																																																			
	SUBJECT 1 USING ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			ARRESTED NEAR OFFENSE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST																																																																																		
	DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			TOTAL # ARRESTED 1		9/2/17 1017		9/2/17 1017																																																																																		
	CHARGE #1 UTT# 5102P0014875(Simple Poss. of Marijuana 1st)			CHARGE #2		CHARGE #3																																																																																				
<p>R/O while on patrol observed the listed Subj vehicle traveling down Pipeline Rd in Aiken, S.C.,29801. R/O observed the vehicle drive over the right fog line and fail to maintain its lane. R/O initiated a traffic stop on the vehicle and made contact with Subj#1(Marc-Anthony R. Cantrell) who was the sole occupant of the vehicle. R/O was advised by Cantrell that his right rear tire was flat which caused the abrupt movement to the right. R/O observed the right rear tire to be at an unsafe air inflation level which appeared to be an obvious safety hazard. R/O referred Cantrell to the nearest gas station with an air pump station. R/O then requested Cantrells drivers license which he provided. R/O observed Cantrell to appear slightly nervous while R/O was speaking to him, Deputy Haupfear requested consent to search Cantrell's vehicle which he granted. Deputy Haupfear through his consensual search located a black "air-tight" container in the center console of the vehicle. Deputy Haupfear then opened the container and noticed a green leafy substance inside which appeared to be Marijuana. R/O and Deputy Haupfear then were informed by Cantrell that the green leafy substance was his "weed."</p>																																																																																										
<p>JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY</p> <p>JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY</p>																																																																																										
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<p>SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED</p> <p><input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER</p> <p><input type="checkbox"/> EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER</p> <p>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</p>																																																																																										
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AGENCY I.D.  
SC0020000

SUPPLEMENTAL INCIDENT REPORT

17

050481

INQ.

ENTO

☒ ORIGINAL REPORT  
☐ MODIFIES ORIGINAL

☐ SUPPLEMENTAL REPORT  
☐ CASE STATUS CHANGE

☐ ADDITIONAL VICTIMS  
☐ ADDITIONAL OFFENDERS

☐ ADDITIONAL STOLEN PROPERTY  
☐ ADDITIONAL RECOVERED PROPERTY

PAGE 2 OF 2 PAGES

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINT  
☐ VICTIM #  
☐ SUBJECT #  
☐ RUNAWAY  
☐ WANTED  
☐ WARRANT  
☐ ARREST  
☐ JAIL  
☐ SUMMONS  
☐ \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE)				VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
				#1	#2	#3	J S O U					
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.								
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO	DAY PHONE	EVENING PHONE				
							H	H				
							B	B				
<input type="checkbox"/> VICTIM NO _____ VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES				COMPLAINT OF NON-VISIBLE INJURIES		VICTIM USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT <input type="checkbox"/> ALONE				
EXPLAIN:				<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK		<input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED				
<input type="checkbox"/> SUBJECT NO _____ USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES												
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE: <input type="checkbox"/> UNKNOWN												

VICTIM/SUBJECT I.D. OVERFLOW

☐ COMPLAINT  
☐ VICTIM #  
☐ SUBJECT #  
☐ RUNAWAY  
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☐ SUMMONS  
☐ \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE)				VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	DOB	ETH
				#1	#2	#3	J S O U					
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.								
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO	DAY PHONE	EVENING PHONE				
							H	H				
							B	B				
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<input type="checkbox"/> SUBJECT NO _____ USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES												
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> TYPE: <input type="checkbox"/> UNKNOWN												

NARRATIVE

R/O then issued the listed courtesy summons UTT due to Cantrell's honesty and cooperation with the search. R/O issued a warning for Cantrell failing to maintain his lane. R/O will enter the green leafy material that weighs less than 28 grams into forensic analysis kit. R/O has no further.

JURISDICTION OF THEFT  
LAW ENFORCEMENT AGENCY

JURISDICTION OF RECOVERY  
LAW ENFORCEMENT AGENCY

VEH/GUN/ETC 1

STATUS		TYPE		VIN AND/OR LICENSE NO		BOAT HULL NO AND/OR REG NO	
<input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> FOUND <input type="checkbox"/> TOWED <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> VICTIM		<input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> GUN <input type="checkbox"/> BOAT <input type="checkbox"/> LICENSE PLATE <input type="checkbox"/> SECURITIES/BONDS <input type="checkbox"/> ARTICLE		SERIAL AND/OR OWNER APPLIED NO		STATE	
YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR		MAKE	
				1999		Buick	
MODEL		STYLE		COLOR		TYPE	
		4DS		White		Auto	
NIC NO		DENOMINATION		ISSUER		SECURITIES DATE	
MISCELLANEOUS							

PROPERTY EST.

TYPE							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 type="checkbox"/> ACTIVE <input checked="" 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 OFFICERS		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER		
Glass, Stephen T.		09-02-17	6540	J.Frantz		090217	6407		
Haupfear, B.		09-02-17	7067	FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER			

Attachments	
<input type="checkbox"/> Statements # _____	<input type="checkbox"/> Other Documents # _____
<input type="checkbox"/> Pictures	<input type="checkbox"/> Videos <input type="checkbox"/> Victims Rights