

# INCIDENT REPORT

AGENCY I.D.  
SCORI 400000

CASE NUMBER

00569489

NCIC

INQ	ENTD
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EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM				
	1. <b>Robbey</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST <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 OFFICER				
	2. <b>theft</b>				<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 AND NAME AND NUMBER)													
<b>1600 Harden St. Columbia, SC 29204</b>						SUBDIVISION	ZIP CODE	WEAPON TYPE					
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE / TIME 24 HR. CLOCK		AREA		GRID				
						DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART TIME				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RES	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
				1	2	3							
ADDRESS													
<b>1600 Harden St. Columbia, SC 29204</b>						CITY	STATE	ZIP CODE					
						<b>Columbia</b>	<b>SC</b>	<b>29204</b>					

VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RES	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE
	<b>Johnny Blaze</b>				1	2	3						<b>803-788-3214</b>	
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	<b>6'1-225</b>													
ADDRESS														
<b>1600 Harden St. Columbia, SC 29204</b>						CITY	STATE	ZIP CODE	LOCATION					
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN: _____ COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO														
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE: _____														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DET./SPEC. ASMNT <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED														
J = THIS JURISDICTION   S = STATE   O = OUT OF STATE   U = UNKNOWN														

SUBJECT NO. 1	<input checked="" type="checkbox"/> SUBJECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY					<b>W</b>	<b>M</b>							
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				NCIC NUMBER								
	<input type="checkbox"/> WARRANT	<b>white in color Chevy pickup truck.</b>												
<input type="checkbox"/> ARREST	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
<input type="checkbox"/> JAIL					<b>Columbia</b>	<b>SC</b>								
<input type="checkbox"/> SUMMONS	SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				ARRESTED NEAR OFFENSE SCENE: <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE / TIME OF OFFENSE		DATE / TIME OF ARREST					
						<b>2:00 pm</b>								
				DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE: _____		TOTAL # ARRESTED: _____								

NARRATIVE	<p><b>tall, skinny, white male, leaving the yard around 2:00 pm.</b></p> <p><b>The male got into a white in color Chevy pickup truck.</b></p>												
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PROPERTY	EVIDENCE NUMBER:				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
	HOLD ROOM				EVIDENCE ROOM							
	SEIZED	\$	BURNED	\$	DAMAGED	\$						

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 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 OFFICER(S)			DATE	DEPT. NO.	APPROVING OFFICER			DATE	DEPT. NO.
FOLLOW UP INVESTIGATION										
<input type="checkbox"/> YES <input type="checkbox"/> NO										