

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. 90P - CONTRIBUTING TO DELINQUENCY OF A MINOR				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	44		<input checked="" 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 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									
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)						ZIP CODE	WEAPON TYPE							
11299 C R KOON HWY, PROSPERITY SC						29127								
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
10/23/2023	0800		10/23/2023	1700	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
					10/24/2023	1700	1700	1740						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
GRAHAM, DAWN JEAN			#1	#2	#3	<input checked="" type="checkbox"/>	S	U	W	F	57	N	(803) 944-4091	
ADDRESS					CITY	STATE	ZIP CODE	LOCATION NO.						
1268 CY SCHUMPERT RD					PROSPERITY	SC	29127							
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
, JUVENILE VICTIM			#1	#2	#3	<input checked="" type="checkbox"/>	J	S	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 checked="" type="checkbox"/> NO EXPLAIN --														
VICTIM (NO. 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.														
<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED										J - This Jurisdiction S - State O - Out of State U - Unknown				
SUBJECT		SUBJECT NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES	
<input type="checkbox"/> SUSPECT		JONES, ERICKA SHERA'			B	F	27	N		5-9	199	BLK	BRO	
<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WANTED														
<input type="checkbox"/> WARRANT														
<input type="checkbox"/> ARREST		ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.						
<input type="checkbox"/> JAIL		914 SUBER DR #B			NEWBERRY	SC	29108							
<input type="checkbox"/> SUMMONS		SUBJECT (NO. 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		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
		DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED		10/23/2023 0800							

**Offenses:**  
CONTRIBUTING TO DELINQUENCY OF A MINOR

THE COMPLAINANT NOTIFIED THIS WRITER ON 10/24/2023 OF AN INCIDENT THAT HAD BEEN DISCOVERED THROUGH THE DISCLOSURE OF A JUVENILE. THE JUVENILE TOLD WITNESS 1 THAT THEY WERE TAKEN FROM THE CLASS TO GO INTO ANOTHER CLASS AND HIT A YOUNGER JUVENILE. ONCE THE DISCLOSURE OF THE INFORMATION, SUPERVISORS VIEWED THE SURVEILLANCE CAMERAS THAT ARE IN EACH CLASSROOM AND DISCOVERED THERE WERE AT LEASE TWO JUVENILES HIT OR SLAPPED ON THE HEAD AND FACE. THE VIDEO SURVEILLANCE HAS BEEN SAVED FOR THE ENTIRE DAY OF 10/23/2023 AND WILL BE MADE AVAILABLE FOR THE NEWBERRY SHERIFF'S OFFICE.

THE OWNER AND SUPERVISOR FOR THE DAYCARE ADVISED THEY LEARNED THAT SUBJECT 1 TOLD THE JUVENILES TO HIT THE TWO JUVENILE VICTIMS. THEY ALSO SAW THAT SUBJECT 1 MAY HAVE USED HER PHONE TO VIDEO THE INCIDENT.

THE OWNER TERMINATED THE TWO SUBJECTS ON 10/24/2023 AND PLACED ON VERBAL NO TRESPASS NOTICE.

INVESTIGATION CONTINUES.

Print Date: 11/09/2023 09:22:56 AM				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
P	TYPE (GROUP)										TOTAL VALUE
R	Burned										
O	Count./Forged										
P	Dest./Damaged										
E	Recovered										
R	Seized										
T	Stolen										
Y	Unknown										
A	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		
D	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" 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		
M	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										
I	REPORTING OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER	
N	MAJOR ROBERT DENNIS		10/25/2023	064	SGT. COREY COOK				10/25/2023	244	
S	SGT MICHAEL CLAYTOR		10/25/2023	198	FOLLOW-UP INVESTIGATION OFFICER						
T					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MAJOR ROBERT DENNIS				10/25/2023	064	

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

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<b>V I C T I M S U B J O V E R F L</b>	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input type="checkbox"/> VICTIM #	<b>CALDWELL, SERENA</b>			#1	#2	#3	<b>J S O U</b>	<b>B</b>	<b>F</b>	<b>56</b>		<b>N</b>
	<input checked="" type="checkbox"/> SUBJECT # <b>02</b>	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	<b>5-3</b>	<b>110</b>	<b>BLK</b>	<b>XXX</b>								
<input type="checkbox"/> WANTED	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
<input type="checkbox"/> WARRANT	<b>153 LYNN LN</b>			<b>NEWBERRY</b>	<b>SC</b>	<b>29108</b>		<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	<b>[REDACTED]</b>	
<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO. _____ VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES			<input type="checkbox"/> VICTIM USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> ALONE						
<input type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED				
<input type="checkbox"/> SUMMONS	<input checked="" type="checkbox"/> SUBJECT NO. <b>02</b> USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			USING DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE: _____			<input type="checkbox"/> UNKNOWN						
<input type="checkbox"/>													

<b>A D M I N I S T</b>	SUBJECT IDENTIFIED	SUBJECT LOCATED	<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
<b>MAJOR ROBERT DENNIS</b>	<b>10/25/2023</b>	<b>064</b>	<b>SGT. COREY COOK</b>	<b>10/25/2023</b>	<b>244</b>
<b>SGT MICHAEL CLAYTOR</b>	<b>10/25/2023</b>	<b>198</b>	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>MAJOR ROBERT DENNIS</b>	<b>10/25/2023</b>	<b>064</b>

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VICTIM SUBJ OVERFL

<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM # <b>002</b>	NAME (LAST, FIRST, MIDDLE) <b>, JUVENILE VICTIM</b>			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT <b>J S O U</b>	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
<input type="checkbox"/> SUBJECT #	ADDRESS											
<input type="checkbox"/> RUNAWAY	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
<input type="checkbox"/> WANTED							H	B				
<input type="checkbox"/> WARRANT												
<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. <b>002</b> VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> ALONE					
<input type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <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 TYPE:			<input type="checkbox"/> UNKNOWN					

NARRATIVE

	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
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VICTIM SUBJ OVERFL

<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM # <b>003</b>	NAME (LAST, FIRST, MIDDLE) <b>, JUVENILE VICTIM</b>			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT <b>J S O U</b>	RACE	SEX	AGE	D.O.B.	ETH
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
<input type="checkbox"/> SUBJECT #	ADDRESS											
<input type="checkbox"/> RUNAWAY	CITY			STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE				
<input type="checkbox"/> WANTED							H	B				
<input type="checkbox"/> WARRANT												
<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. <b>003</b> VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> ALONE					
<input type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <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 TYPE:			<input type="checkbox"/> UNKNOWN					

NARRATIVE

	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
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SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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) <b>MAJOR ROBERT DENNIS</b>	DATE <b>10/25/2023</b>	UNIT NUMBER <b>064</b>	APPROVING OFFICER <b>SGT. COREY COOK</b>	DATE <b>10/25/2023</b>	UNIT NUMBER <b>244</b>
<b>SGT MICHAEL CLAYTOR</b>	<b>10/25/2023</b>	<b>198</b>	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>MAJOR ROBERT DENNIS</b>	<b>10/25/2023</b>	<b>064</b>

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<b>V I C T I M S U B J O V E R R F L</b>	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 004	, JUVENILE VICTIM			#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE		H	H
	<input type="checkbox"/> WANTED									B	B		
<input type="checkbox"/> WARRANT	<input checked="" type="checkbox"/> VICTIM NO. 004			VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> ALONE			
<input type="checkbox"/> ARREST	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK.			<input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
<input type="checkbox"/> JAIL	<input type="checkbox"/> SUBJECT NO. _____			USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES									
<input type="checkbox"/> SUMMONS				USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNKNOWN						
<input type="checkbox"/>													
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY													
JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY													

<b>V I C T I M S U B J O V E R R F L</b>	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 005	, JUVENILE VICTIM			#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE		H	H
	<input type="checkbox"/> WANTED									B	B		
<input type="checkbox"/> WARRANT	<input checked="" type="checkbox"/> VICTIM NO. 005			VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> ALONE			
<input type="checkbox"/> ARREST	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK.			<input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
<input type="checkbox"/> JAIL	<input type="checkbox"/> SUBJECT NO. _____			USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES									
<input type="checkbox"/> SUMMONS				USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNKNOWN						
<input type="checkbox"/>													
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY													
JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY													

<b>A D M I N I S T</b>	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 checked="" 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	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	MAJOR ROBERT DENNIS	10/25/2023	064	SGT. COREY COOK	10/25/2023	244
SGT MICHAEL CLAYTOR	10/25/2023	198	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MAJOR ROBERT DENNIS	10/25/2023	064	

23 - 06908

INQ. ENTD.

SUPPLEMENTAL INCIDENT REPORT

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VICT SUBJ OVERFL	<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM # <b>006</b>	NAME (LAST, FIRST, MIDDLE) <b>, JUVENILE VICTIM</b>		RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT <b>J S O U</b>	RACE	SEX	AGE	D.O.B.	ETH
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE	H B	H B	
	<input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input type="checkbox"/>	<input checked="" type="checkbox"/> VICTIM NO. <b>006</b> VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
EXPLAIN:				DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:					<input type="checkbox"/> UNK. <input type="checkbox"/>			
<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 TYPE:					<input type="checkbox"/> UNKNOWN			

NARRATIVE								JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							

VICT SUBJ OVERFL	<input type="checkbox"/> COMPLAINANT <input checked="" type="checkbox"/> VICTIM # <b>007</b>	NAME (LAST, FIRST, MIDDLE) <b>, JUVENILE VICTIM</b>		RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT <b>J S O U</b>	RACE	SEX	AGE	D.O.B.	ETH
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE	H B	H B	
	<input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS <input type="checkbox"/>	<input checked="" type="checkbox"/> VICTIM NO. <b>007</b> VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED			
EXPLAIN:				DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:					<input type="checkbox"/> UNK. <input type="checkbox"/>			
<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 TYPE:					<input type="checkbox"/> UNKNOWN			

NARRATIVE								JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							

A D M I N I S T	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input 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 OFFICER(S)			DATE		UNIT NUMBER		APPROVING OFFICER			DATE		UNIT NUMBER	
<b>MAJOR ROBERT DENNIS</b>			<b>10/25/2023</b>		<b>064</b>		<b>SGT. COREY COOK</b>			<b>10/25/2023</b>		<b>244</b>	
<b>SGT MICHAEL CLAYTOR</b>			<b>10/25/2023</b>		<b>198</b>		FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>MAJOR ROBERT DENNIS</b>			<b>10/25/2023</b>		<b>064</b>	

ORIGINAL REPORT, SUPPLEMENTAL REPORT, ADDITIONAL VICTIMS, ADDITIONAL STOLEN PROPERTY, MODIFIES ORIGINAL, CASE STATUS CHANGE, ADDITIONAL OFFENDERS, ADDITIONAL RECOVERED PROPERTY. PAGE 4

VICTIM # 008, JUVENILE VICTIM. Includes fields for name, relationship, resident (JSOU), race, sex, age, D.O.B., ETH, height, weight, hair, eyes, facial hair, address, city, state, zip code, location no., day phone, evening phone, visible injury, victim using alcohol, drugs, two-man veh, one-man veh, assisted.

VICTIM # 009, JUVENILE VICTIM. Includes fields for name, relationship, resident (JSOU), race, sex, age, D.O.B., ETH, height, weight, hair, eyes, facial hair, address, city, state, zip code, location no., day phone, evening phone, visible injury, victim using alcohol, drugs, two-man veh, one-man veh, assisted.

ADMISSIVE. SUBJECT IDENTIFIED, SUBJECT LOCATED, ACTIVE, ADM. CLOSED, ARRESTED UNDER 18, EX-CLEAR UNDER 18. REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH, 2. NO PROSECUTION, 3. EXTRADITION DENIED, 4. VICTIM DECLINES COOPERATION, 5. JUVENILE - NO CUSTODY. REPORTING OFFICER(S): MAJOR ROBERT DENNIS, SGT MICHAEL CLAYTOR. DATE: 10/25/2023. UNIT NUMBER: 064, 198. APPROVING OFFICER: SGT. COREY COOK, MAJOR ROBERT DENNIS. DATE: 10/25/2023. UNIT NUMBER: 244, 064.

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

VICTIM SUBJECT OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 010	, JUVENILE VICTIM			#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE		H	B
	<input checked="" type="checkbox"/> VICTIM NO. 010 VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> ALONE						
	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <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 TYPE:			<input type="checkbox"/> UNKNOWN						
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					

VICTIM SUBJECT OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 011	, JUVENILE VICTIM			#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> JAIL <input type="checkbox"/> SUMMONS	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE		H	B
	<input checked="" type="checkbox"/> VICTIM NO. 011 VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPL.ASMT. <input type="checkbox"/> ALONE						
	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <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 TYPE:			<input type="checkbox"/> UNKNOWN						
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY					

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 checked="" 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	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
MAJOR ROBERT DENNIS	10/25/2023	064	SGT. COREY COOK	10/25/2023	244
SGT MICHAEL CLAYTOR	10/25/2023	198	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MAJOR ROBERT DENNIS	10/25/2023	064

SUPPLEMENTAL INCIDENT REPORT

23 - 06908

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input checked="" type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY

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VICTIM SUBJECT OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 012	, JUVENILE VICTIM			#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EB	EVENING PHONE	HB	
	<input type="checkbox"/> WANTED	EXPLAIN:			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE					

NARRATIVE	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 013	, JUVENILE VICTIM			#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EB	EVENING PHONE	HB	
	<input type="checkbox"/> WANTED	EXPLAIN:			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE					

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 checked="" 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	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER
	MAJOR ROBERT DENNIS	10/25/2023	064	SGT. COREY COOK	10/25/2023	244

SGT MICHAEL CLAYTOR	10/25/2023	198	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MAJOR ROBERT DENNIS	10/25/2023	064
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ORIGINAL REPORT    
  SUPPLEMENTAL REPORT    
  ADDITIONAL VICTIMS    
  ADDITIONAL STOLEN PROPERTY  
 MODIFIES ORIGINAL    
  CASE STATUS CHANGE    
  ADDITIONAL OFFENDERS    
  ADDITIONAL RECOVERED PROPERTY

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V I C T I M S U B J E C T O V E R F L	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input checked="" type="checkbox"/> VICTIM # 014	, JUVENILE VICTIM			#1	#2	#3	J	S	O	U		
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.							
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	DAY PHONE	EVENING PHONE		H	H
	<input type="checkbox"/> WANTED											B	B
	<input type="checkbox"/> WARRANT												
	<input type="checkbox"/> ARREST	<input checked="" type="checkbox"/> VICTIM NO. 014 VISIBLE INJURY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			VICTIM USING ALCOHOL: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.			<input type="checkbox"/> TWO-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE					
	<input type="checkbox"/> JAIL	EXPLAIN:			DRUGS: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE:			<input type="checkbox"/> UNK. <input type="checkbox"/> ONE-MAN VEH. <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 TYPE:								<input type="checkbox"/> UNKNOWN			
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY                     JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY													

A D M I N I S T	SUBJECT IDENTIFIED	SUBJECT LOCATED	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input checked="" 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
MAJOR ROBERT DENNIS	10/25/2023	064	SGT. COREY COOK	10/25/2023	244	
SGT MICHAEL CLAYTOR	10/25/2023	198	FOLLOW-UP INVESTIGATION OFFICER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO MAJOR ROBERT DENNIS	10/25/2023	064	