

AGENCY I.D.  
SC0080000

INCIDENT REPORT

CASE NUMBER

201510058841

NCIC

INC. ENTO.  
N N

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM 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.					
	1. INFORMATION ONLY / CIVIL MATTER (INF)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Residence/Home (							
	2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO								
VICTIM NO. 1	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					
	177 WOODBROOK WAY, MONCK'S CORNER							29461						
SUBJECT NO. 1	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.						
	10/05/2015	10:00		10/05/2015	11:00	DISP. DATE	DISP. TIME	TIME ARRIVED						
						10/05/15	10:00	10:00						
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
MOORE, BARBARA,			#1 IL	#2	#3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	68	N				
ADDRESS			CITY			STATE	ZIP CODE	LOCATION NO.						
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
MOORE, BARBARA,			#1	#2	#3	<input checked="" type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> U	W	F	68	N				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
503	121	BLN	GRN											
ADDRESS			CITY			STATE	ZIP CODE	LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EXPLAIN —											COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:														
TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> *J—This Jurisdiction. S—State. O—Out of State. U—Unknown														
SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	COLUCCI, MICHAEL, F				W	M	45/46	N		510	145	BLK	BRO
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NO.						
<input type="checkbox"/> ARREST	MURRAY DRIVE				SUMMERVILLE	SC	29485	S						
<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> TYPE:				TOTAL # ARRESTED									
NARRATIVE	ON 10-05-15, DEPUTY HARRIS AND THIS OFFICER MET WITH THE COMPLAINANT, MRS. MOORE, AT THE HOME SHE OWNS ON WOODBROOK WAY, MRS. MOORE WANTED TO MAKE A REPORT IN REFERENCE TO THE CONDITION OF HER HOUSE. HER SON-IN-LAW, COLUCCI, HAD JUST BEEN EVICTED FROM THE RESIDENCE THE DAY BEFORE. COLUCCI HAD LIVED IN THE HOUSE FOR APPROXIMATELY FOUR YEARS WHILE HE WAS MARRIED TO MRS. MOORE'S DAUGHTER, MRS. MOORE WANTED IT DOCUMENTED AS TO HOW COLUCCI LEFT THE HOUSE. THE FOLLOWING ITEMS HAD BEEN TAKEN FROM THE HOUSE: FIVE SECURITY CAMERAS VALUED AT \$100 EACH, TWO LIGHT FIXTURES FROM THE FRONT ENTRANCE AND DINING ROOM VALUED AT \$2000.00, A STAINLESS STEEL THREE DOOR REFRIGERATOR VALUED AT \$2500.00, A STAINED GLASS LIGHT FIXTURE FROM THE KITCHEN VALUED AT \$800.00, A STAINED GLASS LIGHT PENDANT VALUED AT \$250.00, CURTAIN RODS AND DRAPES FROM THE LIVING ROOM AREA VALUED AT \$4200.00, SHELVING FROM THE MASTER BEDROOM CLOSET VALUED AT													
	JURISDICTION OF THEFT						JURISDICTION OF RECOVERY							
	LAW ENFORCEMENT AGENCY						LAW ENFORCEMENT AGENCY							
	TYPE (GROUP)												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 checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER					
	REASON FOR EXCEPTIONAL CLEARANCE: 1. <input type="checkbox"/> OFFENDER DEATH. 2. <input type="checkbox"/> NO PROSECUTION. 3. <input type="checkbox"/> EXTRADITION DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION. 5. <input type="checkbox"/> JUVENILE - NO CUSTODY													
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER					
JACKSON-OCONNOR, TAMMY			10/05/15	48	CALDWELL, ARTHUR			10/05/15	16					
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														

AGENCY I.D.  
SC0080000

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

201510058841

NCIC

INV. N  
ENTD. N

ORIGINAL REPORT     SUPPLEMENTAL REPORT     ADDITIONAL VICTIMS     ADDITIONAL STOLEN PROPERTY

MODIFIES ORIGINAL     CASE STATUS CHANGE     ADDITIONAL OFFENDERS     ADDITIONAL RECOVERED PROPERTY

PAGE 2 of \_\_\_\_\_ PAGES.

**VICT./SUBJ. I.D. OVERFLOW**

COMPLAINANT    NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

VICTIM # \_\_\_\_\_

SUBJECT # \_\_\_\_\_

RUNAWAY \_\_\_\_\_

WANTED \_\_\_\_\_

WARRANT \_\_\_\_\_

ARREST \_\_\_\_\_

JAIL \_\_\_\_\_

SUMMONS \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ LOCATION NO. \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

VICTIM NO. \_\_\_\_\_: VISIBLE INJURY:  NO  YES    COMPLAINT OF NON-VISIBLE INJURIES:  NO  YES    VICTIM USING ALCOHOL:  NO  YES  UNK.     TWO-MAN VEHICLE  DETECTIVE/SPLASMT.  ALONE

EXPLAIN: \_\_\_\_\_ DRUGS:  NO  YES TYPE: \_\_\_\_\_  UNK.     ONE-MAN VEHICLE  OTHER  ASSISTED

SUBJECT NO. \_\_\_\_\_: USING ALCOHOL:  NO  YES    USING DRUGS:  NO  YES → TYPE: \_\_\_\_\_  UNK.

**VICT./SUBJ. I.D. OVERFLOW**

COMPLAINANT    NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_

VICTIM # \_\_\_\_\_

SUBJECT # \_\_\_\_\_

RUNAWAY \_\_\_\_\_

WANTED \_\_\_\_\_

WARRANT \_\_\_\_\_

ARREST \_\_\_\_\_

JAIL \_\_\_\_\_

SUMMONS \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_ FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ LOCATION NO. \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

VICTIM NO. \_\_\_\_\_: VISIBLE INJURY:  NO  YES    COMPLAINT OF NON-VISIBLE INJURIES:  NO  YES    VICTIM USING ALCOHOL:  NO  YES  UNK.     TWO-MAN VEHICLE  DETECTIVE/SPLASMT.  ALONE

EXPLAIN: \_\_\_\_\_ DRUGS:  NO  YES TYPE: \_\_\_\_\_  UNK.     ONE-MAN VEHICLE  OTHER  ASSISTED

SUBJECT NO. \_\_\_\_\_: USING ALCOHOL:  NO  YES    USING DRUGS:  NO  YES → TYPE: \_\_\_\_\_  UNK.

**NARRATIVE**

\$5000.00 (ALONG WITH A LIGHT FIXTURE),SHELVING FROM THE HALL AND MASTER BATHROOM CLOSETS VALUED AT \$200.00, STACKABLE MAYTAG FRONT LOADING WASHER AND DRYER VALUED AT \$3000.00, A BATHROOM MIRROR VALUED AT \$75.00, CABINETS FROM THE GARAGE VALUED AT \$4000.00, A HEATING AND AIR UNIT VALUED AT \$2300.00 FOR THE INSIDE AND OUTSIDE COMPONENTS, CABINETS IN THE BONUS ROOM VALUED AT \$2000.00, BLINDS VALUED AT \$150.00, A HUNTER CEILING FAN VALUED AT \$150.00, A BLACK ANTIQUE CEILING LIGHT VALUED AT \$500.00, CLOSET SHELVING AND LIGHT VALUED AT \$2500.00, AND CURTAIN RODS AND CURTAINS VALUED AT \$350.00. MRS. MOORE ALSO STATED THAT THE FOLLOWING AREAS WERE DAMAGED: HOLES FROM WHERE THE SECURITY CAMERAS WERE REMOVED, \$500.00 DAMAGE. THE FLOORING FOR THE DOWNSTAIRS AND

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, STOCKS     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 (GROUP)	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 DECLARES COOPERATION    5.  JUVENILE - NO CUSTODY

REPORTING OFFICER(S): JACKSON-OCONNER, TAMMY    DATE: 10/05/15    UNIT NUMBER: 48    APPROVING OFFICER: CALDWELL, ARTHUR    DATE: 10/05/15    UNIT NUMBER: 16

FOLLOW-UP INVESTIGATION:  YES     NO    OFFICER \_\_\_\_\_

AGENCY I.D.  
SC0080000

# SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 5 1 0 0 5 8 8 4 1

NCIC

NO. ENTD.  
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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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**VICT/SUBJ. I.D. OVERFLOW**

COMPLAINT    
 VICTIM #    
 SUBJECT #    
 RUNAWAY    
 WANTED    
 WARRANT    
 ARREST    
 JAIL    
 SUMMONS

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

**VICT/SUBJ. I.D. OVERFLOW**

COMPLAINT    
 VICTIM #    
 SUBJECT #    
 RUNAWAY    
 WANTED    
 WARRANT    
 ARREST    
 JAIL    
 SUMMONS

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

**NARRATIVE**

UPSTAIRS VALUED AT \$2000.00 DAMAGE, DAMAGE TO THE MASTER BATHROOM SHOWER AND FLOOR, \$5000.00,  
 DAMAGE TO THE MASTER BEDROOM WALL VALUED AT \$300.00, CABINETS UNDER THE STOVE ESTIMATED  
 DAMAGE AT \$150.00, THREE WINDOW SCREENS, \$75.00 ESTIMATED DAMAGE. THE CENTRAL VACUUM  
 ATTACHMENTS WERE ALSO GONE. THEY WERE VALUED AT \$300.00. THE ENTIRE INSIDE OF THE HOUSE WOULD  
 POSSIBLY NEED REPAINTING. SHELVING IN THE PANTRY WAS ALSO DAMAGED, ESTIMATED \$150.00. MRS. MOORE  
 WAS ADVISED OF THE CASE NUMBER AND THAT SHE WOULD BE CONTACTED IN REFERENCE TO WHEN THE  
 REPORT COULD BE PICKED UP.

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, STOCKS      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: \_\_\_\_\_  
 NO. NO.: \_\_\_\_\_     DENOMINATION: \_\_\_\_\_     ISSUER: \_\_\_\_\_     SECURITIES DATE: \_\_\_\_\_  
 MISCELLANEOUS: \_\_\_\_\_

PROPERTY EST.	TYPE (GROUP)	AMOUNT	DATE	UNIT NUMBER	TOTAL VALUE
<input type="checkbox"/>	STOLEN				
<input type="checkbox"/>	DAMAGED				
<input type="checkbox"/>	BURNED				
<input type="checkbox"/>	RECOVERED				
<input type="checkbox"/>	SEIZED				

SUBJECT IDENTIFIED    
 SUBJECT LOCATED    
 ACTIVE    
 ADM. CLOSED    
 ARRESTED UNDER 18    
 EX-CLEAR UNDER 18  
 YES    
 NO    
 YES    
 NO    
 UNFOUNDED    
 ARRESTED 18 AND OVER    
 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 OFFICER(S): JACKSON-OCONNOR, TAMMY    
 DATE: 10/05/15    
 UNIT NUMBER: 48    
 APPROVING OFFICER: CALDWELL, ARTHUR    
 DATE: 10/05/15    
 UNIT NUMBER: 16

FOLLOW-UP INVESTIGATION:  YES      NO    
 OFFICER: \_\_\_\_\_