

INCIDENT REPORT
SC0180000

DORCHESTER COUNTY SO
212 DEMING WAY * SUMMERVILLE, SC 29483 *

CASE NUMBER
16005797

NCIC
INO ENTD

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1	INFORMATION ONLY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Residence /		<input type="checkbox"/>	Individual
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	Business
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	Financial Inst.
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	Government
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	Relig. Orgn
6		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/>	Sec./Public
						<input type="checkbox"/>	Other
						<input type="checkbox"/>	Unknown
						<input type="checkbox"/>	Public Officer
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)		ZIP CODE		WEAPON TYPE			
400 MURRAY BLVD. SUMMERVILLE		29483					
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE / TIME 24 HR. CLOCK		LOCATION NUMBER
06/09/2016	08:18		06/09/2016	08:20	DISP. DATE	DISP. TIME	TIME ARRIVED
					06/09/2016	08:22	08:33
							DEPART TIME
							09:51
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
COLUCCI, IVO FRANCESCO		1. 2. 3.		J	W	M	80
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NUMBER	
400 MURRAY BLVD		SUMMERVILLE		SC	29483	ZONE 3	
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE
		1. 2. 3.					
HEIGHT		WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC		
ADDRESS		CITY		STATE	ZIP CODE	LOCATION NUMBER	
VISIBLE INJURY (VICT. 1)		COMPLAINT OF ANY NON-VISIBLE INJURIES					
<input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN		<input type="checkbox"/> YES <input type="checkbox"/> NO					
VICTIM (NO. 1) USING: ALCOHOL		DRUGS		TYPE:			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.					
TWO-MAN VEH.		ONE-MAN VEH.	DETECTIVE/SPL	OTHER:		ALONE	ASSISTED
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
SUSPECT		NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.
<input type="checkbox"/>		COLUCCI, MICHAEL FREDERICK		W	M	46	N
RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC					
<input type="checkbox"/>							
WANTED							
<input type="checkbox"/>							
WARRANT		ADDRESS		CITY	STATE	ZIP CODE	LOCATION NUMBER
<input type="checkbox"/>		400 MURRAY BLVD		SUMMERVILLE	SC	29483	ZONE 3
ARREST		SUBJECT (NO. 1) USING: ALCOHOL		ARRESTED NEAR OFFENSE SCENE		DATE/TIME/ OFF	
<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		06/09/2016 08:18	
JAIL		TOTAL # ARRESTED		DATE/TIME ARR			
<input type="checkbox"/>		0					
SUMMONS		DRUG		TYPE:			
<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.					
<p>NARRATIVE</p> <p>Start of Narrative, 06/09/2016 13:27, Profit, Chris ON THE ABOVE DATE AND TIME I, DEPUTY PROFIT WAS DISPATCHED TO 400 MURRAY BLVD. WITHIN THE COUNTY OF DORCHESTER IN REFERENCE TO A CIVIL DISTURBANCE. UPON MY ARRIVAL I MET WITH COMPLAINANT (IVO FRANCESCO COLUCCI) AND HIS DAUGHTER/ OTHER (ALICE M. NORTON) IN THE ROADWAY IN FRONT OF THE RESIDENCE. MR. COLUCCI STATED THAT HIS SON/ SUSPECT (MICHAEL COLUCCI) HAS THE KEYS TO HIS VEHICLE (GOLD IN COLOR 2011 TOYOTA PRIUS, UNKNOWN LICENSE PLATE NUMBER) AND WONT GIVE THEM TO HIM. MR. COLUCCI STATED THAT HE CAME TO THE RESIDENCE AND HIS VEHICLE (CORVETTE UNKNOWN COLOR/ LICENSE PLATE) WAS MOVED AND HE WANTED HIS VEHICLES. I ASKED MR. COLUCCI IF HE AND OTHER# 2 (DORIS DUANE COLUCCI) WERE GOING THROUGH A DIVORCE OR SEPARATION AND HE ADVISED THAT THEY HAVE BEEN SEPARATED FOR A WEEK. AS I WAS SPEAKING WITH MR. COLUCCI, MS. COLUCCI</p> <p>(continued on page 2)</p>							
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			
TYPE (GROUP)						TOTAL VALUE	
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							
SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED	
<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"/> ADM. CLOSED	
ARRESTED UNDER 18		EX-CLEAR UNDER 18		ARRESTED 18 AND OVER		EX-CLEAR 18 AND OVER	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
REASON FOR EXCEPTIONAL CLEARANCE							
<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	
Chris Profit		06/09/2016 00:00		141		CAUDLE, Michael	
						DATE	
						06/09/2016 00:00	
						UNIT NUMBER	
						105	
FOLLOW-UP INVESTIGATION				OFFICER			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

COPY

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

16005797

NCIC
INO ENTD

SC0180000

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

PAGE 3 OF 3 PAGES

Sr
Attorn
7155
Post
Charl
Steve
semit

(continued from page 2)

CONTACT WITH MS. COLUCCI AND MICHAEL AT THE FRONT DOOR OF THE RESIDENCE. MS. COLUCCI STATED THAT MR. COLUCCI ARRIVED AT THE RESIDENCE THIS MORNING TO GIVE HER MONEY (\$470.00) FOR A DENTAL APPOINTMENT. MS. COLUCCI STATED THAT MR. COLUCCI CLEANED OUT THEIR ACCOUNTS EXCEPT FOR \$500.00 WHICH LEFT HER UNABLE TO COVER THE BILL AND THATS WHY HE WAS AT THE RESIDENCE THIS MORNING. MS. COLUCCI STATED THAT MR. COLUCCI BEGAN TO YELL AND USE PROFANE LANGUAGE WHEN HE SAW THE CORVETTE MOVED AWAY FROM THE DRIVEWAY. MS. COLUCCI STATED THE VEHICLE WAS MOVED DUE TO MR. COLUCCI HITTING THE VEHICLE WHEN PULLING IN THE DRIVEWAY AND THAT HER SON MICHAEL CLEANED THE VEHICLE AND WAS GOING TO PUT THE COVER ON IT TO KEEP IT OUT OF THE WEATHER. MS. COLUCCI STATED THE CORVETTE DOESNT HAVE BRAKES OR WINDSHIELD WIPERS AND THAT THE VEHICLE COULDN'T BE DRIVEN ANYWAY. MS. COLUCCI ADVISED THAT MR. COLUCCI HAS HAD VIOLENT EPISODES IN THE PAST AND DURING ONE ARGUMENT HAD A FIREARM IN HIS POCKET. MS. COLUCCI ADVISED THAT SHE HAS PUT SOME OF THE FIREARMS IN A LOCKED SAFE INSIDE THE RESIDENCE AND HAD A FRIEND (UNKNOWN NAME) TAKE A COUPLE OF THE FIREARMS OUT OF THE RESIDENCE. MS. COLUCCI WAS ADVISED THAT ANY PROPERTY THAT IS DISPUTED BETWEEN SHE AND MR. COLUCCI WOULD HAVE TO GO THROUGH FAMILY COURT. MS. COLUCCI STATED THAT SHE WOULD GET THE GOLD IN COLOR PRIUS FOR MR. COLUCCI AND CALL LAW ENFORCEMENT FOR THE EXCHANGE AROUND 13:00 HOURS. MICHAEL ADVISED THAT THE GOLD PRIUS IS IN THE SHOP HAVING THE WINDSHIELD REPLACED DUE TO IT SPIDER CRACKING. MICHAEL PROVIDED AUDIO OF MR. COLUCCI YELLING AND USING PROFANE LANGUAGE ABOUT THE GOLD IN COLOR 2011 PRIUS. I HEARD MICHAEL SAY TO MR. COLUCCI ON THE RECORDING "I WILL GET YOU THE CAR BACK" (IN A CALM VOICE). MICHAEL STATED TO ME AGAIN THAT THEY COULD CALL LAW ENFORCEMENT WHEN THE VEHICLE IS BACK FOR A DEPUTY TO COME OUT FOR THE VEHICLE EXCHANGE AND TO KEEP MR. COLUCCI CALM. I ADVISED MR. COLUCCI THAT EVERYTHING THAT I HAVE HEARD THUS FAR WAS A CIVIL MATTER BETWEEN FAMILY AND THAT IT WOULD ALL HAVE TO BE SORTED OUT IN FAMILY COURT. MS. NORTON STATED THAT MICHAEL GETS MR. COLUCCI ALL EXCITED AND ANGRY THEN RECORDS HIM WHEN HE BEGINS TO USE PROFANE LANGUAGE AND YELL. MR. COLUCCI STATED THAT HE GETS EXCITED AND ANGRY QUICKLY AND WAS APOLOGETIC FOR BEING IRATE WHEN LAW ENFORCEMENT ARRIVED. I ADVISED MR. COLUCCI THAT MICHAEL AND MS. COLUCCI HAVE AGREED TO HAVE THE GOLD IN COLOR 2011 TOYOTA PRIUS AT THE RESIDENCE AND COMPLETE THE EXCHANGE IN THE PRESENCE OF LAW ENFORCEMENT AT 13:00 HOURS. I ADVISED MS. COLUCCI THAT I WOULD COMPLETE AN INFORMATION REPORT AND PROVIDED HER WITH THE CASE NUMBER. I FURTHER PROVIDED MR. COLUCCI WITH THE CASE NUMBER AND ADVISED THAT I WOULD BE COMPLETING AN INFORMATION REPORT. I WAS ABLE TO GET MR. COLUCCI TO CALM DOWN DURING OUR SECOND ENCOUNTER IN THE ROADWAY AND ADVISED MR. COLUCCI OF THE EVICTION PROCESS AND THAT BOTH HE AND MS. COLUCCI WOULD HAVE TO BE ON THE SAME PAGE FOR THAT TO BE PUT IN PLACE. PRIOR TO COMPLETING THIS REPORT DORCHESTER COUNTY DISPATCH ADVISED THAT MS. COLUCCI CALLED BACK ADVISING THE VEHICLE IN QUESTION (GOLD IN COLOR 2011 TOYOTA PRIUS) WAS BACK ON THE PROPERTY. I WENT BACK OUT TO MS. COLUCCI'S RESIDENCE WHERE I MADE CONTACT WITH MS. COLUCCI AT THE FRONT DOOR. MS. COLUCCI PROVIDED THE REGISTRATION FOR THE GOLD PRIUS WHICH WAS REGISTERED IN HER AND MR. COLUCCI'S NAME. I ADVISED MS. COLUCCI THAT ANY FURTHER DISPUTE OVER PROPERTY WOULD HAVE TO GO THROUGH FAMILY COURT AND THAT I WOULD MAKE CONTACT WITH MR. COLUCCI TO ADVISE HIM THAT I SAW THE REGISTRATION OF THE VEHICLE AND I CAN'T MAKE HER GIVE HIM THE VEHICLE. I MADE CONTACT WITH MR. COLUCCI AND ADVISED HIM (VIA TELEPHONE) THAT I SAW THE REGISTRATION AND THAT MS. COLUCCI DOES NOT WANT TO TURN THE VEHICLE OVER INTO HIS POSSESSION. MS. COLUCCI STATED THAT SHE DIDNT WANT TO TURN THE VEHICLE OVER TO MR. COLUCCI DUE TO HIM CURRENTLY HAVING A VEHICLE TO DRIVE. I ADVISED BOTH PARTIES (MR. AND MS. COLUCCI) THAT THEY NEEDED TO GO THROUGH FAMILY COURT TO SETTLE THE DISPUTE OVER PROPERTY. I HAVE NOTHING FURTHER TO REPORT AT THIS TIME. NO ATTACHMENTS.

COURTESY
A SHARK M
COPY

SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ACTIVE <input type="checkbox"/> UNFOUNDED	<input checked="" type="checkbox"/> ADM. CLOSED	ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	EX-CLEAR UNDER 18 <input type="checkbox"/> EX-CLEAR 18 AND OVER
REASON FOR EXCEPTIONAL CLEARANCE 1		OFFENDER DEATH 2		NO PROSECUTION 3	
EXTRADITION DENIED 4		VICTIM DECLINES COOPERATION 5		AVENUE - NO CUSTODY	
REPORTING OFFICER(S) Chris Profit	DATE 06/09/2016 00:00	UNIT NUMBER 141	APPROVING OFFICER CAUDLE, Michael	DATE 06/09/2016	UNIT NUMBER 185
FOLLOW-UP INVESTIGATION			OFFICER		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

SUPPLEMENTAL INCIDENT REPORT

SC0180000

CASE NUMBER

16005797

NCIC

INQ ENTD

PAGE 2 OF 3 PAGES

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input 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		

VICT./SUBJ. ID OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE) NORTON, ALICE M	RELATIONSHIP TO SUBJECT 1. 2. 3.	RESIDENT	RACE W	SEX F	AGE 56	DATE OF BIRTH [REDACTED]	ETH.
	<input type="checkbox"/> VICTIM #								
	<input type="checkbox"/> SUBJECT #	HEIGHT 507	WEIGHT 140	HAIR Brown	EYES Green	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC			
	<input type="checkbox"/> RUNAWAY								
	<input type="checkbox"/> WANTED	ADDRESS [REDACTED]	CITY SUMMERVILLE	STATE SC	ZIP CODE 29485	LOCATION NUMBER ZONE 3	DAYTIME PHONE	EVENING PHONE [REDACTED]	
	<input type="checkbox"/> WARRANT								
	<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO EXPLAIN	<input type="checkbox"/> VISIBLE INJURY NO YES	<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES NO YES	<input type="checkbox"/> VICTIM USING ALCOHOL NO YES UNK	<input type="checkbox"/> DRUGS TYPE	<input type="checkbox"/> 2 MAN VEH	<input type="checkbox"/> DETECTIVE/SPL ASMT	<input type="checkbox"/> ALONE
	<input type="checkbox"/> JAIL								
	<input type="checkbox"/> SUMMONS								
	<input checked="" type="checkbox"/> OTHER								

VICT./SUBJ. ID OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE) COLUCCI, DORIS DUANE	RELATIONSHIP TO SUBJECT 1. 2. 3.	RESIDENT	RACE W	SEX F	AGE 73	DATE OF BIRTH [REDACTED]	ETH.
	<input type="checkbox"/> VICTIM #								
	<input type="checkbox"/> SUBJECT #	HEIGHT 505	WEIGHT 150	HAIR Blond	EYES Green	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC			
	<input type="checkbox"/> RUNAWAY								
	<input type="checkbox"/> WANTED	ADDRESS 400 MURRAY BLVD.	CITY SUMMERVILLE	STATE SC	ZIP CODE 29483	LOCATION NUMBER ZONE 3	DAYTIME PHONE	EVENING PHONE [REDACTED]	
	<input type="checkbox"/> WARRANT								
	<input type="checkbox"/> ARREST	<input type="checkbox"/> VICTIM NO EXPLAIN	<input type="checkbox"/> VISIBLE INJURY NO YES	<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES NO YES	<input type="checkbox"/> VICTIM USING ALCOHOL NO YES UNK	<input type="checkbox"/> DRUGS TYPE	<input type="checkbox"/> 2 MAN VEH	<input type="checkbox"/> DETECTIVE/SPL ASMT	<input type="checkbox"/> ALONE
	<input type="checkbox"/> JAIL								
	<input type="checkbox"/> SUMMONS								
	<input checked="" type="checkbox"/> OTHER								

NARRATIVE	<p>(continued from page 1) PULLED UP AND ADVISED THAT ALL THE VEHICLES EXCEPT FOR A WHITE IN COLOR NISSAN TRUCK UNKNOWN LICENSE PLATE NUMBER, WHICH WAS IN MR. COLUCCI'S POSSESSION WERE IN BOTH OF THEIR NAMES. I ASKED MS. COLUCCI TO RETURN TO THE RESIDENCE AND I WOULD MAKE CONTACT WITH HER THERE AFTER SPEAKING WITH MR. COLUCCI. MR. COLUCCI AGREED THAT THE VEHICLES ARE IN BOTH OF THEIR NAMES AND THAT THE 2011 PRIUS HE KEPT DUE TO HIM BUYING MS. COLUCCI A 2015 SILVER IN COLOR TOYOTA PRIUS AND HE WANTS HIS VEHICLE (THE GOLD PRIUS). I ADVISED MR. COLUCCI THAT HE AND MS. COLUCCI ARE CURRENTLY MARRIED AND IF GOING THROUGH A DIVORCE ALL THE ASSETS WOULD HAVE TO BE DISTRIBUTED IN COURT BY A JUDGE. I ADVISED MR. COLUCCI THAT I WOULD MAKE CONTACT WITH HIS WIFE MS. COLUCCI AND HIS SON MICHAEL TO SEE WHAT'S GOING ON AND HOW WE CAN RESOLVE THIS SITUATION. I THEN MADE (continued on page 3)</p>								
	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	SERIAL NO.	STATE
	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN	YEAR OF REGISTRATION	YEAR OF EXPIRATION
	<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT	YEAR	MAKE
	<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE	MODEL	STYLE
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	COLOR	BRAND NAME
	<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE	NIC NO.	DENOMINATION
			ISSUER	SECURITIES DATE
			MISCELLANEOUS	

PROPERTY EST	TYPE (GROUP)	TOTAL VALUE
	STOLEN	
	DAMAGED	
	BURNED	
	RECOVERED	
	SEIZED	

ADMIN	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ACTIVE <input type="checkbox"/> UNFOUNDED	ADM. CLOSED <input checked="" 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 <input type="checkbox"/>
	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) Chris Profit	DATE 06/09/2016 00:00	UNIT NUMBER 141	APPROVING OFFICER CAUDLE, Michael	DATE 06/09/2016 00:00	UNIT NUMBER 105		
	FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							OFFICER

DORCHESTER COUNTY SHERIFF'S OFFICE

CASE # 15221124

Page 1 of 1

VOLUNTARY STATEMENT

LAST NAME <u>Norton</u>		FIRST NAME <u>Alice</u>		MIDDLE NAME	AGE <u>50</u>	DOB [REDACTED]
NICKNAME/ AKA		M <input type="checkbox"/>	F <input checked="" type="checkbox"/>	SSN	STREET ADDRESS [REDACTED]	
CITY		STATE <u>MA</u>	ZIP <u>01925</u>	MAILING ADDRESS IF DIFFERENT		
HOME TELEPHONE [REDACTED]	WORK TELEPHONE	CELL TELEPHONE		OCCUPATION		
EMPLOYER		EMPLOYER ADDRESS				
DRIVER'S LICENSE NUMBER [REDACTED]		DATE AND TIME OF INTERVIEW <u>06.13.16 12:30 PM</u>				
LOCATION OF INTERVIEW <u>212 Denning Way, Sumner, MA 01983</u>						
INTERVIEWING AGENT	DEPARTMENT	INTERVIEWING AGENT	DEPARTMENT			

I, Alice Norton understand I do not have to say anything, and I volunteer the following information of my own free will, for whatever purposes it may serve. I can not read and write and completed the 11 grade in school.

I was Mr. Culbert's oldest daughter. In the past several months while at my son's home, I have witnessed Michael Antonio Culbert (legitimate name not adopted) provide my child with a gun to use point of an instrument. I have been very with help of my child, I've noticed using profane language and screaming and shouting when Michael and David Culbert's screaming & using profane language ~~was~~ was an argument, then this is a set up to ~~blame~~ blame my dad.

Also - my dad had to take money (very little amounts that were left over) and put in payments that David Culbert could not take out. The previously bank was to 150,000 and out of my Dad's when ~~it~~ it was both personal and business. ~~my~~ my dad's ~~was~~ was the one of Michael's attorney to help him with a charge of murder.

My dad is afraid of Michael and has asked his wife of 46 years to make him leave and she refuses come

I have read each page of this statement consisting of 1 page(s), each page of which bears my signature, and corrections, if any, bears my initials, and I certify that the facts contained herein are true and correct.

Date: 06.13.16 Time: 12:30 PM

Alice Norton
Signature of person giving voluntary statement

WITNESS: [Signature]

WITNESS:

I certify that I have been given a copy of this statement consisting of 1 pages.

CUSTOMER DEBIT

NOT NEGOTIABLE
ACCOUNT NAME

Jehavo



PREPARED BY: *[Signature]* APPROVED BY:

DATE: *[Blank]*

DESCRIPTION:

CC# 488000920

CUSTOMER SIGNATURE

[Signature]

DOLLARS

ACCOUNT NUMBER

TC (OPTIONAL)

DEBIT AMOUNT

[Redacted]

\$

70000.00

⑆5831007777⑆

CUSTOMER DEBIT

NOT NEGOTIABLE
ACCOUNT NAME

Jehavo



PREPARED BY: *[Signature]* APPROVED BY:

DATE: *5 4 16*

DESCRIPTION:

CC# 488000920

CUSTOMER SIGNATURE

[Signature]

DOLLARS

ACCOUNT NUMBER

TC (OPTIONAL)

DEBIT AMOUNT

[Redacted]

\$

130000.00

⑆5831007777⑆

CUSTOMER DEBIT

NOT NEGOTIABLE
ACCOUNT NAME

I & M



PREPARED BY:

APPROVED BY:

DATE: *5 6 16*

DESCRIPTION:

CC# 488000919

CUSTOMER SIGNATURE

[Signature]

DOLLARS

ACCOUNT NUMBER

TC (OPTIONAL)

DEBIT AMOUNT

[Redacted]

\$

68000.00

⑆5831007777⑆

Version © 2005 CD1-0831-085

LUNA STAR MELLA

INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM	
1	INFORMATION ONLY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Residence /		<input type="checkbox"/> Individual	<input type="checkbox"/> Business
2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Financial Inst.	<input type="checkbox"/> Government
3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Relig. Orgn	<input type="checkbox"/> Soc./Public
4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Unknown
5		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Public Officer	
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE	WEAPON TYPE		
400 MURRAY BLVD SUMMERVILLE				29485			
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE / TIME 24 HR. CLOCK		LOCATION NUMBER
06/16/2016	06:00		06/16/2016	07:00	DISP. DATE	DISP. TIME	TIME ARRIVED
					06/16/2016	14:17	14:47
							DEPART TIME
							15:06
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
COLUCCI, IVO FRANCESCO			1. 2. 3.	J	W	M	80
ETH. DAYTIME PHONE			EVENING PHONE				
N 8434422975							
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NUMBER	
400 MURRAY BLVD			SUMMERVILLE	SC	29483	ZONE 3	
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT	RESIDENT	RACE	SEX	AGE
SOCIETY/PUBLIC			1. 2. 3.				
ETH. DAYTIME PHONE			EVENING PHONE				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC			
ADDRESS			CITY	STATE	ZIP CODE	LOCATION NUMBER	
212 DEMING WAY			SUMMERVILLE	SC	29483	ZONE 3	
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 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/SPL <input type="checkbox"/>			OTHER:		ALONE <input type="checkbox"/>	ASSISTED <input type="checkbox"/>	
<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.
<input type="checkbox"/> RUNAWAY	COLUCCI, MICHAEL FREDERICK			W	M	46	N
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC						
<input type="checkbox"/> WARRANT	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NUMBER
<input type="checkbox"/> ARREST	400 MURRAY BLVD			SUMMERVILLE	SC	29483	ZONE 3
<input type="checkbox"/> JAIL	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/ OFF	DATE/TIME ARR
<input type="checkbox"/> SUMMONS	DRUG <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:			TOTAL # ARRESTED 0		06/16/2016 06:00	
<p>NARRATIVE</p> <p>Start of Narrative, 06/16/2016 16:06, Amos, Eric I, CPL AMOS, RESPONDED TO THE ABOVE INCIDENT LOCATION IN REFERENCE TO VIOLATION OF COURT ORDER. I MADE CONTACT WITH MR IVO WHO STATED THAT HIS STEPSON, MR MICHAEL, IS CURRENTLY UNDER HOUSE ARREST FOR PENDING CHARGES. DURING THE ABOVE TIMES, MR IVO WAS TAKING A WALK ON HIS DRIVEWAY. MR IVO STATED THAT HE DOES THIS REGULARLY AT ODD HOURS IN ORDER TO GET EXERCISE. MR IVO STATED AT THAT TIME, HE OBSERVED MR MICHAEL RETURN HOME TO HIS RESIDENCE DRIVING HIS VEHICLE FROM AN UNKNOWN LOCATION. MR IVO STATED THAT THIS TROUBLED HIM DUE TO KNOWING THE STANDING COURT ORDER AGAINST MR MICHAEL. MR IVO REQUESTED THAT THE INCIDENT BE DOCUMENTED AND WAS SUPPLIED WITH A CASE NUMBER. NOTHING FURTHER. (BC)</p>							
				JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
TYPE (GROUP)						TOTAL VALUE	
STOLEN							
DAMAGED							
BURNED							
RECOVERED							
SEIZED							
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input 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"/> ARRESTED UNDER 18	
				<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER	
						<input checked="" type="checkbox"/> EX-CLEAR UNDER 18	
						<input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER	
REASON FOR EXCEPTIONAL CLEARANCE: <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
Eric Amos		06/16/2016 00:00	122	Buckmon, Sean		06/16/2016 17:16	113
				FOLLOW - UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER	

INCIDENT REPORT
SC0180000

DORCHESTER COUNTY SO
212 DEMING WAY * SUMMERVILLE, SC 29483 *

CASE NUMBER
16007970

NCIC
INQ ENTD

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"/> Relig. Orgn <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Public Officer							
	1 DOMESTIC VIOLENCE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Residence /									
	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										
	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO										
5	<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								
400 MURRAY BOULEVARD SUMMERVILLE				29483	40								
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE / TIME 24 HR. CLOCK								
08/04/2016	19:17		08/04/2016	19:58	DISP. DATE	DISP. TIME							
					08/04/2016	19:21							
					TIME ARRIVED	DEPART TIME							
					19:28	19:58							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
COLUCCI, DORIS DUANE		1.	2.	3.	J	W	F	73	H				
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NUMBER						
400 MURRAY BLVD				SUMMERVILLE	SC	29483	ZONE 3						
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
COLUCCI, DORIS DUANE		1. SE	2.	3.	J	W	F	73	H				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC									
505	150	Blond	Green										
ADDRESS				CITY	STATE	ZIP CODE	LOCATION NUMBER						
400 MURRAY BLVD.				SUMMERVILLE	SC	29483	ZONE 3						
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 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/SPL <input type="checkbox"/> OTHER: ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>													
SUBJECT NO. 1	<input type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)			RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	COLUCCI, IVO FRANCESCO			W	M	80	N		510	165	Gray or	
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC											
	<input type="checkbox"/> WARRANT	ADDRESS				CITY	STATE	ZIP CODE	LOCATION NUMBER				
	<input type="checkbox"/> ARREST	400 MURRAY BLVD				SUMMERVILLE	SC	29483	ZONE 3				
<input type="checkbox"/> JAIL	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/OFF		DATE/TIME ARR			
<input type="checkbox"/> SUMMONS	DRUG <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0			08/04/2016 19:17					
NARRATIVE	Start of Narrative, 08/05/2016 02:26, JENKINS, JUSTIN R.												
	ON 08/04/2016, I DEPUTY JENKINS ALONG WITH DEPUTY MCDOWELL WAS DISPATCHED TO 400 MURRAY BOULEVARD, SUMMERVILLE, SC 29483 IN THE COUNTY OF DORCHESTER IN REFERENCE TO DOMESTIC DISTURBANCE. UPON OUR ARRIVAL, WE MADE CONTACT WITH SUSPECT, IVO COLUCCI, AND VICTIM, DORIS COLUCCI IN THE KITCHEN OF THE RESIDENCE. I SPOKE WITH MRS. COLUCCI WHO STATED MR. COLUCCI AND SHE GOT INTO AN ARGUMENT DUE TO HER ARRIVING HOME AND NOT WANTING TO COOK DINNER AFTER WORKING ALL DAY. MRS. COLUCCI STATED MR. COLUCCI HAS RECENTLY COME OFF OF HIS MEDICATION, AND TENDS TO GET VERY IRRITABLE WHEN HE IS NOT ON THEM. MR. COLUCCI STATED HE TAPPED MRS. COLUCCI'S LEG WITH HIS CANE, AND MRS. COLUCCI BECAME ANGRY. MRS. COLUCCI STATED MR. COLUCCI THEN HIT HER IN THE HEAD THREE TIMES WITH HIS CANE. MRS. COLUCCI STATED SHE WAS NOT IN NEED OF MEDICAL ATTENTION AND HAD NO (continued on page 2)												
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
PROPERTY EST.	TYPE (GROUP)											TOTAL VALUE	
	STOLEN												
	DAMAGED												
	BURNED												
	RECOVERED												
SEIZED													
ADMIN.	SUBJECT IDENTIFIED	SUBJECT LOCATED	ACTIVE	ADM. CLOSED	ARRESTED UNDER 18		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"/>	<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER						
	REASON FOR EXCEPTIONAL CLEARANCE: <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						
	JUSTIN JENKINS	08/04/2016 00:00	150	Martin, ANDY		08/05/2016 00:00	117						
FOLLOW - UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											OFFICER		

ADMIN.	REPORTING OFFICER(S)	DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER				
	JUSTIN JENKINS	08/04/2016 00:00	150	Martin, ANDY		08/05/2016	117				
FOLLOW - UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											OFFICER

DORCHESTER COUNTY SHERIFF'S OFFICE DISPATCH ENTRY

CFS #: 16020997	ORI: SC0180000	Date: 02/25/2016 21:12:00	Location Name:	
Zone: ZONE 3	Reported: 911	Address: 400 MURRAY BLVD		
Sub Zone:	Operator: Hansford, Caitlyn	City, State, Zip: SUMMERVILLE SC		
Fire District: OFORT3	Assigned Officer: 118 SGT K HUNT	Phone: (843)871-4733		
Type of Call: Civil Disturbance	ICR Number:	Apt/Suite #:	ESN:	
Disposition: No Report		Call Priority: 3		

PERSONS INVOLVED

Type	Name	Address	City, State, Zip	SSN	Sex	DOB	Phone	Cell#
Reported By	COLUCCI, IVO	400 MURRAY BLVD	SUMMERVILLE, SC		Male			
Offender	COLUCCI, MICHAEL FREDERICK	400 MURRAY BLVD	SUMMERVILLE, SC 29483		Male			

TYPES / UNITS

Type Unit	Unit / Driver	IR/TRIP	RECEIVED	DISPATCHED	ENROUTE	ARRIVED	COMPLETED				
SHE	118 SGT K HUNT		21:12:00	21:17:01		21:23:49	21:35:41				

* denotes Primary Unit

DETAILS

[Inabinet, Andrew - 02/25/2016 21:16:46]
 115 ADV
 [Hansford, Caitlyn - 02/25/2016 21:15:43]
 MEET WITH COMP IN REF TO HIS 40 YO SON ARGUING WITH HIM// MALE STATING HE WOULD WANT TO FIGHT HIM// SUBJS NAME IS MICHAEL COLUCCI WM WEARING WHITE SHIRT // HAS WEAPONS IN THE HOUSE BUT THEY ARE PUT AWAY // NEG ALCOHOL

RADIO LOG

Date	Time	From/Operator	To/Unit	Message:
02/25/2016	21:15:43	Hansford, Caitlyn		Disposition/Pending
02/25/2016	21:17:01	Inabinet, Andrew	118 SGT K HUNT	Civil Disturbance (Dispatched)
02/25/2016	21:23:50	Inabinet, Andrew	118 SGT K HUNT	Arrived/ 400 MURRAY BLVD SUMMERVILLE
02/25/2016	21:35:41	Inabinet, Andrew	118 SGT K HUNT	Complete/ 400 MURRAY BLVD SUMMERVILLE
02/25/2016	21:35:42	Inabinet, Andrew		Disposition/No Report

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
	1 INFORMATION ONLY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Residence /		<input checked="" type="checkbox"/> Individual					
	2				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Business					
	3				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Financial Inst.					
	4				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Government					
5				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Relg. Orgn						
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)				ZIP CODE			WEAPON TYPE							
400 MURRAY BLVD. SUMMERVILLE				29483										
INCIDENT DATE		24 HR. CLOCK		TO		DATE		24 HR. CLOCK		DISPATCH DATE / TIME 24 HR. CLOCK				
05/01/2016		09:00				05/27/2016		10:50		DISP. DATE DISP. TIME TIME ARRIVED DEPART TIME				
										05/27/2016 10:50 10:50 11:00				
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE	
COLUCCI, MICHAEL FREDERICK				1. 2. 3.			J	W	M	46	N	8434123804		
ADDRESS				CITY			STATE	ZIP CODE	LOCATION NUMBER					
400 MURRAY BLVD				SUMMERVILLE			SC	29483	ZONE 3					
VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE	
COLUCCI, MICHAEL FREDERICK				1. 2. 3.			J	W	M	46	N	8434123804		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC										
600	160	Brown	Hazel											
ADDRESS				CITY			STATE	ZIP CODE	LOCATION NUMBER					
400 MURRAY BLVD				SUMMERVILLE			SC	29483	ZONE 3					
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 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/SPL <input type="checkbox"/>		OTHER: ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/>				
SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT		NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	
	<input type="checkbox"/> RUNAWAY		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC											
	<input type="checkbox"/> WANTED		ADDRESS				CITY	STATE	ZIP CODE	LOCATION NUMBER				
	<input type="checkbox"/> ARREST									ZONE 3				
	<input type="checkbox"/> JAIL		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/ OFF		DATE/TIME ARR			
<input type="checkbox"/> SUMMONS		DRUG <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		05/01/2016 09:00						
NARRATIVE	<p><i>Start of Narrative, 05/27/2016 11:21, Morelli, Steve</i> ON 05/27/2016 I, SGT. MORELLI SPOKE TO THE VICTIM, MICHAEL COLUCCI IN REFERENCE TO HIM FILING A REPORT. MR. COLUCCI STATES HE WAS CALLING TO MAKE THE SHERIFF'S OFFICE AWARE OF HIS FATHER, OTHER, IVO COLUCCI'S CONDITION. MR. COLUCCI STATES HIS FATHER IS UNDER A DOCTOR'S CARE AND PROVIDED A LETTER FROM DR. REX MORGAN, M.D. THAT I HAVE SCANNED INTO THIS REPORT. MR. COLUCCI STATES HIS FATHER IS NOT IN HIS RIGHT MIND. I ADVISED MR. COLUCCI A REPORT WOULD BE COMPLETED AND GAVE HIM THE CASE NUMBER. NOTHING FURTHER.</p>													
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
PROPERTY EST.	TYPE (GROUP)											TOTAL VALUE		
	STOLEN													
	DAMAGED													
	BURNED													
	RECOVERED													
SEIZED														
ADMIN.	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18		EX-CLEAR UNDER 18			
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> UNFOUNDED		<input checked="" type="checkbox"/>		<input type="checkbox"/> ARRESTED 18 AND OVER		<input checked="" type="checkbox"/> EX-CLEAR 18 AND OVER			
	REASON FOR EXCEPTIONAL CLEARANCE: <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	
Steve Morelli			05/27/2016 00:00		110		Tumbleston, Joli			05/27/2016 13:13		111		
FOLLOW - UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											OFFICER			

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

1 6 0 0 5 3 1 5

NCIC

INQ ENTD

SC0180000

PAGE 2 OF 2 PAGES.

<input type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input 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										
VICT./SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE) COLUCCI, IVO FRANCESCO		RELATIONSHIP TO SUBJECT 1. 2. 3.			RESIDENT	RACE W	SEX M	AGE 80	DATE OF BIRTH [REDACTED]	ETH.	
	<input type="checkbox"/> VICTIM #	HEIGHT 510	WEIGHT 165	HAIR Gray or	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC							
	<input type="checkbox"/> SUBJECT #	ADDRESS 400 MURRAY BLVD		CITY SUMMERVILLE	STATE SC	ZIP CODE 29483	LOCATION NUMBER ZONE 3	DAYTIME PHONE	EVENING PHONE				
	<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> VICTIM NO: EXPLAIN		<input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <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"/> DRUGS: TYPE: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.	<input type="checkbox"/> 2 MAN VEH. <input type="checkbox"/> DETECTIVE/SPL ASMT.	<input type="checkbox"/> 1 MAN VEH. <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED		
	<input type="checkbox"/> WANTED	<input type="checkbox"/> SUBJECT NO: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES											
	<input type="checkbox"/> WARRANT	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.											
	<input type="checkbox"/> ARREST												
	<input type="checkbox"/> JAIL												
	<input type="checkbox"/> SUMMONS												
	<input checked="" type="checkbox"/> FATHER												
VICT./SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT 1. 2. 3.			RESIDENT	RACE	SEX	AGE	DATE OF BIRTH	ETH.	
	<input type="checkbox"/> VICTIM #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC							
	<input type="checkbox"/> SUBJECT #	ADDRESS		CITY	STATE	ZIP CODE	LOCATION NUMBER	DAYTIME PHONE	EVENING PHONE				
	<input type="checkbox"/> RUNAWAY	<input type="checkbox"/> VICTIM NO: EXPLAIN		<input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <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"/> DRUGS: TYPE: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK.	<input type="checkbox"/> 2 MAN VEH. <input type="checkbox"/> DETECTIVE/SPL ASMT.	<input type="checkbox"/> 1 MAN VEH. <input type="checkbox"/> OTHER	<input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED		
	<input type="checkbox"/> WANTED	<input type="checkbox"/> SUBJECT NO: USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES											
	<input type="checkbox"/> WARRANT	USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.											
	<input type="checkbox"/> ARREST												
	<input type="checkbox"/> JAIL												
	<input type="checkbox"/> SUMMONS												
	<input type="checkbox"/>												
NARRATIVE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY												
	[Empty Narrative Section]												
	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		SERIAL NO.				STATE				
		<input type="checkbox"/> RECOVERED	<input type="checkbox"/> GUN		YEAR OF REGISTRATION		YEAR OF EXPIRATION		YEAR	MAKE	TYPE		
		<input type="checkbox"/> FOUND	<input type="checkbox"/> BOAT		MODEL	STYLE	COLOR	BRAND NAME		CALIBER			
		<input type="checkbox"/> TOWED	<input type="checkbox"/> LICENSE PLATE		NIC NO.		DENOMINATION		ISSUER		SECURITIES DATE		
		<input type="checkbox"/> SUSPECT	<input type="checkbox"/> SECURITIES/BONDS, STOCKS		MISCELLANEOUS								
		<input type="checkbox"/> VICTIM	<input type="checkbox"/> ARTICLE										
		PROPERTY EST.	TYPE (GROUP)										TOTAL VALUE
STOLEN													
DAMAGED													
BURNED													
RECOVERED													
ADMIN.	<input type="checkbox"/> SUBJECT IDENTIFIED	<input type="checkbox"/> SUBJECT LOCATED	<input type="checkbox"/> ACTIVE	<input checked="" type="checkbox"/> ADM. CLOSED	<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18						
	<input checked="" type="checkbox"/> YES	<input 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) Steve Morelli			DATE 05/27/2016 00:00	UNIT NUMBER 110	APPROVING OFFICER Tumbleston, Joli			DATE 05/27/2016 13:13	UNIT NUMBER 111			
	FOLLOW - UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OFFICER												

EAST COOPER
COASTAL FAMILY PHYSICIANS

Rex Morgan, M.D. | Margaret Tanner, P.A.-C

Board Certified: Internal Medicine/Geriatrics | Hospice & Palliative Care

851 LEONARD FULGHUM BLVD. SUITE 100 • MOUNT PLEASANT, SOUTH CAROLINA 29464
PHONE:(843) 849-1300 FAX: (843) 849-1310

April 25, 2016

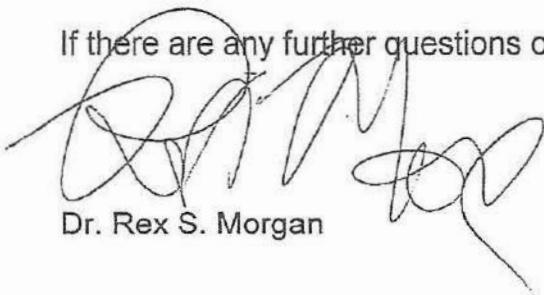
Re: Ivo Colucci 4/17/1936

To Whom It May Concern:

I am the primary care physician for Mr. Colucci. He has been my patient since February 2013. I have seen him a total of 15 times since establishing care. Speaking with the patient over the past 6 months I was able to identify difficulty with his short-term memory. Unfortunately, after a thorough workup, Mr. Colucci has cognitive impairment which is mild-moderate dementia.

Based on 5 office evaluations in the last 6 months it is my opinion that Mr. Colucci would benefit from the appointment of a guardian to assist him with day-to-day living and a conservator to assist with his finances.

If there are any further questions or concerns feel free to call my office.


Dr. Rex S. Morgan

COURTESY OF
LUNA SHARK MEDIA