

AGENCY I.D.  
SC0080000

INCIDENT REPORT

CASE NUMBER

NCIC

201510059835

NO.	ENTD.
N	N

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM					
	1. INFORMATION (INF)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Residence/Home (		<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police 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						
	177 WOODBROOK WAY, MONCK'S CORNER						29461							
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.						
	10/09/2015	11:15		10/09/2015	11:30	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME	Z3				
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
	MOORE, JAMES, RONALD			#1 IL	#2	* J S O U	W	M	69	N				
	ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.						
VICTIM NO. 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE	ETH.	DAYTIME PHONE	EVENING PHONE		
	STATE OF SC.,			#1	#2	* J S O U					(843) 719-4412			
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.									
	ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.						
	223 N. LIVE OAK DR.			MONCK'S CORNER		SC	29461	Z1						
	VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN --										COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	VICTIM (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:													
	TWO-MAN VEH. <input type="checkbox"/> ONE-MAN VEH. <input type="checkbox"/> DETECTIVE/PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> * 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"/> FUGITIVE	COLUCCI, MICHAEL, F				W	M	45	N		510	145	BLK	BRO
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.												
<input type="checkbox"/> WARRANT	ADDRESS													
<input type="checkbox"/> ARREST	CITY													
<input type="checkbox"/> JAIL	STATE													
<input type="checkbox"/> SUMMONS	ZIP CODE													
	LOCATION NO.													
	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST					
	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/> TYPE:				TOTAL # ARRESTED		10/09/15 11:00							
NARRATIVE	THIS OFFICER WAS DISPATCHED TO 177 WOODBROOK WAY MONCK'S CORNER FOR FOUND PROPERTY. ON													
	ARRIVAL THIS OFFICER MET WITH JAMES MOORE. MOORE STATED HE HAD EVICTED MICHAEL COLUCCI FROM													
	THE RESIDENCE AND WAS CLEANING AND REPAIRING THE HOUSE. WHILE LOOKING IN THE MAINTENANCE SHED													
	LOCATED ON THE RIGHT SIDE OF THE HOUSE IN THE YARD HE FOUND A YELLOW PLASTIC PILL BOTTLE WITH A													
	WHITE CAP. MOORE LOOKED IN THE PILL BOTTLE AND FOUND A PLASTIC STRAW THAT HAD A WHITE POWDER													
	RESIDUE ON IT. THE BOTTLE WAS HIDDEN IN THE RIGHT FRONT CORNER OF THE SHED IN AN ALCOVE. THE PILL													
	BOTTLE HAD AN EXPIRED PRESCRIPTION LABEL FOR COLUCCI. THE BOTTLE WITH THE STRAW WAS TAKEN AND													
TURNED INTO EVIDENCE FOR TESTING. MOORE WAS PROVIDED WITH THE OCA NUMBER AND ADVISED HOW TO														
OBTAIN A COPY OF THE REPORT.														
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
PROPERTY EST.	TYPE (GROUP)	Drug/Narcoti										TOTAL VALUE		
	STOLEN													
	DAMAGED													
	BLANKED													
	RECOVERED													
	SEIZED													
ADMINISTRATIVE	SUBJECT IDENTIFIED		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 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 checked="" 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							
MORGAN, EUGENE	10/09/15	3386	COOK, SCOTT		10/09/15	2486								
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														