

AGENCY I.D.
SC0080000

INCIDENT REPORT

CASE NUMBER

NCIC

201606041752

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RECEIVED JUN 09 2016

EVENT	INCIDENT TYPE		COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM		
	1. POSSIBLE ETHICS VIOLATION (INF)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.		
	2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
VICTIM NO. 1	INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER)							ZIP CODE	WEAPON TYPE
	301 LIBERTY HALL ROAD, GOOSE CREEK							29445	
	INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.	
	03/15/2016	09:00		06/09/2016	00:00	DISP. DATE	DISP. TIME	TIME ARRIVED	
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	
BARNETT, ELAINE		#1	#2	#3	<input checked="" type="checkbox"/>	S			
VICTIM'S NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	
STATE OF SOUTH CAROLINA		#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.		
223 NORTH LIVE OAK DRIVE				MONCK'S CORNER	SC	29461	Z1		
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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"/>									
SUBJECT NO. 1	<input checked="" type="checkbox"/> SUSPECT		NAME (LAST, FIRST, MIDDLE)		RACE	SEX	AGE	ETH.	
	<input type="checkbox"/> RUNAWAY		RIVERS, SAMUEL, JR		B	M	46	N	
	<input type="checkbox"/> WANTED		FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						
	<input type="checkbox"/> WARRANT		CITY						
<input type="checkbox"/> ARREST		SUBJECT (NO. 1) USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST	
<input type="checkbox"/> JAIL		DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/> TYPE:		TOTAL # ARRESTED					
<input type="checkbox"/> SUMMONS		ON 06/09/16 MYSELF ALONG WITH SHERIFF DUANE LEWIS MET WITH COMPLAINANT BARNETT AT BERKELEY COUNTY SHERIFF'S OFFICE IN REFERENCE TO A POSSIBLE ETHICS VIOLATION. DURING THE INTERVIEW THE COMPLAINANT ADVISED THAT SHE WAS OFFERED CERTAIN JOBS OR COMMISSIONS IF SHE WOULD RECONSIDER RUNNING FOR BERKELEY COUNTY COUNCIL SEAT FOR DISTRICT #3. BARNETT WAS INFORMED THAT A REPORT WOULD BE FILED. THIS CASE AT THE REQUEST OF SHERIFF DUANE LEWIS WILL BE FORWARDED TO THE SOUTH CAROLINA LAW ENFORCEMENT DIVISION FOR FURTHER INVESTIGATION.							
<input type="checkbox"/> NARRATIVE		PRESENT DURING THE MEETING PER THE REQUEST OF COMPLAINANT BARNETT WERE SMITH, STEVEN AND BAILEY, DONALD.							
<input type="checkbox"/> PROPERTY EST.		TYPE (GROUP)		TOTAL VALUE					
<input type="checkbox"/> STOLEN									
<input type="checkbox"/> DAMAGED									
<input type="checkbox"/> BURNED									
<input type="checkbox"/> RECOVERED									
<input type="checkbox"/> SEIZED									
<input type="checkbox"/> SUBJECT IDENTIFIED		<input type="checkbox"/> SUBJECT LOCATED		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED 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			
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		
RAMSEY, RENEE		06/09/16	4095	ISGETT, DAN		06/09/16	5186		
<input type="checkbox"/> FOLLOW-UP INVESTIGATION		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER					

AGENCY I.D.
SC0080000

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER

2 0 1 6 0 6 0 4 1 7 5 2

NCIC

INQ.	ENTD.
N	N

<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY	PAGE <u>2</u> of _____ PAGES.
<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)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	PT.
	<input type="checkbox"/> VICTIM #	GUNN, KENNETH, EARL JR		#1	#2	#3	J S O U	W	M	66		
	<input checked="" type="checkbox"/> SUBJECT # <u>2</u>	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				

<input type="checkbox"/> VICTIM NO. _____: 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"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE
EXPLAIN:		<input type="checkbox"/> DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.	<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED
<input checked="" type="checkbox"/> SUBJECT NO. <u>2</u> : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK.			

VICT./SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	PT.
	<input type="checkbox"/> VICTIM #	CALLANAN, TIMOTHY, JUSTIN		#1	#2	#3	J S O U	W	M	46		
	<input checked="" type="checkbox"/> SUBJECT # <u>3</u>	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				

<input type="checkbox"/> VICTIM NO. _____: 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"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE/SPLASMT. <input type="checkbox"/> ALONE
EXPLAIN:		<input type="checkbox"/> DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE: <input type="checkbox"/> UNK.	<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED
<input checked="" type="checkbox"/> SUBJECT NO. <u>3</u> : USING ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES			
USING DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES → TYPE: <input type="checkbox"/> UNK.			

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"/> RECOVERED	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> GUN	SERIAL AND/OR OWNER APPLIED NO.		STATE		
	<input type="checkbox"/> FOUND	<input type="checkbox"/> TOWED	<input type="checkbox"/> BOAT	<input type="checkbox"/> LICENSE PLATE	YEAR OF REGISTRATION	YEAR OF EXPIRATION	YEAR	MAKE	TYPE
	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	<input type="checkbox"/> ARTICLE	MODEL	STYLE	COLOR	BRAND NAME	CALIBER
					NIC NO.	DENOMINATION	ISSUER	SECURITIES DATE	
	MISCELLANEOUS								
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY			

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

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 type="checkbox"/> YES	<input checked="" 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
RAMSEY, RENEE		06/09/16	4095	ISGETT, DAN		06/09/16	5186
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

AGENCY I.D.
SC0080000

SUPPLEMENTAL INCIDENT REPORT

CASE NUMBER
2 0 1 6 0 6 0 4 1 7 5 2

NCIC
INC. ENT.
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ORIGINAL REPORT
 MODIFIES ORIGINAL
 SUPPLEMENTAL REPORT
 CASE STATUS CHANGE
 ADDITIONAL VICTIMS
 ADDITIONAL OFFENDERS
 ADDITIONAL STOLEN PROPERTY
 ADDITIONAL RECOVERED PROPERTY
 PAGE 3 of _____ PAGES.

VICT./SUBJ. I.D. OVERFLOW

COMPLAINANT
 VICTIM # _____
 SUBJECT # 4
 RUNAWAY
 WANTED
 WARRANT
 ARREST
 JAIL
 SUMMONS

NAME (LAST, FIRST, MIDDLE) PEAGLER, WILLIAM,
 VICTIM RELATIONSHIP TO SUBJECT: #1 #2 #3
 RESIDENT * J S O U RACE W SEX M AGE 61
 HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS CITY STATE ZIP CODE LOCATION NO. DAY PHONE EVENING PHONE
 H B H B

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. 4: USING ALCOHOL: NO YES
 USING DRUGS: NO YES → TYPE: UNK

VICT./SUBJ. I.D. OVERFLOW

COMPLAINANT
 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, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.

ADDRESS CITY STATE ZIP CODE LOCATION NO. DAY PHONE EVENING PHONE
 H B H B

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

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.
 STOLEN VEHICLE
 RECOVERED GUN
 FOUND BOAT
 TOWED LICENSE PLATE
 SUSPECT SECURITIES/BONDS, STOCKS
 VICTIM ARTICLE

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

ADMINISTRATIVE PROPERTY EST.

TYPE (GROUP)					TOTAL VALUE
STOLEN					
DAMAGED					
BURNED					
RECOVERED					
SEIZED					

SUBJECT IDENTIFIED YES NO
 SUBJECT LOCATED YES NO
 ACTIVE ADM. CLOSED UNFOUNDED
 ARRESTED UNDER 18 EX-CLEAR UNDER 18
 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) DATE UNIT NUMBER APPROVING OFFICER DATE UNIT NUMBER
 RAMSEY, RENEE 06/09/16 4095 ISGETT, DAN 06/09/16 5186

FOLLOW-UP INVESTIGATION YES NO OFFICER

AGENCY I.D.
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EXTRA PERSONS & PROPERTY

CASE NUMBER
201606041752

PERSONS

NAME (LAST, FIRST, MIDDLE, SUFFIX) SMITH, STEVEN				RACE B	SEX M	AGE -1	ETHNIC N	DOB	HEIGHT	WEIGHT
HAIR BLK	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS							CITY			

NAME (LAST, FIRST, MIDDLE, SUFFIX) BAILEY, DONALD J				RACE W	SEX M	AGE 54	ETHNIC N	DOB	HEIGHT	WEIGHT
HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS							CITY			

NAME (LAST, FIRST, MIDDLE, SUFFIX)				RACE	SEX	AGE	ETHNIC	DOB	HEIGHT	WEIGHT
HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS							CITY			

PROPERTY

QUANTITY	TYPE LOSS		PROPERTY GROUP		DESCRIPTION					
VICTIM NO.	SUBJ. NO.	VALUE	DATE RECOVERED	RECOVERED VALUE	NO. STOLEN VEHICLES	NO. RECOV. VEHICLES	JURIS. OF THEFT	JURIS. OF RECOVERY		
VIN	LICENSE NO.		BOAT HULL NO./REG. NO.		SERIAL NO./OWNER-APPLIED NO.		STATE	YEAR OF REGISTRATION	YEAR OF EXPIRATION	
YEAR	MAKE	TYPE	MODEL	STYLE	COLOR	CALIBER	BRAND NAME		NIC NO.	
DENOMINATION		ISSUER		SECURITIES DATE	MISCELLANEOUS					
SUSPECTED DRUG TYPE			ESTIMATED DRUG QUANTITY		TYPE DRUG MEASUREMENT		DRUG ACTIVITY TYPE			

QUANTITY	TYPE LOSS		PROPERTY GROUP		DESCRIPTION					
VICTIM NO.	SUBJ. NO.	VALUE	DATE RECOVERED	RECOVERED VALUE	NO. STOLEN VEHICLES	NO. RECOV. VEHICLES	JURIS. OF THEFT	JURIS. OF RECOVERY		
VIN	LICENSE NO.		BOAT HULL NO./REG. NO.		SERIAL NO./OWNER-APPLIED NO.		STATE	YEAR OF REGISTRATION	YEAR OF EXPIRATION	
YEAR	MAKE	TYPE	MODEL	STYLE	COLOR	CALIBER	BRAND NAME		NIC NO.	
DENOMINATION		ISSUER		SECURITIES DATE	MISCELLANEOUS					
SUSPECTED DRUG TYPE			ESTIMATED DRUG QUANTITY		TYPE DRUG MEASUREMENT		DRUG ACTIVITY TYPE			

QUANTITY	TYPE LOSS		PROPERTY GROUP		DESCRIPTION					
VICTIM NO.	SUBJ. NO.	VALUE	DATE RECOVERED	RECOVERED VALUE	NO. STOLEN VEHICLES	NO. RECOV. VEHICLES	JURIS. OF THEFT	JURIS. OF RECOVERY		
VIN	LICENSE NO.		BOAT HULL NO./REG. NO.		SERIAL NO./OWNER-APPLIED NO.		STATE	YEAR OF REGISTRATION	YEAR OF EXPIRATION	
YEAR	MAKE	TYPE	MODEL	STYLE	COLOR	CALIBER	BRAND NAME		NIC NO.	
DENOMINATION		ISSUER		SECURITIES DATE	MISCELLANEOUS					
SUSPECTED DRUG TYPE			ESTIMATED DRUG QUANTITY		TYPE DRUG MEASUREMENT		DRUG ACTIVITY TYPE			

QUANTITY	TYPE LOSS		PROPERTY GROUP		DESCRIPTION					
VICTIM NO.	SUBJ. NO.	VALUE	DATE RECOVERED	RECOVERED VALUE	NO. STOLEN VEHICLES	NO. RECOV. VEHICLES	JURIS. OF THEFT	JURIS. OF RECOVERY		
VIN	LICENSE NO.		BOAT HULL NO./REG. NO.		SERIAL NO./OWNER-APPLIED NO.		STATE	YEAR OF REGISTRATION	YEAR OF EXPIRATION	
YEAR	MAKE	TYPE	MODEL	STYLE	COLOR	CALIBER	BRAND NAME		NIC NO.	
DENOMINATION		ISSUER		SECURITIES DATE	MISCELLANEOUS					
SUSPECTED DRUG TYPE			ESTIMATED DRUG QUANTITY		TYPE DRUG MEASUREMENT		DRUG ACTIVITY TYPE			