

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. INF - HELICOPTER ACCIDENT				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	10		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Rellig. 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)				DOB	SSN	ZIP CODE	WEAPON TYPE							
WEST BOUND REST AREA I-26, JALAPA SC						29108								
INCIDENT DATE	24 HR CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.								
07/13/2004	0600	07/13/2004	1800	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME							
				07/13/2004	0600	0600	1800							
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
NEWBERRY COUNTY 911, COMMUNICATIONS			#1	#2	#3	O S O U					321-2222			
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
3491 MAIN STREET				NEWBERRY		SC	29108	D105						
VICTIM'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
PERSON, UNKNOWN/UNTRACKED			#1	#2	#3	J S O U	U	U	00	U				
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						DOB	SSN			
0-0	0													
ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.						
VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -														
#1 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/SPLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED J - This Jurisdiction S - State O - Out of State U - Unknown														
SUBJECT	<input type="checkbox"/> SUSPECT	SUBJECT NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	PERSON, UNKNOWN/UNTRACKED				U	U	00	U	//	0-0	0		
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										PH#	SSN	
	<input type="checkbox"/> WARRANT	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.				
	<input type="checkbox"/> ARREST													
#1	<input type="checkbox"/> JAIL	SUBJECT (NO. 1) USING: ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED 0		07/13/2004 0600						
NARRATIVE	REPORTING OFFICER'S, FIRE, AND RESCUE PERSONEL RESPONDED TO THE REPORT OF THE CRASH OF A HELICOPTER AFTER TAKE OFF FROM PICKING UP A PATIENT AT MILE MARKER 84 OF I-26. THE CRASH SITE WAS LOCATED IN THE SUMTER NATIONAL FORREST AND WAS ON THE PALMETTO TRAIL. THERE WERE FOUR OCCUPANTS ON THE HELICOPTER (REGION ONE) WHICH CAME FROM SPARTENBURG AND WAS FLYING BACK TO SPARTENBURG. THIS CASE IS NOW UNDER INVESTIGATION.													

				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											
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 type="checkbox"/> YES <input type="checkbox"/> NO		<input 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		
ROBERT DENNIS			07/15/2004	064	FOLLOW-UP INVESTIGATION OFFICER							
					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ROBERT DENNIS			07/15/2004	064			