

# INCIDENT REPORT

INFORMATION ONLY

CASE NUMBER

18-002381

NCIC

INQ. ENT.D.

EVENT	INCIDENT TYPE					COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM										
	1. 16-13-160 BREAKING INTO MOTOR VEHICLES OR TANKS, PUMPS AND OTHER CONTA THEFT FROM MOTOR VEHICLE					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESIDENCE/HOME		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Ins <input type="checkbox"/> Governmen <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) 119 RIVER CLUB LN, NORTH AUGUSTA, SC								ZIP CODE 29841	WEAPON TYPE											
INCIDENT DATE		24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK		LOCATION NO.												
08/19/2018		22:00		08/20/2018	06:30	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME											
						08/20/2018	17:43	17:57	18:30											
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE) COLLEY, GORDON, KEVIN			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE								
			#1	#2	#3	J	W	M	53 /	N	808-227-4862	<input checked="" type="checkbox"/> H <input type="checkbox"/> B								
ADDRESS 119 RIVER CLUB LN					CITY NORTH AUGUSTA			STATE SC	ZIP CODE 29841	LOCATION NO.										
VICTIM'S NAME (LAST, FIRST, MIDDLE) COLLEY, GORDON, KEVIN			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE								
			#1	#2	#3	J	W	M	53 /	N	808-227-4862	<input checked="" type="checkbox"/> H <input type="checkbox"/> B								
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.																
602	245	BRO	BRO																	
ADDRESS 119 RIVER CLUB LN					CITY NORTH AUGUSTA			STATE SC	ZIP CODE 29841	LOCATION NO.										
VISIBLE INJURY (MCT.1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-																				
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: COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																				
TWO MAN VEH		ONE MAN VEH		DETECTIVE SPLASMT.		OTHER		ALONE		ASSISTED										
*J-This Jurisdiction. S-State. O-Out of State. U-Unknown.																				
SUBJECT NO.	<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE) UNKNOWN					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES					
	<input type="checkbox"/> RUNAWAY																			
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					RELATED OFFENSE(S)		DAYTIME PHONE		EVENING PHONE									
	<input type="checkbox"/> WARRANT						23F		<input checked="" type="checkbox"/> H <input type="checkbox"/> B		<input checked="" type="checkbox"/> H <input type="checkbox"/> B									
	<input type="checkbox"/> ARREST	ADDRESS					CITY			STATE	ZIP CODE	LOCATION NO.								
	<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		08/19/2018 22:00:00													
DAY OF THE WEEK		HOW REPORTED		A= OFFICER DISPATCHED ON CALL		D= COMPLAINT WRITTEN IN		DIFF. FACTOR		A= RESISTANCE/HOSTILITY		E= COMPLAINANT FRE-QUENTLY INTOXICATED								
S   M   T   W   T   F   S   UNK				B= REPORT TAKEN BY PHONE		E= OFFICER INITIATED		N		B= WEAPONS		F= DOMESTIC								
				C= COMPLAINANT WALKED IN		F= OTHER				C= UNFOUNDED CALLS		N= NORMAL								
INT																				
NARRATIVE	ON THE ABOVE DATE AND TIME THIS OFFICER WAS DISPATCHED TO 119 RIVER CLUB LN IN REFERENCE TO A B&E AUTO. ON ARRIVAL THIS OFFICER MET WITH MR. COLLEY WHO STATED THAT SOMEONE BROKE INTO HIS 2015 JAGUAR WHITE IN COLOR BEARING A SOUTH CAROLINA LICENSE PLATE OF 9259 JK. MR. COLLEY STATED THAT THEY MAY HAVE STOLEN HIS GARAGE DOOR OPENER OUT OF THE VEHICLE. MR. COLLEY STATED THAT THE LAST TIME HE SAW HIS VEHICLE AND IT HAD NOT BEEN GONE THROUGH WAS ON 08/20/2018 AT 2200 HRS. WHILE ON SCENE A NEIGHBOR APPROACHED THIS OFFICER AND STATED THAT HE SAW THE TRUNK TO THE VEHICLE ON 08/21/2018 AT 0630 HRS. MR. COLLEY ALSO NOTICED SOME FORM OF HAZE ON THE PASSENGER SIDE B POST. MR. COLLEY STATED THAT IT APPEARED TO BE NEW DAMAGE AND BELIEVES THAT THE SUSPECT MUST HAVE WIPED SOMETHING ON IT IN AN ATTEMPT TO COVER UP ANY																			
						JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY SC0020300				JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY										
	TYPE (GROUP)	TOOLS - POWER &										TOTAL VALUE								
	STOLEN	\$1.00										\$1.00								
	DAMAGED	\$0.00										\$0.00								
	BURNED	\$0.00										\$0.00								
RECOVERED	\$0.00										\$0.00									
SEIZED	\$0.00										\$0.00									
SUBJECT IDENTIFIED		SUBJECT LOCATED		S. F.		<input type="checkbox"/> ACTIVE <input checked="" 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 PROSECUTION		3 <input type="checkbox"/> EXTRADITION DENIED. 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									
BAILEY COLIN			08/21/2018 03:49:16		296	COOK ANDY					211									
FOLLOWUP INVESTIGATION											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER							

# ADDITIONAL NARRATIVE

Agency Name: North Augusta Department of Public Safety	ORI #: SC0020300	Report Date/Time: 08/19/2018 22:00	OCA #: 18-002381
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INT

FINGERPRINTS. THIS OFFICER DID ATTEMPT TO DUST THE EXTERIOR OF THE VEHICLE FOR LATENT FINGERPRINTS BUT WAS UNABLE TO LIFT ANY. VICTIMS PAPERWORK WAS COMPLETED ON MR. COLLEY.