

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"/> RELIGIOUS ORG. <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF.						
	1. Death Investigation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HOM	0							
	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						
217 Weyerhaeuser Rd. Aiken, SC					29801	Knife						
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISP DATE	DISP TIME	TIME ARRIVE	TIME DEPART	LOCATION #			
100120	unknown		100120	1125	100120	1126	1133	1400	101 A-3			
COMPLAINANT NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.	DAY PHONE	NIGHT PHONE
Same as Subject			#1	#2	#3	* J S O U					H	H
ADDRESS			CITY			STATE	ZIP CODE		LOCATION #			

VICTIM 1	VICTIM NAME (LAST, FIRST, MIDDLE)			VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH.
	Unknown			#1	#2	#3	* J S O U	W	F		H
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.						
	ADDRESS			CITY			STATE	ZIP CODE	LOCATION #	DAY PHONE	NIGHT PHONE
										H	H
										B	B
<input type="checkbox"/> VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO						COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO					
VICTIM 1 USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.						DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. 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"/>						<input type="checkbox"/> *J - THIS JURISDICTION <input type="checkbox"/> S-STATE <input type="checkbox"/> O-OUT OF STATE <input type="checkbox"/> U-UNKNOWN					

SUBJECT 1	<input checked="" type="checkbox"/> SUBJECT	NAME (LAST, FIRST, MIDDLE)					RACE	SEX	AGE	ETH.	D.O.B.	HGT	WGT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	Diaz Jr., Guillermo					W	M	23	H		508	245	BLK	BRO
	<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES ETC.													
	<input type="checkbox"/> WARRANT	[REDACTED]													
<input type="checkbox"/> ARREST	ADDRESS					CITY	STATE	ZIP CODE	LOCATION #						
<input type="checkbox"/> JAIL	3071 Old Camp Long Rd.					Aiken	SC	29805	45 D 1						
<input type="checkbox"/> SUMMONS	SUBJECT 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 checked="" type="checkbox"/> NO			DATE/TIME OF OFFENSE			DATE/TIME OF ARREST					
			DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK.			TOTAL # ARRESTED 0									

NARRATIVE	CHARGE #1	CHARGE #2	CHARGE #3
	R/O responded to IL with other ACSO Deputies. R/O arrived on scene and ACSO Dispatch advised the complainant was still on the phone. R/O requested the complainant to step outside. A white male covered in blood talking on the phone exited the residence. ACSO Deputies detained the male. R/O and Cpl Hall then cleared the residence and located one unresponsive female in the back bedroom on the bed. R/O and Cpl Hall then located a vehicle in a hole in the rear of the residence and located a second unresponsive victim in the rear of the vehicle. Cpl Hall requested ACSO CID and Forensics. CID and Forensics arrived on scene. Scene was turned over to CID and Forensics. R/O has nothing further at this time.		
		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY

PROPERTY EST.	TYPE				TOTAL VALUE
	STOLEN				\$
	DAMAGED				\$
	BURNED				\$
	RECOVERED				\$
	SEIZED				\$

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 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 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 OFFICERS	DATE	UNIT NUMBER	APPROVING OFFICER	DATE	UNIT NUMBER	
T. Rushton	100120	7531	Goodwin	10 01 20	4553		
				FOLLOW-UP INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER CID		