

# GREENVILLE CITY POLICE DEPARTMENT

EC5 10/28/2013-08:22:14

## Incident Report

Agency I.D. **RTA** **23FC**  
SC0230200

Case Number

1300077542

Adult/Juv

EVENT	INCIDENT TYPE				OFFENSE COMPLETED	FORCED ENTRY	PREMISE TYPE			UNITS ENTERED	TYPE VICTIM		
	0258 - Autobreaking				Y	N	20 - Residence/Home			0	<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"/> Soc / Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Officer		
	Incident Location(Subdivision, Mill Village, Apartment & Number, Street Name & Number)						Closest Intersection			Zip Code			
	█ Crescent Av Greenville SC									29609			
VICTIM	Incident Date	Time	To	Date	Time	Weapon Type		Time Arrived	Time Completed	Patrol District			
	10/24/2013	19:00		10/25/2013	08:30			09:59	11:42	CHARLIE			
	Complainants Name (Last, first, Middle)				Resident	Race	Sex	Age	Primary Phone		Business Phone	Mobile Phone	
	Wilkins, William Walter 3rd				J	W	M	39					
SUBJECT	Address				City		State		Zip Code	Patrol District			
	█ Crescent Av				Greenville		SC		29609	CHARLIE			
	Victim's Name (Last, first, Middle)				Victim Relationship To Subject		Resident	Ethnicity	Race	Sex	Age	Primary Phone	
	Wilkins, William Walter 3rd				RU		J	N	W	M	39		
NARRATIVE	Address				City		State		Zip Code	Patrol District			
	█ Crescent Av				Greenville		South Carolina		29609	CHARLIE			
	Visible Injury (Vict 1) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk Type: _____												
VEHICLE	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"/> Jurisdiction: -												
	<input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Runaway <input type="checkbox"/> Wanted <input type="checkbox"/> Warrant <input type="checkbox"/> Arrest <input type="checkbox"/> Missing												
	Subject's Name (Last, first, Middle)				Ethnicity	Race	Sex	Age	Date of Birth	Height	Weight	Hair	Eyes
	Unknown												
PROPERTY	Address												
	SSN												
	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.				City		State		Zip Code	Patrol District			
ADMIN	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 of Arrest		Total Arrested		
	Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk Type										0		
	Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon Type _____ <input type="checkbox"/> Arrested on Current Offense <input type="checkbox"/> Cleared By Arrest on Prior Offense												
	Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority <input type="checkbox"/> On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody												
ADMIN	Charge				Warrant Number				Ticket Number				
ADMIN	Arrest Location _____ Gang Affiliation: _____												
	POE: Possible passenger front door. MOE: Unlocked vehicle. Damage: No noticeable damage.  On 10-25-2013 I responded to 305 E North St (County Court House) to meet with the Solicitor Walter Wilkins in reference to an autobreaking involving his vehicle.												
	Jurisdiction of Theft : CJ11 (Greenville City)						Jurisdiction of Recovery :						
ADMIN	<input type="checkbox"/> Towed <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input checked="" type="checkbox"/> Victim												
	Tag Number	State	Year	V.I.N.			Value						
	█	SC	2014	█									
	Year	Make	Model	Style	Color								
2011	Chevrolet	Tahoe	4-D	Black									
Tag Only <input type="checkbox"/> Greenville County issued vehicle. Additional Vehicle description													
ADMIN	Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value					
	Stol	13 - Firearms	1	Sig Sauer		9mm Handgun / Silver Slide	52A051964						
	Stol	77 - Other	1	Unknown	BLK	Ankle Holster	n/a	60					
ADMIN	Subject Identified		Subject Located		<input type="checkbox"/> Active <input checked="" type="checkbox"/> Admin Closed <input type="checkbox"/> Unfounded		<input type="checkbox"/> Arrested Under 18 <input type="checkbox"/> Arrested 18 and Over		<input type="checkbox"/> Ex-Cleared Under 18 <input type="checkbox"/> Ex-Cleared 18 and Over				
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
	Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest												
	Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date	Unit#/Star#							
WOOD, GREG	10/25/2013	114 / 00664	PARAMORE, ALIA	10/25/2013	101 / 00548								
Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Officer)													

<input type="checkbox"/> Original Report	<input type="checkbox"/> Status Change	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Stolen Property	Incident Type <u>0258 - Autobreaking</u>
<input checked="" type="checkbox"/> Supplemental Report	<input type="checkbox"/> Other Report	<input type="checkbox"/> Additional Defendants	<input type="checkbox"/> Additional Recovered Property	Patrol District <u>CHARLIE</u> Page <u>1</u> of <u>2</u> Pages

<b>I.D. OVERFLOW</b>	<input type="checkbox"/> Complainant	Subject's Name (Last, first, Middle)		Victim Relationship To Subject	Ethnicity	Resident	Race	Sex	Age	Date of Birth	
	<input type="checkbox"/> Victim	Address		City	State	Zip Code	Patrol District	Day Phone	Evening Phone		
	<input type="checkbox"/> Subject	Height	Weight	Hair	Eyes	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.					
	<input type="checkbox"/> Runaway	<input type="checkbox"/> Victim No. _____	Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/>					
	<input type="checkbox"/> Wanted	Explain:		Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes Type:	Detective <input type="checkbox"/> Other <input type="checkbox"/> ASSISTED <input type="checkbox"/>						

Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon Type	<input type="checkbox"/> On View Arrest	<input type="checkbox"/> Summoned	<input type="checkbox"/> Custody
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Juvenile Disposition  Handled Released  Referred To Other Authority

**Arrest Location**

Overflow:  
Latitude: [REDACTED] Longitude: [REDACTED]

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Wilkins, William Walter 3rd: Victim 1 Complainant 1

DOB: [REDACTED]/1974

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Vehicles  
Vehicle #1  
VEHICLE LOCKED: No KEYS IN VEHICLE: No

**NARRATIVE**

Narrative:  
Upon arrival I met with Wilkins who advised that his vehicle was broken into during the night while his vehicle was located at his residence. Wilkins stated that he did not realize it had occurred until he arrived at work and attempted to locate a firearm that was located in the center console. Wilkins stated that the firearm was a Sig Sauer P938 9mm Equinox. Wilkins stated that the firearm is black in color with a silver slide and a green and brown grip. Wilkins stated that a black ankle holster was also missing along with the weapon.

Wilkins stated that he parked his vehicle at approximately 1900 hours on 10-24-2013 next to his garage behind a closed privacy gate. Wilkins stated that there was no real indication that his vehicle had been broken into except that it appeared as if the passenger front seat had been moved forward. Wilkins stated that there were other valuable items visible in the vehicle that were not taken.

Forensics was then notified and requested to respond to 305 E North St.

Wilkins went on to advise that there was a recent house burglary in the area a few weeks prior and that the residents in the area suspected a male subject who possibly lives in the area but he could not provide a name at this time.

Forensics Unit #922 (Davis) arrived on scene and processed the vehicle.

Wilkins was provided with his copy of the Victim Notification Form and advised of his case number.

<b>PROPERTY</b>	Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value	

<b>ADMIN</b>	<input type="checkbox"/> Subject Identified	<input type="checkbox"/> Subject Located	<input type="checkbox"/> Active	<input checked="" type="checkbox"/> Admin Closed	<input type="checkbox"/> Arrested Under 18	<input type="checkbox"/> Ex-Cleared 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-Cleared 18 and Over
	Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest					
	Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date	Unit#/Star#
	WOOD, GREG	10/25/2013	114 / 00664	PARAMORE, ALIA	10/25/2013	101 / 00548

Follow Up Investigation  Yes  No (Officer)

<input type="checkbox"/> Original Report	<input type="checkbox"/> Status Change	<input type="checkbox"/> Additional Victims	<input type="checkbox"/> Additional Stolen Property	Incident Type <u>0258 - Autobreaking</u>
<input checked="" type="checkbox"/> Supplemental Report	<input type="checkbox"/> Other Report	<input type="checkbox"/> Additional Defendants	<input type="checkbox"/> Additional Recovered Property	Patrol District <u>CHARLIE</u> Page <u>2</u> of <u>2</u> Pages

<b>I. D. OVERFLOW</b>	<input type="checkbox"/> Complainant	Subject's Name (Last, first, Middle)		Victim Relationship To Subject	Ethnicity	Resident	Race	Sex	Age	Date of Birth	
	<input type="checkbox"/> Victim	Address		City	State	Zip Code	Patrol District	Day Phone	Evening Phone		
	<input type="checkbox"/> Subject	Height	Weight	Hair	Eyes	Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.					
	<input type="checkbox"/> Runaway	<input type="checkbox"/> Victim No. _____	Visible Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> ALONE <input type="checkbox"/>	Explain:				
	<input type="checkbox"/> Arrest	Subject No. _____		Using Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Using Drugs <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk	Type:	<input type="checkbox"/> Arrested on Current Offense				

Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon Type	<input type="checkbox"/> On View Arrest	<input type="checkbox"/> Summoned	<input type="checkbox"/> Custody
Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority				

<b>NARRATIVE</b>	Arrest Location
	<p>There are currently no leads in this case.</p> <p>This case was Administratively Closed.</p>

<b>PROPERTY</b>	Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value

<b>ADMIN</b>	<input type="checkbox"/> Subject Identified	<input type="checkbox"/> Subject Located	<input type="checkbox"/> Active	<input checked="" type="checkbox"/> Admin Closed	<input type="checkbox"/> Arrested Under 18	<input type="checkbox"/> Ex-Cleared 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-Cleared 18 and Over
	Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest					
	Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date	Unit#/Star#
	WOOD, GREG	10/25/2013	114 / 00664	PARAMORE, ALIA	10/25/2013	101 / 00548

Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Officer)	/
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# Greenville Police Department Victim Notification Form

Case#: 02-13-077542 Incident Type: Autobreaking Date: 10-25-2013

### Court Information (If known)

Defendant: \_\_\_\_\_ Warrant/Ticket Number: \_\_\_\_\_  
Court Location: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### Victim Information

Name of Victim: William Walter Wilkins III Check if deceased or minor  
Mailing Address: Crescent Ave. Greenville, SC 29609  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Alternate) (cell) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Relative or Contact Person: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Alternate) \_\_\_\_\_

### Notification

\* I wish to be contacted when bond is set (anytime). YES  NO   
\* I wish to be contacted when the defendant is released from jail (anytime). YES  NO

### Crime Victim's Responsibilities

- Keep law enforcement informed of any changes in legal name, address or phone number.
- In order to receive restitution, provide details of financial impact.
- Notify appropriate authority of desires to be present for hearings.
- If victim impact statement is to be considered, submit it in a timely manner.
- Notify appropriate authority of desire to make oral statement.

### Harassment and Threats

If you are being harassed or threatened by the suspect or someone associated with the suspect, immediately report the incident to the appropriate law enforcement agency and the officer handling your case.

### **TO RECEIVE VICTIM SERVICES OR INFORMATION ON VICTIM COMPENSATION, CONTACT:**

Greenville Police Department Victim/Witness Services Unit  
(864) 467-5508 or (864) 467-5373  
Monday - Friday, 8:00 a.m. - 4:30 p.m.  
Web site: [www.greenvillepd.com](http://www.greenvillepd.com)

*By signing, you acknowledge that the information you have provided is accurate and you have received a copy of this form that explains your rights and responsibilities as a crime victim.*

*W. Walter Wilkins III*  
Victim's Signature

*G.S. Wood #6604*  
Officer's Signature

WHITE-VICTIM YELLOW-V/W UNIT PINK-RECORDS GOLD-DETECTIVE/WARRANT/DETENTION

25 OCT 2013 22 03

S/TB 11/30/13

Original Report     Status Change     Additional Victims     Additional Stolen Property    Incident Type 0258 - Autobreaking

Supplemental Report     Other Report     Additional Defendants     Additional Recovered Property    Patrol District CHARLIE Page 1 of 1 Pages

**I. D. OVERFLOW**

Complainant     Victim # 1     Subject     Runaway     Wanted     Arrest     Missing     Jail     Other

Subject's Name (Last, first, Middle) Wilkins, William Walter 3rd    Victim Relationship To Subject RU    Ethnicity N    Resident J    Race W    Sex M    Age 39    Date of Birth     /1974

Address     Crescent Av    City Greenville    State SC    Zip Code 29609    Patrol District CHARLIE    Day Phone         Evening Phone     

Height         Weight         Hair         Eyes         Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical, Peculiarities, Etc.     

Victim No. 1    Visible Injury  Yes  No    Complaint of any Non-Visible Injuries  Yes  No    Victim Using Alcohol  Yes  No  Unk    Two-Man Veh  One Man Veh  ALONE  Explain:         Drugs  No  Yes    Type:         Detective  Other  ASSISTED

Subject No.         Using Alcohol  No  Yes  Unk     Arrested on Current Offense    Using Drugs  No  Yes    Type:          Unk     Cleared By Arrest on Prior Offense

Arrestee Armed  Yes  No    Weapon Type          On View Arrest     Summoned     Custody

Juvenile Disposition  Handled Released     Referred To Other Authority

Arrest Location         Gang Affiliation:     

**NARRATIVE**

Overflow:  
Latitude:      Longitude:     

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Vehicles  
Vehicle #1  
COLOR: Black, MAKE: Chevrolet, MODEL: Tahoe, MAKE: 4-D, VEHICLE YEAR: 2011, TAG #:     , TAG STATE: SC, TAG YEAR: 2014, PROPERTY LOSS CODES: Victim, DESCRIPTION: Greenville County issued vehicle., VEHICLE LOCKED: No, KEYS IN VEHICLE: No, VIN NUMBER:     

Narrative:  
After being assigned this case on 10-28-2013 I made contact with the victim, William Wilkins in reference to his vehicle being broken into. Upon making contact with the victim I asked the victim if there were any other items taken from his vehicle. The victim advised that there was nothing else taken from his vehicle that he noticed.

I asked the victim if there had been anyone recently in or around his residence that seemed out of place. The victim stated that he heard of a subject being arrested in the neighborhood close by, but did not hear of the exact address or reason. I advised the victim that I would check the information provided by the victim, but did not find anything matching the descriptions that were found.

I did check to see if there was any forensic evidence obtained from the victim's vehicle, but no latents were recovered. I did check to see if the victim's firearm was still listed on NCIC and it is. There are no further leads in this case at this time, therefore it will remain administratively closed pending further information.

Status	Property Type	Quantity	Property Make	Color	Description	Serial # / OAN	Value
Stol	13 - Firearms	1	Sig Sauer		9mm Handgun / Silver Slide	52A051964	
Stol	77 - Other	1	Unknown	BLK	Ankle Holster	n/a	60

**ADMIN**

Subject Identified  Yes  No    Subject Located  Yes  No     Active     Admin Closed     Arrested Under 18     Ex-Cleared Under 18     Unfounded     Arrested 18 and Over     Ex-Cleared 18 and Over

Reason For Exceptional Clearance  Offender Death     No Prosecution     Victim Declines Cooperation     Extradition Denied     Juvenile No Arrest

Reporting Officer(s)	Date	Unit#/Star#	Approving Officer	Date	Unit#/Star#
DEAN, MICHAEL	12/02/2013	64 / 00578	LAWSON, MELISSA	12/03/2013	42 / 00164
		/	Follow Up Investigation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Officer)		/

LEDM001

Property Validation Maintenance

(GCLE)

More +

Inc# 02 2013 077542 Rpt. Date/Time 10/25/2013 11:42 Entered 01/10/2014

LOCATION Common Name

Addr [REDACTED] CRESCENT AV  
Intersection

C GREENVILLE > SC Z 29605  
Unit 00664 WOOD GS

INC PROP SEQ-> 001 Val Prop Seq 001 Prop Desc 13 GUNS-STOLEN  
UCR Cd 23F THEFT FROM MOTOR VEHICLE Status A Active Val Month 01  
Make SSS SIG-SAUER Model P938 Caliber 09 Gun Type PI  
Year Style Color BLK  
Ser#/VIN 52A051964 OAN  
TAG TAG Year Value \$100.00  
Notes SILVER SLIDE BROWN AND GREEN GRIP  
\*\*\* INC STATUS DATE 10/25/2013 07 ADMIN CLOSED / STOLEN

NIC# G243041390 Entry Dt/Tm 10/25/2013 Entry By 00331 TERRY CH  
Cancel Dt/Tm Cancel By  
Validation Letter-> Mailed 01/10/2014 OWNER Returned/Validated 01/17/2014  
1=Sel 3=Copy 4=Del 6=Let 7=Name 8=Note 9=Supp 10=Ins 11=LNote 50=IProp 51=INC  
Command ==>  
F1=Ext. Help F2=Desc F3=Exit F5=Refresh F6=Update Stay F7=Backwards  
F9=Find F10=Modify F11=Entry F12=Popup  
WARNING-> Record/s have been updated!

21 JAN 2014 13 11

S/IPB 01/22/2014



WILLIAM WALTER WILKINS, III  
CRESCENT AV  
GREENVILLE, SC 29609

CASE NUMBER: 02-2013-077542  
JANUARY 10, 2014  
VALIDATION MONTH: JANUARY

The items you reported stolen are listed below and they have been entered on the FBI's National Crime Information Center computer (NCIC). The FBI requires us to periodically audit all the items we have entered to NCIC. We must report the current status of your property, within 10 days, or we will be forced to cancel your record from the NCIC files.

Please complete this form and return it to me so we may keep your property active in the national files. In the City of Greenville's efforts to save tax dollars and environmental resources, validation correspondences can be emailed to [cterry@greenvillesc.gov](mailto:cterry@greenvillesc.gov) or faxed to 864-467-5460. If you prefer to receive these notifications via email, please include your email address. Please do not hesitate to contact me should you have questions or concerns.

Sincerely,  
Cindy Terry  
Cynthia Terry, NCIC Coordinator  
Greenville Police Department  
4 McGee Street  
Greenville, South Carolina 29601  
Telephone (864) 467-5096

\*\*\*\*\* AFFIDAVIT \*\*\*\*\*  
(DO NOT DETACH - RETURN ENTIRE LETTER)

I have marked with a circle any item(s) that have been found. If not marked, it is still missing. I have made the corrections to any and all information that the Greenville Police Department has provided that were incorrect.

\*\*\*\*\* IF THIS AFFIDAVIT IS NOT RETURNED WITHIN THE SPECIFIED TIME \*\*\*\*\*  
I UNDERSTAND THAT THE ITEM(S) WILL BE REMOVED FROM NCIC

Signed: W. Walter Wilkins Date: 1/15/14

YES  NO  An insurance claim has been paid on the items listed below. The insurance information is listed below.

Insurance Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_

ITEM	NIC#	YEAR/COLOR/MAKE	MODEL	SERIAL NUMBER /VIN#	DESCRIPTION
1	G243041390	BLK SIG-SAUER	P938	52A051964	GUNS-STOLEN

21 JAN 2014 13 11

S/IPB 01/22/2014





# GREENVILLE CITY POLICE DEPARTMENT

## NCIC VALIDATION SHEET

ORI / SC0230200

OCA / 13-077542

### Type of Entry

- Stolen Vehicle   
  Stolen License Plate   
  Stolen /Felony / Lost Gun  
 Stolen Article   
  Stolen Boat   
  Stolen Securities

### Property Description

NCIC NUMBER (NIC #) G243041390

Serial# 52A051964

**VALIDATED** - The victim / complainant was contacted by  Telephone  In Person  
 Mail and confirmed that the information entered into NCIC is valid and the victim / complainant can be contacted in case of recovery of the stolen items.

**VALIDATED** - The victim / complainant in this case could not be contacted  No RESPONSE and there are no new leads or information relative to this investigation. The NCIC entry remains in NCIC. Reason:  ACTIVE CASE FILE     OFFICER SAEFTY

**CANCELLED** - The victim / complainant in this case could not be contacted and there are no new leads or information relative to this investigation. The validation letter was mailed on \_\_\_\_\_. As of this date we have not received any response from the victim to validate this record.  No Response to Letter     Returned to Sender  
 These Items (s) are still listed on the original incident report but are no longer listed on NCIC. NCIC procedures require that the records (s) be removed, if they cannot be validated.

**PURGED** - Upon inquiry into the NCIC, the attached property is no longer listed on NCIC as stolen. It has been PURGED by NCIC/FBI due to its Retention Period Expiration. The item(s) are listed on the original incident report but are no longer listed on NCIC. The NCIC procedures require that the property be automatically purged at the end of its assigned Retention Period.

NCIC Updates Completed by Cynthia Terry    UNIT 602    STAR 331

Date of Validation / Updates 01/17/2014

21 JAN 2014 13 11

S/IPB 01/22/2014