

AGENCY I.D.
SC0390000

SUPPLEMENTAL INCIDENT REPORT
PICKENS COUNTY SHERIFF'S OFFICE

CASE NUMBER

2008012817

NCIC

INQ. ENTD.

<input 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 <u>3</u> 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.	ETH
	<input type="checkbox"/> VICTIM #			#1	#2	#3	* J S O U					
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ECT.						
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE		
	<input type="checkbox"/> WANTED	<input type="checkbox"/> VICTIM NO. <u> </u> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		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		
	<input type="checkbox"/> WARRANT	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		

VICT./SUBJ. I.D. OVERFLOW	<input type="checkbox"/> COMPLAINANT	NAME (LAST, FIRST, MIDDLE)		VICTIM RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	D.O.B.	ETH
	<input type="checkbox"/> VICTIM #			#1	#2	#3	* J S O U					
	<input type="checkbox"/> SUBJECT #	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARTIES, ECT.						
	<input type="checkbox"/> RUNAWAY	ADDRESS			CITY	STATE	ZIP CODE	LOCATION NO.	HOME PHONE	EMPLOYER PHONE		
	<input type="checkbox"/> WANTED	<input type="checkbox"/> VICTIM NO. <u> </u> VISIBLE INJURY: <input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES		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		
	<input type="checkbox"/> WARRANT	EXPLAIN		<input type="checkbox"/> NO <input type="checkbox"/> YES		DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> UNK		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER		<input type="checkbox"/> ASSISTED		

NARRATIVE

knees. Bikas also stated to the victim that he was going to "bitch slap your grandma to keep her mouth shut. Your whole family is a piece of shit." The victim advised that this is not the first time the suspect has been verbally abuse to him. The victim was able to show me the call that came from the suspect at 10:51am but none of the conversation was recorded. While speaking with me, Nelson advised that he wanted to call the suspect and quit from his job while I was present. When the victim called the suspect and advised him he quit the suspect stated, "no your not going to quit I am not going to let you." After a few moments on the phone the suspect (who was on speaker phone) told

VEH/GUN/ECT	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"/> FOUND	<input type="checkbox"/> TOWED	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> VICTIM	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> GUN	<input type="checkbox"/> BOAT	<input type="checkbox"/> LICENSE PLATE	<input type="checkbox"/> SECURITIES/BONDS, STOCKS	<input type="checkbox"/> 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											

PROPERTY EST.	TYPE (GROUP)										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 OFFICER(S)		DATE	UNIT NUMBER	APPROVING OFFICER		DATE	UNIT NUMBER
1801 - SISCO, D.		05/28/2008		675 - UNDERHILL, T.		05/29/2008		
				FOLLOW-UP INVESTIGATION OFFICER				
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				