

DEPARTMENT OF JUSTICE
BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES
NATIONAL TRACING CENTER



Phone:(800) 788-7133 Fax:(800) 578-7223

Print Date: September 24, 2015

FIREARMS TRACE SUMMARY

Trace Number: T20150281798 Request Date: September 23, 2015 Completion Date: September 24, 2015

TAT SHUM

WILMINGTON FIELD OFFICE
STE 201, 1007 NORTH ORANGE ST
WILMINGTON, DE 19801
PHONE: (302) 252-0110 Ext:
FAX (302) 252-0129

Badge No: 3714
Investigation No: 761035-15-0001

CORPORAL HENRY LAW
WILMINGTON POLICE DEPARTMENT
300 N. WALNUT STREET
WILMINGTON, DE 19801
PHONE: (302) 576-3644 Ext:
FAX (302) 571-4611

Badge No:
Investigation No:

FIREARM INFORMATION

Manufacturer: ARMSCOR OF THE PHILIPPINES ...
Model: 200
Caliber: 38
Serial Number: AP207550
Type: REVOLVER
Country: PHILIPPINES
Importer: ARMSCOR PRECISION INC (AP)...

Obliterated:
Identifying Marks:
NIBIN:
Gang Name:

RECOVERY INFORMATION

Recovery Date: 09/23/2015
Time to Crime: 2195 days

1800 TULIP ST
WILMINGTON, DE 19805
Possessor: JEREMY MCDOLE
DOB:
POB:

PURCHASER INFORMATION

Purchase Date: 09/19/2009

DEALER INFORMATION

FFL: 15735878

LEXINGTON PAWN & GUN
4884A SUNSET BLVD
LEXINGTON, SC 29072-0000
Phone: (803) 957-4799 Ship-To-Date: 06/16/2009
Ext:

Contact the local ATF office for additional information.

ADMINISTRATIVE INFORMATION

HIGH CRIME AREA: YES

SUMMARY OF RESULTS

THIS FIREARM WAS TRACED TO A PURCHASER. FOR ANY QUESTIONS, PLEASE CONTACT ATF NATIONAL TRACING CENTER, FIREARMS TRACING BRANCH AT 1-800-788-7133.

Additional Remarks:

The information in this report must be validated prior to use in any criminal proceedings.

AGENCY I.D.
SC0240000

INCIDENT REPORT

CASE NUMBER
1500011841

NCIC
INQ. ENT.D.

EVENT	INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM <input checked="" type="checkbox"/> Individual Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgs. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.					
	1. THEFT FROM A MOTOR VEHICLE				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESIDENCE/HOME							
	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) 608 FAIRWAY LAKES ROAD GREENWOOD SC						ZIP CODE 29649	WEAPON TYPE						
	INCIDENT DATE	24 HR. CLOCK	TO DATE	24 HR. CLOCK	DISPATCH DATE/TIME 24 HR. CLOCK			LOCATION NO.						
	04/20/2015	21:00	04/21/2015	07:00	DISP. DATE	DISP. TIME	TIME ARRIVED	DEPART. TIME						
					04/21/2015	07:09	07:19	07:35						
	COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE					
				#1 UNKNOW #2 #3		<input checked="" type="checkbox"/> J	S	O	U					
	ADDRESS			CITY		STATE	ZIP CODE	LOCATION NO.						
VICTIM NO 1	VICTIM'S NAME (LAST, FIRST, MIDDLE)				RELATIONSHIP TO SUBJECT		RESIDENT	RACE	SEX	AGE				
					#1 #2 #3		<input checked="" type="checkbox"/> J	S	O	U				
	ADDRESS				CITY		STATE	ZIP CODE	LOCATION NO.					
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, PHYSICAL PECULIARITIES, ETC.									
	VISIBLE INJURY (VICT. 1) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN -				COMPLAINT OF ANY NON-VISIBLE INJURIES: <input type="checkbox"/> YES <input 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:									
	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"/> * J - This Jurisdiction S - State O - Out of State U - Unknown.									
SUBJECT NO. 1	<input type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE)				RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
	<input type="checkbox"/> RUNAWAY	FACIAL HAIR, SCARS, TATTOOS, GLASSES, PHYSICAL PECULIARITIES, ETC.												
	<input checked="" type="checkbox"/> WARRANT	ADDRESS												
	<input checked="" type="checkbox"/> ARREST	CITY				STATE	ZIP CODE	LOCATION NO.						
	<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 checked="" type="checkbox"/> NO		DATE/TIME OF OFFENSE		DATE/TIME OF ARREST				
	<input type="checkbox"/> SUMMONS	DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <input checked="" type="checkbox"/> UNK				TOTAL # ARRESTED 1		04/20/2015 21:00		6/3/2015				
NARRATIVE	On 04-21-2015 at 0709 hours, I was dispatched to [redacted] in reference to a theft from a motor vehicle. Upon my arrival, I spoke to the complainant, [redacted], who stated that between 04-20-2015 at 2100 hours and 04-21-2015 at 0700 hours an unknown subject(s) stole his wallet with his ID and credit cards out of his gray 2007 Chevy Silverado, [redacted] said that he left his window down and his truck unlocked by accident. [redacted] said that his brother-in-law, [redacted], also had a loaded pistol inside the truck that was stolen. I asked [redacted] if his brother-in-law knew what kind of handgun it was and if he had any serial numbers or info on the pistol. [redacted] called [redacted] and he said that all he knew was that it was a .38 caliber and that the hammer was broken on it. Nothing further to report at this time.													
	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY							
	GCSO													
PROPERTY EST.	TYPE (GROUP)	PURSES/HANDBAGS/WALLETS	CREDIT/DEBIT CARDS	FIREARMS										TOTAL VALUE
	STOLEN	\$1.00	\$00	\$100.00										\$101.00
	DAMAGED													
	BURNED													
	RECOVERED													
	SEIZED													
ADMINISTRATIVE	SUBJECT IDENTIFIED		SUBJECT LOCATED		ACTIVE		ADM. CLOSED		ARRESTED UNDER 18		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 checked="" 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				DATE	UNIT NUMBER	APPROVING OFFICER				DATE	UNIT NUMBER			
FIOCCO, A				04/21/2015	376	CROMER, M.				04/21/2015	308			
						FOLLOW-UP OFFICER RUSSELL, J								
						INVESTIGATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					4/22/2015			