

# INCIDENT/INVESTIGATION REPORT

Agency Name  
**Ocean Isle Beach PD**

ORI  
**NC0100800**

OCA  
**140101**

Date / Time Reported **S M T W T F S**  
 Month Day Yr Time  
**08 | 20 | 2014 | 9:00**

INCIDENT DATA

#1	Crime / Incident(s)	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Complete	At Found	<b>S M T W T F S</b> <b>(7) F S</b>	Last Known Secure		<b>S M T W T F S</b> <b>(7) T F S</b>
	<b>1790 - SEXUAL ASSAULT</b>		Month Day Yr Time <b>07   31   2014   8:00</b> Hrs.	Month Day Yr Time <b>07   30   2014   22:00</b> Hrs.	Offense Tract		
	#2	Crime Incident	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Location of Incident <b>242 B EAST FIRST STREET, Ocean Isle Beach, NC 28469</b>			
#3	Crime Incident	<input type="checkbox"/> Attempt <input type="checkbox"/> Complete	Premise Type <b>02 - Home of Victim - Other Dwelling</b>		Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family		

MO

How Attacked or Committed  
**SUSPECT TOUCH VICTIM INAPPORTATILEY**

Forcible  Yes  No  N/A

Weapon / Tools  
**40 - Personal Weapons (Hand)**

VICTIM

# of Victims **1**

Type:  Person  Business  
 Society  Government  Financial Institute  
 Religious  L.E. Officer Line of Duty  Other/Unk

Injury:  None  Minor  Loss of Teeth  
 Broken Bones  Severe Lacerations  
 Internal  Unconscious  Other Major

Drug/Alcohol Use:  
 Yes  Unknown  
 No  N/A

Victim/Business Name (Last, First, Middle)  
**V1**

Victim of Crime # **1** | DOB / Age **15** | Race **W** | Sex **M** | Relationship To Offender **OF** | Resident Status  Resident  Non-Resident  Unknown

Home Address  
**[Redacted] Cary, NC 27519**

Home Phone

Employer Name/Address  
**[Redacted]**

Business Phone

VVR | Make | Model | Style | Color | Lic/Lts | Vin

OTHERS INVOLVED

CODES: V = Victim (Denote V2, V3) O = Owner (If other than victim) R = Reporting Person (If other than victim)

Type:  Person  Business  Society  Government  Financial Institute  Religious  L.E. Officer Line of Duty  Other/Unknown

Code **P** Name (Last, First, Middle) **[Redacted]** | Victim of Crime # **[Redacted]** | DOB / Age **54** | Race **W** | Sex **M**

Home Address **[Redacted] Cary, NC 27519**

Home Phone

Employer Name/Address **[Redacted]**

Business Phone

Type:  Person  Business  Society  Government  Financial Institute  Religious  L.E. Officer Line of Duty  Other/Unknown

Code **P** Name (Last, First, Middle) **[Redacted]** | Victim of Crime # **[Redacted]** | DOB / Age **49** | Race **W** | Sex **F**

Home Address **[Redacted] Cary, NC 27512**

Home Phone

Employer Name/Address **[Redacted]**

Business Phone

Status Codes: L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found  
 (Check "DJ" column if recovered for other jurisdiction)

PROPERTY

Victim #	DCI	Status	Value	DJ	QTY	Property Description	Make/Model	Serial Number

Number of Vehicles Stolen  | Number of Vehicles Recovered

ID

Officer Name **OFF. RICHARD HEYCOCK** | ID# **341** | Officer Signature **[Redacted]** | Supervisor Signature **[Redacted]**

STATUS

Complainant Signature **[Redacted]**

Case Status:  Further Investigation  Inactive  Closed/Cleared  Closed/Leads Exhausted

Case Disposition:  Unfounded  Juvenile/No Custody  Extradition Declined  Cleared by Arrest  Refuse to Cooperate  Located  Cleared by Arrest by Another Agency  Death of Offender  Prosecution Declined

# INCIDENT/INVESTIGATION REPORT

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140101

Status Codes: L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found

DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
						Possess	Buy	Sale	Mfg.	Importing	Operating

OFFENDER	Offender Used	Offender 1		Primary Offender Resident Status			
	Alcohol/Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Age: 61	Race: W	Sex: M	<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		
	Computer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Age:	Race:	Sex:	Age:	Race:	Sex:

Name (Last, First, Middle)	Alias or Nickname	Home Address
CROCKETT, ROBERT KEMP		924 VALENCIA AVENUE, CORAL GALES, FL

Occupation	Business Address
PEDIATRIC CRITICAL CARE PHYSICIAN	MIAMI CHILDRENS HOSPITAL

DOB	Race	Sex	Height	Weight	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses
61	W	M								

Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)

Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Socks	Shoes
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Was Suspect Armed?	Type of Weapon	Direction of Travel	Mode of Travel
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VYR	Make	Model	Style	Color	Lic/Lis	Vin
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Name (Last, first, middle)	DOB / Age	Race	Sex	OCA
EDWARDS, TINA	00	W	F	140101

Home Address	Home Phone	Employer	Phone
		BRUNSWICK COUNTY SHERIFF'S	

Suspect Hate / Bias Motivated: Yes  No

NARRATIVE

Redacted Data

**CONTINUATION PAGE**

1. AGENCY Ocean Isle Beach PD		2. ORI NC0100800		3. CONTINUATION TO: <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> ARREST <input type="checkbox"/> SUPPLEMENTARY INV.		4. OCA FILE NO. 140101	
Officer Name / ID OFF. RICHARD HEYCOCK - 341		Officer Signature		Date / Time Submitted		Page <u>3</u> of <u>3</u>	

**Others Involved**

Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown									
Code R	Name (Last, First, Middle) GAUDIANA, CHRISTINA					Victim of Crime #	DOB / Age [REDACTED] 00	Race U	Sex F
Home Address							Home Phone		
Employer Name/Address PROFESSIONALS RESOURCE NETWORK - PO BOX 16510, FERNANDINA BEACH, FL 32034							Business Phone		

**Witness(s)**

Name (last, first, middle) CROCKETT, MADELINE		DOB / Age [REDACTED] 63	Race W	Sex F	OCA 140101
Home Address [REDACTED] Chapel Hill, NC 27516		Home Phone [REDACTED]	Employer		Phone [REDACTED]
Name (last, first, middle) VANDERZWAAG, CAROL		DOB / Age [REDACTED] 54	Race W	Sex F	OCA 140101
Home Address [REDACTED] Chapel Hill, NC 27516		Home Phone [REDACTED]	Employer		Phone [REDACTED]
Name (last, first, middle) KIRK, SARA		DOB / Age [REDACTED] 00	Race W	Sex F	OCA 140101
Home Address		Home Phone [REDACTED]	Employer SAFECHILD ADVOCACY CENTER		Phone [REDACTED]
Name (last, first, middle) DOYLE, DANIELLE		DOB / Age [REDACTED] 00	Race B	Sex F	OCA 140101
Home Address		Home Phone [REDACTED]	Employer DSS		Phone [REDACTED]

ARREST REPORT

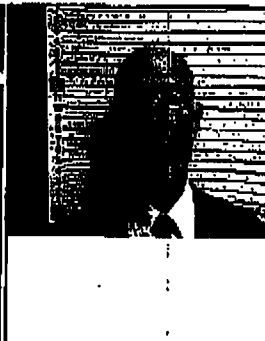
AGENCY INFO.	Agency Name <b>Ocean Isle Beach PD</b>		ORI <b>NC0100800</b>	Date/Time of Arrest Mo Date Year <b>12   11   2014   8:46</b> Hrs.		CCA <b>140101</b>						
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos	Fingerprint Card Check Digit # (CKN)	Arrest Tract	Residence Tract		Arrest Number <b>1</b>						
ARRESTEE INFORMATION	Name (Last, First, Middle) <b>CROCKETT, ROBERT KEMP</b>			D.O.B. [REDACTED]	Age <b>62</b>	Race <b>W</b>	Sex <b>M</b>	Place of Birth <b>ATLANTA, GA</b>	Country of Citizenship <b>US</b>			
	Current Address <b>924 VALENCIA AVENUE, CORAL GALES, FL 33134</b>			Phone [REDACTED]		Occupation <b>PEDIATRIC CRITIC</b>		<input type="checkbox"/> Resident <input checked="" type="checkbox"/> Non-Resident	<input type="checkbox"/> Unknown			
	Employer's Name <b>MIAMI CHILDRENS HOSPITAL</b>			Address			Phone					
	Also Known As (Alias Names)			Hgt <b>6'02"</b>	Wgt <b>170</b>	Hair	Eye <b>BRO</b>	Skin Tone <b>FAR</b>	Consumed Drug/Alcohol <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos			Social Security # [REDACTED]		CLN and State [REDACTED] FL		Misc. # and Type				
	Nearest Relative Name			Address			Phone					
ARREST INFO.	If Armed, Type of Weapon <b>99 - Unknown/Not Stated</b>		<input checked="" type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant		Place of Arrest <b>BRUNSWICK COUNTY SHERIFF OFFICE, Bolivia, NC 28422</b>							
	Charge #1 <b>INDECENT LIBERTIES WITH CHILD</b>	<input checked="" type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code <b>1790</b>	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date Mo Date Yr				
	Charge #2	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date Mo Date Yr				
	Charge #3	<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date Mo Date Yr				
VEH. INFO.	VYR	Make	Model	Style	Color	Lic/Lis	Vin					
	Vehicle: 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ Hrs. 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of Storage _____ Inventory on File? _____											
CONFINED BOND INFO.	Date/Time Confined <b>12/11/2014 8:46</b> Hrs.		Place Confined <b>BRUNSWICK COUNTY JAIL</b>			Committing Magistrate <b>DOUG RUTTER</b>						
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Amt. Bond <b>\$50,000</b>		Trial Date	Court of _____ City						
	Assisting Officer Name/ID Number			Released By: Name/Dept/ID <b>SGT. JOHN CULBRET II</b>		Date/Time Released <b>12/11/2014 9:59</b> Hrs.						
Status Codes	L = Lost 8 = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)											
DRUGS AT TIME OF ARREST	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each					
							Possess	Buy	Sale	Mfg.	Importing	Operating
COMPLAINANT	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>			Address:				Phone:				
	INFORMATION PROVIDED BY BOOKING REPORT FROM BRUNSWICK COUNTY DETENTION CENTER.											
STATUS	Arresting Officer Signature/ID # <b>ALLEN, SHANQWETA SHANAE</b>			Date/Time Submitted Mo Date Yr		Supervisor Signature						
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest/No Investigation			Arrestee Signature						

# Brunswick County Detention Center

## Booking Report

CROCKETT, ROBERT KEMP III

NameID: 870955		Local Identifier:		Local Number:		Projected Release Date:	
Security Class:		Booking Status: Released		Confined Date: 12/11/2014 08:46		Released Date: 12/11/2014 09:59	
Confined Reason: 44		BookingID: 10124050		Home Address: 924 VALENCIA AVE.		Home City: CORAL GABLES	
Home State: FL		Home Zip Code: 33134		Race: White		Sex: Male	
Eyes: Brown		Hair: Gray or Partially Gray		Complexion: Fair		Height: 6'02"	
Weight: 170		Date of Birth: 12/04/1952		Age: 62		Place of Birth: ATLANTA, GA	
FBI Number: [REDACTED]		SID Number: [REDACTED]		Military:		Military Status:	
SSN: [REDACTED]		Driver's Lic. Number: [REDACTED]		DL State: FL		DL Class: [REDACTED]	
Home Phone: [REDACTED]		Occupation: DOCTOR		Employer: MIAMI CHILDRENS HOSPITAL		Employer Address:	
Employer Phone:		Next of Kin:		Address:		Phone:	
Emergency Contact:		Address:		Phone:		Doctor:	
Address:		Phone:		Attorney:		Address:	
Phone:							



### Confinements:

Confinement Facility: Brunswick		Confined Date/Time: 12/11/2014 08:46		Held For Locality: Brunswick		Housing Unit:		BookingID: 10124050	
Confinement Reason: BOOK - Booking - General									
Confinement Notes:									
Releasing Officer: CULBRETH, JOHN SGT.			Released Date/Time: 12/11/2014 09:59		Released To: Street			Juvvie When Booked: No	
Release Reason: BOND - TO BOND									
Release Notes: BONDED BY C TAYLOR / BANKERS									
Property Locations:									
Booking Officer: JOHNSON, ANGELINE			Search Officer: BOEHMER, GARY CPL.				Fingerprint Officer:		

### Charges:

NameID: 870955		Local Identifier:		Local Number:		Projected Release Date:	
<b>Charges:</b>							
Incident Date: 12/11/2014		Arrest Date/Time: 12/11/2014 9:14:00 AM		Arrest OCA:		Warrant Number:	
Arresting Agency: BRUNSWICK SO - NC0100000		Arrest Address: BCJ BOLIVIA, NC 28422				Arresting Officer: ALLEN, SEIANQWETA SHANAB	
TRN Number:		Offense Tracking No. (OTN):		Misc Arrest Number:		Charge Status: Awaiting Trial	Offense Type: F
Statute: 14-202.1		State Code: 1118-F		Charge Description: INDECENT LIBERTIES WITH CHILD			
Charging Agency: Brunswick		Charge Notes: SECOND DEGREE SEXUAL OFFENSE; STAT RAPE/SEX OFFENSE					
Bond Fine Amount:		Bond Amount: \$50,000.00	Bond Status: Inactive Bond	Judge Issuing Bond: RUTTER, DOUG		Bonding Agency:	
Bond Notes: 12/11/14 BONDED BY CHAD TAYLOR 10013795							
Court Date: 12/11/2014	Court Time: 09:30	Docket/Case Number: 14CR055553		Court: District		Court Jurisdiction: Brunswick	
Court Location:				Court Notes:			
Conviction Date:	Sentenced Date:	Sentenced Start Date:	Sentenced Offense Type:	Sentenced Inmate Type:	Sent Penalty Modifier:		
Sentenced Statute:	Sentenced State Code:	Concurrency:	Sentenced Charge Description:				
Sentence Notes:						Sentence(Years/Months/Days): 0/0/0	
Disposition: Bonded		Disposition Date: 12/11/2014		Disposition Notes: CHAS TAYLOR			

File No. **1ACR 055553**  
**WARRANT FOR ARREST**

Offense  
 I F-INDECENT LIBERTIES WITH CHILD  
 II F-SECOND DEGREE SEXUAL OFFENSE  
 III F-STAT RAPE/SEX OFFN DEF >=6YR

**THE STATE OF NORTH CAROLINA VS.**  
 Name And Address Of Defendant  
**ROBERT KEMP CROCKETT**

924 VALENCIA AVENUE

MIAMI FL 33134  
 MIAMI-DADE

Race Sex Date Of Birth Age  
 W M [REDACTED] [REDACTED]

Social Security No./Tax ID No. Drivers License No. & State  
 [REDACTED]

Name Of Defendant's Employer  
 [REDACTED]

Offense Code(s) Offense In Violation Of G.S.  
 I 1118 14-202.1  
 II 1124 14-27.5(A)  
 III 1137 14-27.7A(A)

Date Of Offense through  
 07/30/2014 through 07/31/2014

Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)

Complainant (Name, Address Or Department)  
**R. HEYCOCK**  
 OCEAN ISLE BEACH POLICE DEPARTMENT  
 3 WEST THIRD ST  
 OCEAN ISLE BEACH NC 28469

BRUNSWICK (910) 579-4221

Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)

Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan Date Issued 11/14/2014

Law Enforcement Case No. LD No. SID No. FBI No.

**STATE OF NORTH CAROLINA**

BRUNSWICK County In The General Court Of Justice  
 District Court Division

To any officer with authority and jurisdiction to execute a warrant for arrest for the offense(s) charged below:

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully, willfully and feloniously did take and attempt to take immoral, improper, and indecent liberties with [REDACTED] who was under the age of 16 years at the time, for the purpose of arousing and gratifying sexual desire. At the time, the defendant was over 16 years of age and at least five years older than that child. In violation of G.S. 14-202.1(a)(1).

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully, willfully and feloniously did engage in a sex offense with [REDACTED] by force and against that victim's will.

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully, willfully and feloniously did engage in a sexual act with [REDACTED] a person of the age of 15 years. At the time of the offense, the defendant was at least six years older than the victim and was not lawfully married to the victim.

This act(s) was in violation of the law(s) referred to in this Warrant. This Warrant is issued upon information furnished under oath by the complainant listed. You are DIRECTED to arrest the defendant and bring the defendant before a judicial official without unnecessary delay to answer the charge(s) above.

Signature  
**M. A. BRYANT**  
 Magistrate  Deputy CSC  Clerk Of Superior Court  
 Location Of Court  
 Brunswick County Courthouse; 9999  
 310 GOVERNMENT CENTER DRIVE NE  
 BOJYVA, NC 28422  
 Court Date  
 Court Time 09:30  AM  PM

AOC-CR-100, Rev. 5/13 (Structured Sentencing)  
 2013 Administrative Office of the Courts

OTHER AGENCY COPY - NOT FOR SERVICE (over)

VRA Case