

Completed Yes	FrndEntry No	Premise Type BUSINESS	#Entered
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Individ X Business	Soc/Public Other
Fin Inst	Unknown
Government	Police Off
Religious	Organizatr

Location (Subdivision, Apartment and Number, Street Name and Number)  
 270 W. COLEMAN BLVD. (CHRISTIAN WORLD ADOPTION)  
 ZipCode 29464 Weapon Type

Date 05/24/95 24 Hr 15:30 To Date 05/24/95 24 Hr 10:25 Dispatch Date and Time 05/24/95 10:39 Time Arrived 11:31 Depart Time 302 Location No.

Offendant's Name (Last, First, Middle) Relationship to Subj. Res. Race Sex Age Eth. Day Phone Eve Phone  
 HARDING-ROBERT AQ J W M 52 N 856-0305 856-0305

Address 270 W. COLEMAN BLVD. City MI. PLEASANT State SC ZipCode 29464 Location No. 302

Victim's Name (Last, First, Middle) Relationship to Subj. Res. Race Sex Age Eth. Day Phone Eve Phone  
 CHRISTIAN WORLD ADOPTION AQ J W M 52 N 856-0305 856-0305

Height Weight Hair Eyes Facial Hair, Scars, Tatoos, Glasses, Clothing, Etc.

Address 270 W. COLEMAN BLVD. City MI. PLEASANT State SC ZipCode 29464 Location No. 302

Visible Injury? No Explain:  
 Complaint of Non-visible Injuries? No

Using Alcohol? No Drugs? No Type:  
 Two-man Vehicle X One-man Vehicle Detective/SPLASMT Other Alone X Assisted

X Suspect Runaway Wanted Warrant Arrest Jail Summons Name (Last, First, Middle) Race Sex Age Eth. Date of Birth  
 LATRACE-MALLY A F 22 N 03/12/73

Height 507 Weight 105 Hair BRO Eyes BRO Facial Hair, Scars, Tatoos, Glasses, Clothing, Etc.

Address #5 OIRANTO CLUB REG City HANAHAN State SC ZipCode 29406 Location

Using Alcohol? No Drugs? No Type: Arrested Near Scene Total # Arrested

Date/Time of Offense Date/Time of Arrest

SUBJECT #1

NARRATIVE

R/CSO RESPONDED TO MPPD HEADQUARTERS TO MEET WITH THE COMPLAINANT, MR. HARDING, AND HIS EMPLOYEE, MR. CALVIN GRIBBLE ABOUT A BREACH OF TRUST COMMITTED BY THE SUSPECT, MS. LATRACE. ACCORDING TO MR. HARDING, MS. LATRACE WORKED FOR HIS BUSINESS (CHRISTIAN WORLD ADOPTION). MS. LATRACE MADE TRIPS OVER SEAS, APPROX. FOUR TIMES A YEAR, TO TAKE CLOTHES, SHOES, MEDICATION, ETC. FOR THE ADOPTED CHILDREN WAITING TO BE PROCESSED FOR ENTRY INTO AMERICA. MR. HARDING HAS LEARNED FROM MR. GRIBBLE THAT MS. LATRACE HAS BEEN STORING THE ITEMS IN A STORAGE ROOM FOR THE LAST THREE MONTHS. THE ITEMS ARE CURRENTLY STORED AT: STORAGE TRUST REALITY OF 2560 ASHLEY PHOSPHATE ROAD. STORAGE UNIT # 214. R/CSO ALONG WITH DET. HEATHINGTON SPOKE WITH MR. HARDING AND MR. GRIBBLE. IT WAS LEARNED THAT MR. GRIBBLE AND MS. LATRACE LIVED TOGETHER AT ONE TIME AND THAT MR. GRIBBLE KNEW THAT MS. LATRACE HAD STORED THE ITEMS AT STORAGE TRUST REALITY. MR. GRIBBLE REPORTED THAT HE TRIED TO GET MS. LATRACE TO RETURN THE ITEMS, BUT MS. LATRACE TOLD HIM THAT SHE WAS GOING TO SELL THE ITEMS, MAKE WHATEVER AMOUNT

Jurisdiction of Theft Law Enforcement Agency Jurisdiction of Recovery Law Enforcement Agency

Type (Group)						Total Value
Stolen						
Damaged						
Burned						
Recovered						
Seized						

COPY

Subj. Identified Yes No X Active Admin Under Arrested Ex. Clearance  
 Subj. Located No Unfounded Closed 18 18 & Over Und 18 18&Over

Reason for Ex. Clearance: Offender Death No Prosecution Extradition Denied  
 Victim Declines Cooperation Juvenile-No Custody

Reporting Officers Date 05/24/95 Unit Nr 9207 Approving Officer Date 5-24-95 Unit Nr 896  
 CSO GERMAN-EJ

ADMIN

Supplemental Report	Modifies Original	Case Status Report	Page 2 of 2
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HE CAN THEN LEAVE THE COUNTRY (MOVE BACK TO VIETNAM). THE MISSING ITEMS  
 AND IN BOXES WITH THE "CHRISTIAN WORLD ADOPTION" BUSINESS NAME WRITTEN ON  
 THE COMPLAINANT, MR. HARDING, STATED THAT HE BECAME AWARE THAT A PROBLEM  
 AROSE WHEN HE HEARD FROM A NUMBER OF THE ADOPTIVE PARENTS THAT THEIR CHILD OR  
 CHILDREN WERE NOT RECEIVING THE ITEMS THAT SHOULD HAVE BEEN SENT. MR. HARDING HAS  
 LEARNED THAT THE SUSPECT WILL BE MOVING THIS WEEKEND AND WOULD LIKE TO RETRIEVE THE  
 GOODS FOR THE CHILDREN BEFORE THE SUSPECT LEAVES. NOTHING FURTHER.

COPY

A	Subj. Identified YES	X Active	Admin Closed	Arrested Under 18	18 & Over	Ex. Clearance Und 18	18&Over
	Subj. Located NO	Unfounded					
D	Reason for Ex. Clearance:			Offender Death Victim Declines	No Prosecution Cooperation	Extradition Denied Juvenile-No Custody	
M	Reporting Officers CSO GERMAN-EJ	Date 05/24/95	Unit Nr 9207	Approving Officer <i>[Signature]</i>		Date 5-24-95	Unit Nr 8926
I	Follow-up Investigation?						
N							

CAROLINA )  
 ) IN THE MUNICIPAL COURT FOR  
 HARLESTON ) THE TOWN OF MOUNT PLEASANT  
 )  
 ) DEFERRED PROSECUTION AGREEMENT  
 MOUNT PLEASANT )

Andy Latrace does hereby agree that as a CONDITION for the dismissal of the following  
 original charge (s):

CHARGE	TICKET NUMBER
1. <u>Breach of Trust</u>	<u>ED49773</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

the following applicable requirements will be accomplished as specifically required, and checked below:

- 1. A Non-refundable Administrative Fee of \$50.00 - to be paid by 4:30 ~~PM~~ 9/6/95
- 2. Community Service:  
 Hours 40 Agency Interfaith Crisis  
 Date of Completion within 90 days
- \_\_\_\_\_ 3. PTI (Pretrial Intervention) Date of Completion \_\_\_\_\_
- \_\_\_\_\_ 4. Alcohol Anonymous  
 Conditions \_\_\_\_\_ Date of Completion \_\_\_\_\_
- \_\_\_\_\_ 5. Traffic Safety School Date of Completion \_\_\_\_\_
- \_\_\_\_\_ 6. Counseling Program:  
 Date of Entry \_\_\_\_\_  
 Date of Completion \_\_\_\_\_  
 \_\_\_\_\_ Charleston In Recovery  
 \_\_\_\_\_ Charleston County Substance Abuse  
 \_\_\_\_\_ ADSAP \_\_\_\_\_  
 \_\_\_\_\_ ADA \_\_\_\_\_  
 \_\_\_\_\_ OTHER \_\_\_\_\_  
 Alternatives Substance Abuse - 10 days to enroll in the  
 \_\_\_\_\_ a. Evaluation Program appropriate 10 week program  
 \_\_\_\_\_ b. Alternatives to be determined by  
 \_\_\_\_\_ c. Alternatives I Alternatives.  
 \_\_\_\_\_ d. Alternatives II  
 \_\_\_\_\_ e. Alternatives III  
 \_\_\_\_\_ f. Alternatives Domestic Violence  
 \_\_\_\_\_ g. Alternatives Shoplifting  
 \_\_\_\_\_ h. Alternatives Other Program  
 \_\_\_\_\_ Private Counseling \_\_\_\_\_ Name of Counselor \_\_\_\_\_  
 Date of Completion \_\_\_\_\_
- \_\_\_\_\_ 7. Other Program(s) \_\_\_\_\_  
 Date of Entry \_\_\_\_\_ Date of Completion \_\_\_\_\_

IF YOU HAVE BEEN PLACED IN ANY PROGRAM YOU MUST PROVIDE VERIFICATION OF ENROLLMENT INTO SAID PROGRAM WITHIN TEN (10) DAYS UPON RECEIPT OF THIS AGREEMENT.