

INCIDENT REPORT

SC0100000		DISPATCH NUMBER 2016-008843	ORIGINAL CASE NUMBER			PAGE 1 OF 3 PAGES	NCIC ENTRY#	INQ.	ENT.			
EVENT	INCIDENT TYPE 1. ESCAPE		INCIDENT CODE	COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FORCED ENTRY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PREMISE TYPE JUVENILE ANNEX		UNITS ENTERED	TYPE VICTIM <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIG. ORG. <input checked="" type="checkbox"/> SOC. / PUB. <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF.			
	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:			ZIP CODE	WEAPON TYPE								
BEGINNING INCIDENT DATE 6/15/16		24 HR. CLOCK 0330	ENDING INCIDENT DATE 6/15/16	24 HR. CLOCK 0402	DISP. DATE 6/15/16	DISP. TIME 0419	TIME ARRIVED 0420	DEPART TIME 0730	TRACT #			
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) CHARLESTON COUNTY SHERIFF'S OFFICE			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT J	RACE	SEX	AGE	DOB	ETH
	HEIGHT	WEIGHT	HAIR XXX	EYES XXX	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #		
	ADDRESS #			STREET NAME		CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE H		H
	OCCUPATION			EMPLOYER		ALIAS		NIC #				
VICTIM #1	NAME: (LAST, FIRST, MIDDLE) N/A			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT J	RACE	SEX	AGE	DOB	ETH
	HEIGHT	WEIGHT	HAIR XXX	EYES XXX	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.			DRIVERS LIC / ID & STATE		SOCIAL SECURITY #		
	ADDRESS #			STREET NAME		CITY	STATE	ZIP CODE	DAY PHONE	EVENING PHONE H		H
	<input type="checkbox"/> VISIBLE INJURY			<input type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input type="checkbox"/> NO <input type="checkbox"/> YES		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"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED
SUBJ. I.D.	NAME: (LAST, FIRST, MIDDLE) RAWLS, CHRISTOPHER LEWIS			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT J	RACE W	SEX M	AGE 16	DOB 06/25/99	ETH N
	HEIGHT	WEIGHT	HAIR BLN	EYES BLU	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. NONE NOTED			DRIVERS LIC / ID & STATE NONE		SOCIAL SECURITY # UNKNOWN		
	ADDRESS # 7604			STREET NAME WINCHESTER ST		CITY N. CHARLESTON	STATE SC	ZIP CODE 29420	DAY PHONE	EVENING PHONE SAME		H
	<input type="checkbox"/> VISIBLE INJURY			<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNK		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> ALONE		<input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED
ARREST	(A) CHARGE N/A			(C) CHARGE N/A								
	(B) CHARGE N/A			(D) CHARGE N/A								
NARRATIVE	N/A											
PROPERTY EST.	TYPE (GROUP)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY	
	STOLEN										N/A	
	DAMAGED										JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY	
	BURNED										N/A	
	RECOVERED											
SEIZED												
ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR UNDER 18 <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) DEP WEAN			DATE 6/15/16	BADGE NUMBER 10551	APPROVING OFFICER SGT BARTON			DATE 6/15/16	BADGE NUMBER 10271		
	FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO						OFFICER					

INCIDENT SUPPLEMENT

J. Al Cannon, Jr.
 Sheriff

SC0100000	DISPATCH NUMBER 2016-008843	ORIGINAL CASE NUMBER N/A	PAGE 2 OF 4 PAGES	NCIC ENTRY# N/A	REQ. N/A	ENT. N/A
<input checked="" type="checkbox"/> ORIGINAL REPORT	<input type="checkbox"/> SUPPLEMENTAL REPORT	<input type="checkbox"/> ADDITIONAL VICTIMS	<input type="checkbox"/> ADDITIONAL WITNESSES	<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY		
<input type="checkbox"/> MODIFIES ORIGINAL	<input type="checkbox"/> CASE STATUS CHANGE	<input type="checkbox"/> ADDITIONAL OFFENDERS	<input type="checkbox"/> ADDITIONAL SUBJECTS	<input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY		

(Juvenile Annex) On the above date and time I responded to the incident location in reference an escape. I made contact with Sgt Heider who stepped outside and informed me that two Juveniles (Rawls and Rhoden) had escaped from Cell 1663G. I observed the outside of the cell and discovered the metal grate over the window had been pried open and inmate blankets thrown over the concertina wire. Lt Plunkett and Sgt Barton were notified and responded to the scene made all proper notifications. All additional units canvassed the surrounding areas.

Sgt Heider and DFC Wiggins informed me that the last time a round was conducted was at 0330 hours and that their window had been covered by toilet paper. DFC Wiggins stated his next round was at 0400 hours when he entered the cell removing the toilet paper finding both Juveniles missing. At 0417 hours the Detention Center's Control was notified.

I secured the outer and inner perimeter using crime scene tape. No one was authorized into the cell until Crime Scene Personal arrived. Once that was completed I started collecting all paperwork and histories on the Juveniles. Written statements were collected from all Detention Personal working on the shift and turned over to Sgt Ferguson.

Both Rawl and Rhoden will be entered into NCIC.

PROPERTY EST.	TYPE (GROUP)	N/A				TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY
	STOLEN						N/A
	DAMAGED						
	BURNED						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY
	RECOVERED						N/A
SEIZED							

ADMINISTRATIVE	SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SUBJECT LOCATED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARRESTED UNDER 18 <input type="checkbox"/> ARRESTED 18 AND OVER	<input type="checkbox"/> EX-CLEAR UNDER 18 <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) DEP WEAN	DATE 06/14/16	BADGE NUMBER 10551	APPROVING OFFICER SGT BARTON	DATE 06/14/16	BADGE NUMBER 10271
				FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER	

PERSON SUPPLEMENT

SC010000 DISPATCH NUMBER 2016-008843 ORIGINAL CASE NUMBER PAGE 3 of 4 PAGES NCIC ENTRY INQ. ENT.

ORIGINAL REPORT SUPPLEMENTAL REPORT ADDITIONAL VICTIMS ADDITIONAL WITNESSES ADDITIONAL STOLEN PROPERTY
 MODIFIES REPORT CASE STATUS CHANGE ADDITIONAL OFFENDERS ADDITIONAL SUBJECTS ADDITIONAL RECOVERED PROPERTY

SUBJ. ID. COMPLAINANT VICTIM # SUSPECT # SUBJECT # 2 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) **RHODEN, TYLIQUE D** RELATIONSHIP TO SUBJECT #1 #2 #3 N/A N/A N/A RESIDENT RACE SEX AGE DOB ETH J B M 16 8/14/99 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 508 185 BLK BRO NONE NOTED N/A UNKNOWN

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 2214 B VAN BUREN N. CHARLESTON SC 29405 [REDACTED] H SAME H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES DRUGS NO YES TYPE UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION EMPLOYER ALIAS NIC #
 N/A N/A NONE NOTED N/A

(A) CHARGE N/A (C) CHARGE N/A
 (B) CHARGE N/A (D) CHARGE N/A

SUBJ. ID. COMPLAINANT VICTIM # SUSPECT # SUBJECT # 3 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) **WIGGINS, ADAM CHARLES** RELATIONSHIP TO SUBJECT #1 #2 #3 N/A N/A N/A RESIDENT RACE SEX AGE DOB ETH J W M 35 5/24/81 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 510 200 BLK BRO NONE NOTED [REDACTED] UNKNOWN

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 4350 HEADQUARTERS RD N. CHARLESTON SC 29405 [REDACTED] B SAME B

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES DRUGS NO YES TYPE UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION EMPLOYER ALIAS NIC #
 DETENTION OFFICER CHARLESTON COUNTY NONE NOTED N/A

(A) CHARGE N/A (C) CHARGE N/A
 (B) CHARGE N/A (D) CHARGE N/A

SUBJ. ID. COMPLAINANT VICTIM # SUSPECT # SUBJECT # 4 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) **GREEN, LATOYA** RELATIONSHIP TO SUBJECT #1 #2 #3 N/A N/A N/A RESIDENT RACE SEX AGE DOB ETH J B F 31 8/2/84 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #
 504 180 BLK BRO NONE NOTED [REDACTED] UNKNOWN

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE
 4350 HEADQUARTERS RD N. CHARLESTON SC 29405 [REDACTED] B SAME H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES DRUGS NO YES TYPE UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION EMPLOYER ALIAS NIC #
 DETENTION OFFICER CHARLESTON COUNTY NONE NOTED N/A

(A) CHARGE N/A (C) CHARGE N/A
 (B) CHARGE N/A (D) CHARGE N/A

REMARKS

ADMINISTRATIVE

SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO ACTIVE ADM. CLOSED ARRESTED UNDER 18 EX-CLEAR UNDER 18
 UNFOUNDED ARRESTED 18 AND OVER EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE NO CUSTODY

REPORTING OFFICER(S) DATE BADGE NUMBER APPROVING OFFICER DATE BADGE NUMBER
 DEP WEAN 6/15/16 10551 SGT BARTON 6/15/16 10271

FOLLOW-UP INVESTIGATION YES NO OFFICER

PERSON SUPPLEMENT

SC010000 DISPATCH NUMBER 2016-008843 ORIGINAL CASE NUMBER PAGE 4 of 4 PAGES NCIC ENTRY INQ. ENT.

ORIGINAL REPORT SUPPLEMENTAL REPORT ADDITIONAL VICTIMS ADDITIONAL WITNESSES ADDITIONAL STOLEN PROPERTY
 MODIFIES REPORT CASE STATUS CHANGE ADDITIONAL OFFENDERS ADDITIONAL SUBJECTS ADDITIONAL RECOVERED PROPERTY

SUBJ. I.D. COMPLAINANT VICTIM # SUSPECT # SUBJECT # 5 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) SCOTT, TOMYKA RELATIONSHIP TO SUBJECT #1 N/A #2 N/A #3 N/A RESIDENT RACE SEX AGE DOB ETH J B F 28 9/26/87 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. NONE NOTED SOCIAL SECURITY # UNKNOWN

ADDRESS # 4350 STREET NAME HEADQUARTERS RD CITY N. CHARLESTON STATE SC ZIP CODE 29405 DAY PHONE EVENING PHONE B SAME B

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION DETENTION OFFICER EMPLOYER CHARLESTON COUNTY ALIAS NONE NOTED NIC # N/A

ARREST (A) CHARGE N/A (C) CHARGE N/A
 (B) CHARGE N/A (D) CHARGE N/A

SUBJ. I.D. COMPLAINANT VICTIM # SUSPECT # SUBJECT # 6 WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) HEIDER, KENNETH RELATIONSHIP TO SUBJECT #1 N/A #2 N/A #3 N/A RESIDENT RACE SEX AGE DOB ETH J W M 60 10/2/55 N

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. NONE NOTED SOCIAL SECURITY # UNKNOWN

ADDRESS # 4350 STREET NAME HEADQUARTERS RD CITY N. CHARLESTON STATE SC ZIP CODE 29405 DAY PHONE EVENING PHONE B SAME B

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION DETENTION OFFICER EMPLOYER CHARLESTON COUNTY ALIAS NONE NOTED NIC # N/A

ARREST (A) CHARGE N/A (C) CHARGE N/A
 (B) CHARGE N/A (D) CHARGE N/A

SUBJ. I.D. COMPLAINANT VICTIM # SUSPECT # SUBJECT # WITNESS # WANTED WARRANT ARREST RUNAWAY MISSING PERSON

NAME: (LAST, FIRST, MIDDLE) RELATIONSHIP TO SUBJECT #1 #2 #3 RESIDENT RACE SEX AGE DOB ETH J H H

HEIGHT WEIGHT HAIR EYES FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. DRIVERS LIC / ID & STATE SOCIAL SECURITY #

ADDRESS # STREET NAME CITY STATE ZIP CODE DAY PHONE EVENING PHONE H H

VISIBLE INJURY YES NO COMPLAINT OF NON-VISIBLE INJURIES NO YES USING ALCOHOL UNK NO YES UNK TWO-MAN VEHICLE DETECTIVE SPLASMT ALONE ONE-MAN VEHICLE OTHER ASSISTED

OCCUPATION EMPLOYER ALIAS NIC #

ARREST (A) CHARGE (C) CHARGE
 (B) CHARGE (D) CHARGE

REMARKS

ADMINISTRATIVE

SUBJECT IDENTIFIED YES NO SUBJECT LOCATED YES NO ACTIVE ADM. CLOSED ARRESTED UNDER 18 EX-CLEAR UNDER 18
 UNFOUNDED ARRESTED 18 AND OVER EX-CLEAR 18 AND OVER

REASON FOR EXCEPTIONAL CLEARANCE: 1. OFFENDER DEATH 2. NO PROSECUTION 3. EXTRADITION DENIED 4. VICTIM DECLINES COOPERATION 5. JUVENILE NO CUSTODY

REPORTING OFFICER(S) DATE BADGE NUMBER APPROVING OFFICER DATE BADGE NUMBER
 DEP WEAN 6/15/16 10551 SGT BARTON 6/15/16 10271

FOLLOW-UP OFFICER INVESTIGATION YES NO

Sheriff Al Cannon Detention Center

0001529092 **Name:** RAWLS, CHRISTOPHER CL4

Date of Birth: 06/25/99 **Booking Date:** 06/03/16

Race: W **Sex:** M **Height:** 5'4"



DEPENDANT NAME (LAST, FIRST, MIDDLE) RAWLS, CHRISTOPHER, LEWIS				RACE CAUC	SEX MALE	DATE OF BIRTH 06/25/1998	DOCKET NUMBER		
AGE 16	ETH. NON LIED	HEIGHT 509	WEIGHT 110	HAIR BLONDE	EYES BLUE	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	NCIC <input checked="" type="checkbox"/>	ID NUMBER
ADDRESS (NUMBER AND STREET) HOMELESS				CITY		STATE SC	ZIP CODE	RESIDENT UNKNOWN	PHONE NUMBER
ALLAS			PLACE OF BIRTH UNKNOWN		DRIVER LICENSE NUMBER			STATE	
EMPLOYER OR OCCUPATION			NEXT OF KIN		ADDRESS (CITY AND STATE)				
BOOKING OFFICER'S NAME				NUMBER	ARRESTING OFFICER BEAUDOIN, VICTORIA LANE		AGENCY NORTH CHARLESTON	NUMBER 344	
ARRESTEE ARMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				WEAPON TYPE: FIREARM		<input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL-AUTO		<input checked="" type="checkbox"/> ON VIEW ARREST <input type="checkbox"/> SUMMONED <input type="checkbox"/> CUSTODY	
JUVENILE DISPOSITION: 1. <input type="checkbox"/> HANDLED, RELEASED				2. <input checked="" type="checkbox"/> REFERRED TO OTHER AUTHORITY		*J-This Jurisdiction, S-State, O-Out of State, U-Unknown			
ADDITIONAL CASE NUMBERS							MORE IN REMARKS <input type="checkbox"/>		

IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE-A, B, C

CHARGE	CHARGE ID.	ARMED ROBBERY		POSSESSION OF A FIREARM DURING A	
	CHARGE				
BOND	BOND AMOUNT				
	BOND TYPE	DJJ CUST		DJJ CUST	
DISPOSITION	DISPOSITION	DAYS	AMOUNT	DAYS	AMOUNT
	SENTENCE				
	TIME SERVED				
	GOOD TIME				
	BALANCE				
	PAID				
	RECEIPT NUMBER				

CHARGE	CHARGE ID.				
	CHARGE				
BOND	BOND AMOUNT				
	BOND TYPE				
DISPOSITION	DISPOSITION	DAYS	AMOUNT	DAYS	AMOUNT
	SENTENCE				
	TIME SERVED				
	GOOD TIME				
	BALANCE				
	PAID				
	RECEIPT NUMBER				

RELEASE TIME	RELEASING OFFICER	NUMBER	AGENCY RELEASED TO
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SIGNATURE OF RECEIVING OFFICIAL X _____ LIST ANY REMARKS BELOW

VICTIM _____

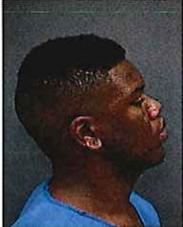
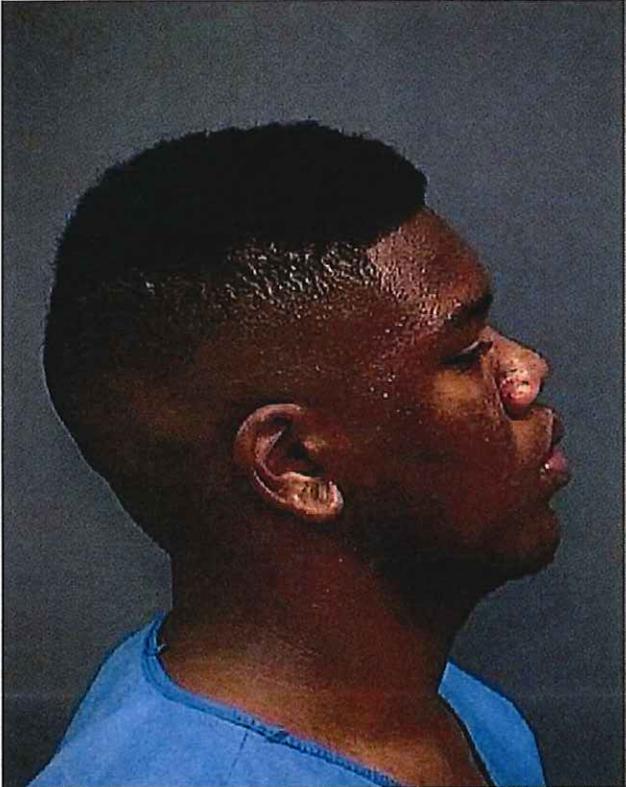
#1529092

Sheriff Al Cannon Detention Center

0001523854 **Name:** RHODEN, TYLIQUE D

Date of Birth: 08/14/99 **Booking Date:** 05/16/16

Race: B **Sex:** M **Height:** 5'9"



BOOKING REPORT

CASE NUMBER 2016003889

NORTH CHARLESTON 320100800	DATE/TIME OF ARREST 02/08/2016 18:36:00	PLACE OF ARREST 1538 Sumner AVENUE
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DEFENDANT NAME (LAST, FIRST, MIDDLE) RHODEN, TYLIQUE, D:	RACE AFRICAN AMER	SEX MALE	DATE OF BIRTH 08/14/1999	DOCKET NUMBER
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AGE 16	ETH. NON HISP	HEIGHT 508	WEIGHT 185	HAIR BROWN	EYES BROWN	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS	NCIC <input checked="" type="checkbox"/>	ID NUMBER
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ADDRESS (NUMBER AND STREET) 2214 VAN BUREN #B	CITY NORTH CHARLESTON	STATE SC	ZIP CODE 29405-	RESIDENT JURISDICTION	PHONE NUMBER
--	--------------------------	-------------	--------------------	-----------------------	--------------

ALIAS	PLACE OF BIRTH CHARLESTON	DRIVER LICENSE NUMBER	STATE
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EMPLOYER OR OCCUPATION NORTH CHARLESTON HIGH SCHOOL	NEXT OF KIN	ADDRESS (CITY AND STATE)
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BOOKING OFFICER'S NAME	NUMBER	ARRESTING OFFICER DALTON, R	AGENCY NORTH CHARLESTON	NUMBER 240
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ARRESTEE ARMED YES NO WEAPON TYPE: HANDGUN SEMIAUTO FULLAUTO ON VIEW ARREST SUMMONED CUSTODY

JUVENILE DISPOSITION: 1. HANDLED, RELEASED 2. REFERRED TO OTHER AUTHORITY *J-This Jurisdiction, S-State, O-Out of State, U-Unknown

ADDITIONAL CASE NUMBERS MORE IN REMARKS

IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE-A, B, C

CHARGE ID.	CHARGE	STATUTE	WARRANT NO.
	ARMED ROBBERY	13-161	TBD
	POSSESSION OF A FIREARM DURING A		TBD
	JUVENILE IN POSSESSION OF A FIREARM		TBD

BOND AMOUNT	BOND TYPE	RET. DATE
	GSC	02/06/2018

DISPOSITION	DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT
SENTENCE						
TIME SERVED						
GOOD TIME						
BALANCE						
PAID						
RECEIPT NUMBER	TBD		TBD			TBD

CHARGE ID.	CHARGE	STATUTE	WARRANT NO.

BOND AMOUNT	BOND TYPE	RET. DATE

DISPOSITION	DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT
SENTENCE						
TIME SERVED						
GOOD TIME						
BALANCE						
PAID						
RECEIPT NUMBER						

RELEASE DATE	TIME	RELEASE OFFICER	NUMBER	AGENCY RELEASED TO

SIGNATURE OF RECEIVING OFFICIAL X _____ LIST ANY REMARKS BELOW

VICTIM _____