

# INCIDENT REPORT

<b>SC0100000</b>		DISPATCH NUMBER <b>2016-008843</b>		ORIGINAL CASE NUMBER				PAGE 1 OF 3 PAGES				NCIC ENTRYN		INQ.		ENT.										
<b>EVENT</b>	INCIDENT TYPE				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 <b>JUVENILE ANNEX</b>				UNITS ENTERED		TYPE VICTIM									
																	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST. <input type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> RELIG. ORG <input checked="" type="checkbox"/> SOC. / PUB. <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF.									
INCIDENT LOCATION:																		ZIP CODE				WEAPON TYPE				
BEGINNING INCIDENT DATE <b>6/15/16</b>				24 HR. CLOCK <b>0330</b>		ENDING INCIDENT DATE <b>6/15/16</b>				24 HR. CLOCK <b>0402</b>		DISP. DATE <b>6/15/16</b>		DISP. TIME <b>0419</b>		TIME ARRIVED <b>0420</b>		DEPART TIME <b>0730</b>		TRACT #						
<b>COMPLAINANT</b>	NAME: (LAST, FIRST, MIDDLE) <b>CHARLESTON COUNTY SHERIFF'S OFFICE</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
	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						
OCCUPATION				EMPLOYER				ALIAS				NIC #														
<b>VICTIM #1</b>	NAME: (LAST, FIRST, MIDDLE) <b>N/A</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
	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						
<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						
EXPLAIN OCCUPATION				EMPLOYER				ALIAS				NIC #														
<b>SUBJ. I.D.</b>	NAME: (LAST, FIRST, MIDDLE) <b>RAWLS, CHRISTOPHER LEWIS</b>										RELATIONSHIP TO SUBJECT		RESIDENT		RACE		SEX		AGE		DOB		ETH			
	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						
<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						
EXPLAIN OCCUPATION				EMPLOYER				ALIAS				NIC #														
<b>ARREST</b>	(A) CHARGE <b>N/A</b>										(C) CHARGE <b>N/A</b>															
	(B) CHARGE <b>N/A</b>										(D) CHARGE <b>N/A</b>															
<b>NARRATIVE</b>	<b>N/A</b>																									
<b>PROPERTY EST.</b>	TYPE (GROUP)		<b>N/A</b>				<b>N/A</b>				<b>N/A</b>				<b>N/A</b>				<b>N/A</b>				TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY  <b>N/A</b>  JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY  <b>N/A</b>	
	STOLEN																									
	DAMAGED																									
	BURNED																									
RECOVERED																										
SEIZED																										
<b>ADMINISTRATIVE</b>	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)						DATE		BADGE NUMBER		APPROVING OFFICER						DATE		BADGE NUMBER							
	<b>DEP WEAN</b>						<b>6/15/16</b>		<b>10551</b>		<b>SGT BARTON</b>						<b>6/15/16</b>		<b>10271</b>							
FOLLOW-UP INVESTIGATION										<input type="checkbox"/> YES <input type="checkbox"/> NO																

# INCIDENT SUPPLEMENT

J. Al Cannon, Jr.

Sheriff

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

NARRATIVE

PROPERTY EST.	TYPE (GROUP)	<b>N/A</b>					TOTAL VALUE	JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY		
	STOLEN							<b>N/A</b>		
	DAMAGED									
	BURNED									
	RECOVERED									
	SEIZED							JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY		
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)			DATE	BADGE NUMBER	APPROVING OFFICER			DATE	BADGE NUMBER
	<b>DEP WEAN</b>			<b>06/14/16</b>	<b>10551</b>	<b>SGT BARTON</b>			<b>06/14/16</b>	<b>10271</b>
						FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO				

PERSON SUPPLEMENT

Sheriff

<b>SC0100000</b>		DISPATCH NUMBER <b>2016-008843</b>		ORIGINAL CASE NUMBER		PAGE <b>3</b> OF <b>4</b> PAGES		NCIC ENTRY		INQ.		ENT.	
<input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> MODIFIES REPORT		<input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CASE STATUS CHANGE		<input type="checkbox"/> ADDITIONAL VICTIMS <input type="checkbox"/> ADDITIONAL OFFENDERS		<input type="checkbox"/> ADDITIONAL WITNESSES <input type="checkbox"/> ADDITIONAL SUBJECTS		<input type="checkbox"/> ADDITIONAL STOLEN PROPERTY <input type="checkbox"/> ADDITIONAL RECOVERED PROPERTY					
SUBJ. ID.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____ <input type="checkbox"/> SUSPECT # _____ <input checked="" type="checkbox"/> SUBJECT # <b>2</b> <input type="checkbox"/> WITNESS # _____ <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON												
	NAME: (LAST, FIRST, MIDDLE) <b>RHODEN, TYLIQUE D</b> RELATIONSHIP TO SUBJECT #1 <b>N/A</b> #2 <b>N/A</b> #3 <b>N/A</b> RESIDENT <b>J</b> RACE <b>B</b> SEX <b>M</b> AGE <b>16</b> DOB <b>8/14/99</b> ETH <b>N</b>												
	HEIGHT <b>508</b> WEIGHT <b>185</b> HAIR <b>BLK</b> EYES <b>BRO</b> FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>NONE NOTED</b> DRIVERS LIC / ID & STATE <b>N/A</b> SOCIAL SECURITY # <b>UNKNOWN</b>												
	ADDRESS # <b>2214 B</b> STREET NAME <b>VAN BUREN</b> CITY <b>N. CHARLESTON</b> STATE <b>SC</b> ZIP CODE <b>29405</b> DAY PHONE <b>[REDACTED]</b> EVENING PHONE <b>SAME</b> <input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES USING ALCOHOL <b>UNK</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <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												
	EXPLAIN <b>N/A</b> OCCUPATION <b>N/A</b> EMPLOYER <b>N/A</b> ALIAS <b>NONE NOTED</b> NIC # <b>N/A</b>												
ARREST	(A) CHARGE <b>N/A</b> (C) CHARGE <b>N/A</b> (B) CHARGE <b>N/A</b> (D) CHARGE <b>N/A</b>												
SUBJ. ID.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____ <input type="checkbox"/> SUSPECT # _____ <input checked="" type="checkbox"/> SUBJECT # <b>3</b> <input type="checkbox"/> WITNESS # _____ <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON												
	NAME: (LAST, FIRST, MIDDLE) <b>WIGGINS, ADAM CHARLES</b> RELATIONSHIP TO SUBJECT #1 <b>N/A</b> #2 <b>N/A</b> #3 <b>N/A</b> RESIDENT <b>J</b> RACE <b>W</b> SEX <b>M</b> AGE <b>35</b> DOB <b>5/24/81</b> ETH <b>N</b>												
	HEIGHT <b>510</b> WEIGHT <b>200</b> HAIR <b>BRO</b> EYES <b>BRO</b> FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>NONE NOTED</b> DRIVERS LIC / ID & STATE <b>[REDACTED]</b> SOCIAL SECURITY # <b>UNKNOWN</b>												
	ADDRESS # <b>4350</b> STREET NAME <b>HEADQUARTERS RD</b> CITY <b>N. CHARLESTON</b> STATE <b>SC</b> ZIP CODE <b>29405</b> DAY PHONE <b>[REDACTED]</b> EVENING PHONE <b>SAME</b> <input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES USING ALCOHOL <b>UNK</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <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												
	EXPLAIN <b>DETENTION OFFICER</b> OCCUPATION <b>DETENTION OFFICER</b> EMPLOYER <b>CHARLESTON COUNTY</b> ALIAS <b>NONE NOTED</b> NIC # <b>N/A</b>												
ARREST	(A) CHARGE <b>N/A</b> (C) CHARGE <b>N/A</b> (B) CHARGE <b>N/A</b> (D) CHARGE <b>N/A</b>												
SUBJ. ID.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # _____ <input type="checkbox"/> SUSPECT # _____ <input checked="" type="checkbox"/> SUBJECT # <b>4</b> <input type="checkbox"/> WITNESS # _____ <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON												
	NAME: (LAST, FIRST, MIDDLE) <b>GREEN, LATOYA</b> RELATIONSHIP TO SUBJECT #1 <b>N/A</b> #2 <b>N/A</b> #3 <b>N/A</b> RESIDENT <b>J</b> RACE <b>B</b> SEX <b>F</b> AGE <b>31</b> DOB <b>8/2/84</b> ETH <b>N</b>												
	HEIGHT <b>504</b> WEIGHT <b>180</b> HAIR <b>BLK</b> EYES <b>BRO</b> FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>NONE NOTED</b> DRIVERS LIC / ID & STATE <b>[REDACTED]</b> SOCIAL SECURITY # <b>UNKNOWN</b>												
	ADDRESS # <b>4350</b> STREET NAME <b>HEADQUARTERS RD</b> CITY <b>N. CHARLESTON</b> STATE <b>SC</b> ZIP CODE <b>29405</b> DAY PHONE <b>[REDACTED]</b> EVENING PHONE <b>SAME</b> <input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES USING ALCOHOL <b>UNK</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> DRUGS <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TYPE <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												
	EXPLAIN <b>DETENTION OFFICER</b> OCCUPATION <b>DETENTION OFFICER</b> EMPLOYER <b>CHARLESTON COUNTY</b> ALIAS <b>NONE NOTED</b> NIC # <b>N/A</b>												
ARREST	(A) CHARGE <b>N/A</b> (C) CHARGE <b>N/A</b> (B) CHARGE <b>N/A</b> (D) CHARGE <b>N/A</b>												
REMARKS													
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"/> ARRESTED UNDER 18 <input type="checkbox"/> EX-CLEAR UNDER 18 <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) <b>DEP WEAN</b> DATE <b>6/15/16</b> BADGE NUMBER <b>10551</b> APPROVING OFFICER <b>SGT BARTON</b> DATE <b>6/15/16</b> BADGE NUMBER <b>10271</b>												
	FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO OFFICER												

PERSON SUPPLEMENT

Sheriff

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

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # <b>5</b> <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) <b>SCOTT, TOMYKA</b>			RELATIONSHIP TO SUBJECT #1 <b>N/A</b> #2 <b>N/A</b> #3 <b>N/A</b>			RESIDENT <b>J</b>	RACE <b>B</b>	SEX <b>F</b>	AGE <b>28</b>	DOB <b>9/26/87</b>	ETH <b>N</b>	
	HEIGHT <b>411</b> WEIGHT <b>100</b> HAIR <b>BLK</b> EYES <b>BRO</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>NONE NOTED</b>											
	ADDRESS # <b>4350</b>		STREET NAME <b>HEADQUARTERS RD</b>		CITY <b>N. CHARLESTON</b>		STATE <b>SC</b>		ZIP CODE <b>29405</b>		DAY PHONE <b>[REDACTED]</b>		EVENING PHONE <b>B SAME B</b>	
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> UNK <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION <b>DETENTION OFFICER</b>		EMPLOYER <b>CHARLESTON COUNTY</b>		ALIAS <b>NONE NOTED</b>		NIC # <b>N/A</b>							
ARREST	(A) CHARGE <b>N/A</b>				(C) CHARGE <b>N/A</b>									
	(B) CHARGE <b>N/A</b>				(D) CHARGE <b>N/A</b>									

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # <b>6</b> <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE) <b>HEIDER, KENNETH</b>			RELATIONSHIP TO SUBJECT #1 <b>N/A</b> #2 <b>N/A</b> #3 <b>N/A</b>			RESIDENT <b>J</b>	RACE <b>W</b>	SEX <b>M</b>	AGE <b>60</b>	DOB <b>10/2/55</b>	ETH <b>N</b>	
	HEIGHT <b>603</b> WEIGHT <b>260</b> HAIR <b>GRY</b> EYES <b>BRO</b>		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC. <b>NONE NOTED</b>											
	ADDRESS # <b>4350</b>		STREET NAME <b>HEADQUARTERS RD</b>		CITY <b>N. CHARLESTON</b>		STATE <b>SC</b>		ZIP CODE <b>29405</b>		DAY PHONE <b>[REDACTED]</b>		EVENING PHONE <b>B SAME B</b>	
	<input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> UNK <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION <b>DETENTION OFFICER</b>		EMPLOYER <b>CHARLESTON COUNTY</b>		ALIAS <b>NONE NOTED</b>		NIC # <b>N/A</b>							
ARREST	(A) CHARGE <b>N/A</b>				(C) CHARGE <b>N/A</b>									
	(B) CHARGE <b>N/A</b>				(D) CHARGE <b>N/A</b>									

SUBJ. I.D.	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> SUBJECT # <input type="checkbox"/> WITNESS # <input type="checkbox"/> WANTED <input type="checkbox"/> WARRANT <input type="checkbox"/> ARREST <input type="checkbox"/> RUNAWAY <input type="checkbox"/> MISSING PERSON	NAME: (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT #1 #2 #3			RESIDENT <b>J</b>	RACE	SEX	AGE	DOB	ETH	
	HEIGHT WEIGHT HAIR EYES		FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.											
	ADDRESS #		STREET NAME		CITY		STATE		ZIP CODE		DAY PHONE		EVENING PHONE	
	<input type="checkbox"/> VISIBLE INJURY YES <input type="checkbox"/> NO		<input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES NO <input type="checkbox"/> YES		USING ALCOHOL <input type="checkbox"/> UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>		<input type="checkbox"/> TWO-MAN VEHICLE <input type="checkbox"/> ONE-MAN VEHICLE <input type="checkbox"/> ASSISTED		<input type="checkbox"/> DETECTIVE SPLASMT <input type="checkbox"/> OTHER <input type="checkbox"/>		<input type="checkbox"/> ALONE <input type="checkbox"/>			
	OCCUPATION		EMPLOYER		ALIAS		NIC #							
ARREST	(A) CHARGE				(C) CHARGE									
	(B) CHARGE				(D) CHARGE									

REMARKS												
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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"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18					
				<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) <b>DEP WEAN</b>			DATE <b>6/15/16</b>		BADGE NUMBER <b>10551</b>		APPROVING OFFICER <b>SGT BARTON</b>			DATE <b>6/15/16</b>		BADGE NUMBER <b>10271</b>	
							FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> 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	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	
ALIAS				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 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 DISPOSITION	CHARGE ID.										
	CHARGE	ARMED ROBBERY				POSSESSION OF A FIREARM DURING A					
	STATUTE										
	WARRANT NO.										
	BOND AMOUNT										
	BOND TYPE	DJJ CUST				DJJ CUST					
	RET. DATE										
	DISPOSITION										
		DAYS	AMOUNT		DAYS	AMOUNT		DAYS	AMOUNT		
	SENTENCE										
CHARGE DISPOSITION	TIME SERVED										
	GOOD TIME										
	BALANCE										
	PAID										
	RECEIPT NUMBER										
	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	RELEASED OFFICER			NUMBER	AGENCY RELEASED TO					
SIGNATURE OF RECEIVING OFFICIAL X _____ LIST ANY REMARKS BELOW											
VICTIM _____											
#1529092											

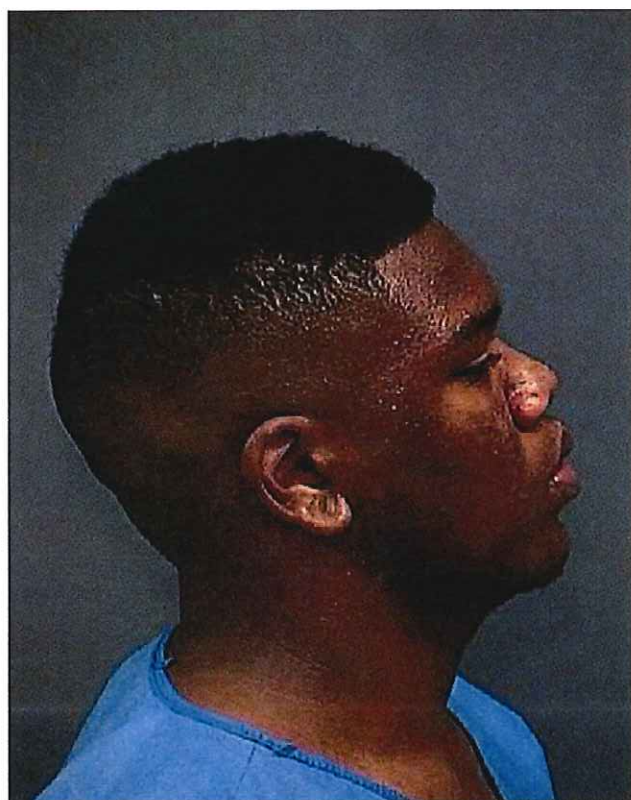


# ***Sheriff Al Cannon Detention Center***

**0001523854      Name:** RHODEN, TYLIQUE D

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

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



Jun. 15, 2016 5:19AM

## BOOKING REPORT

No. 8144 P. 1  
CASE NUMBER

2016003889

NORTH CHARLESTON SC0100000		DATE/TIME OF ARREST 02/08/2016 18:36:00		PLACE OF ARREST 1538 Sumner AVENUE		2016003889	
DEFENDANT NAME (LAST, FIRST, MIDDLE) RHODEN, TYLIQUE, D:				RACE AFRICAN AMER	SEX MALE	DATE OF BIRTH 08/14/1999	DOCKET NUMBER
AGE 16	ETH. NON HISP	HEIGHT 508	WEIGHT 185	HAIR BROWN	EYES BROWN	SOCIAL SECURITY NUMBER	VISIBLE SCARS AND MARKS
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	
EMPLOYER OR OCCUPATION NORTH CHARLESTON HIGH SCHOOL		NEXT OF KIN		ADDRESS (CITY AND STATE)			
BOOKING OFFICER'S NAME		NUMBER	ARRESTING OFFICER DALTON, R		AGENCY NORTH CHARLESTON	NUMBER 240	
ARRESTEE ARMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WEAPON TYPE: HANDGUN				SENSE AUTO 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		1/		MORE IN REMARKS			
IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE-A, B, C							
CHARGE	CHARGE I.D.	ARMED ROBBERY		POSSESSION OF A FIREARM DURING A		JUVENILE IN POSSESSION OF A FIREARM	
	STATUTE			13-161			
	WARRANT NO.	TBD		TBD		TBD	
	BOND AMOUNT						
BOND	BOND TYPE	GSC		GSC		GSC	
	RET. DATE					02/06/2018	
	DISPOSITION						
		DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT
DISPOSITION	SENTENCE						
	TIME SERVED						
	GOOD TIME						
	BALANCE						
	PAID						
	RECEIPT NUMBER	TBD		TBD		TBD	
CHARGE	CHARGE I.D.						
	STATUTE						
	WARRANT NO.						
	BOND AMOUNT						
BOND	BOND TYPE						
	RET. DATE						
	DISPOSITION						
		DAYS	AMOUNT	DAYS	AMOUNT	DAYS	AMOUNT
DISPOSITION	SENTENCE						
	TIME SERVED						
	GOOD TIME						
	BALANCE						
	PAID						
	RECEIPT NUMBER						
RELEASE DATE	TBD	RELEASE OFFICER		NUMBER	AGENCY RELEASED TO		

SIGNATURE OF RECEIVING OFFICIAL X \_\_\_\_\_ LIST ANY REMARKS BELOW

VICTIM \_\_\_\_\_