

INCIDENT REPORT

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|---|---|---------------------------------------|------------------------------|--|---|-------------------------------|--|--|--|--|--|------------------------------------|--|--|--|
| SC0100000 | | DISPATCH NUMBER 2015-017090 | | ORIGINAL CASE NUMBER | | PAGE 1 OF 2 PAGES | | NOC ENTRY | | SHERIFF | | ENT | | | |
| | | | | | | | | | | | | | | | |
| EVENT | 1 Information | | | 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 Fairgrounds | | TYPE VICTIM <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIG ORG <input type="checkbox"/> SOC/PUB <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF | |
| | 2 Injured Person | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | Fairgrounds | | | |
| | 3 | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| | INCIDENT LOCATION 9850 Hwy 78, Ladson, SC | | | ZIP CODE 29458 | | WEAPON TYPE Unknown | | | | | | | | | |
| COMPLAINANT | BEGINNING INCIDENT DATE 11-01-15 | | 24 HR. CLOCK 19:20 | | ENDING INCIDENT DATE 11-01-15 | | 24 HR. CLOCK 20:00 | | DISP. DATE 11-01-15 | | DISP. TIME 19:20 | | TIME ARRIVED 19:20 | | |
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| VICTIM #1 | NAME (LAST, FIRST, MIDDLE) Same as Victim | | | RELATIONSHIP TO SUBJECT #1 | | | RESIDENT J | | | RACE W | | | SEX M | | |
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| SUBJ #1 | HEIGHT 602 | | WEIGHT 190 | | HAIR BRO | | EYES BRO | | FACIAL HAIR, SCARS, TATOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC N/A | | DRIVERS LIC / ID & STATE Unknown | | SOCIAL SECURITY # Unknown | | |
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| ARREST | ADDRESS # | | | STREET NAME | | | CITY N. Charleston | | | STATE SC | | | ZIP CODE 29418 | | |
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| NARRATIVE | EXPLAIN Puncture - wound left side | | | EMPLOYER N/A | | | ALIAS N/A | | | NOC # | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| PROPERTY EST | TYPE (GROUP) N/A | | | | | | | | | | | | TOTAL VALUE | | |
| | | | | | | | | | | | | | | | |
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| ADMINISTRATIVE | SUBJECT IDENTIFIED <input type="checkbox"/> YES <input checked="" 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 | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| 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 | | | DATE 11-01-15 | | | BADGE NUMBER 8585 | | | APPROVING OFFICER Lt. M. Anderson | | | DATE 11-01-15 | | | |
| | | | | | | | | | | | | | | | |
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PERSON SUPPLEMENT

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|---|--|---|--|--|--|---|--|---|--|-----|--|-----|--|
| SC0100000 | | DISPATCH NUMBER 2015-017090 | | ORIGINAL CASE NUMBER | | PAGE 2 OF 2 PAGES | | INIC 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 | | | | | |

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|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------|--|-----------|--|----------|--|-----------|--|---|--|-------------|--|-------------------|--|----------------|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|
| SUBJ ID | COMPLAINANT <input type="checkbox"/> VICTIM # | | NAME (LAST, FIRST, MIDDLE) Barr, Kenneth | | | | | | | | | | RELATIONSHIP TO SUBJECT #1 Friend #2 #3 | | RESIDENT S | | RACE W | | SEX M | | AGE 17 | | DOB 5/7/98 | | ETH N | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> SUBJECT # 1 | | HEIGHT WEIGHT HAIR EYES FACIAL HAIR SCARS TATTOOS GLASSES CLOTHING PHYSICAL PECULIARITIES ETC 509 165 BRO BRO N/a | | | | | | | | | | DRIVERS LIC / NO & STATE XXXXXXXXXX | | SOCIAL SECURITY # Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> WITNESS # | | ADDRESS # 5109 | | | | | | | | | | STREET NAME Parrum Ct | | | | | | | | | | CITY Summerville | | STATE SC | | ZIP CODE 29483 | | DAY PHONE H | | EVENING PHONE H | | | | | | | | | | | |
| | <input type="checkbox"/> WANTED | | <input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | | | | <input type="checkbox"/> USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASHT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED | | | | | | | | | |
| | <input type="checkbox"/> WARRANT | | OCCUPATION Student | | | | | | | | | | EMPLOYER Summerville High | | | | | | | | | | ALIAS N/a | | | | | | | | | | NIC # | | | | | | | | | |
| | <input type="checkbox"/> ARREST | | (A) CHARGE N/a | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |
| | <input type="checkbox"/> RUNAWAY | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |
| | <input type="checkbox"/> MISSING PERSON | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |
| | <input type="checkbox"/> MISSING PERSON | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |
| | <input type="checkbox"/> MISSING PERSON | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |

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| SUBJ ID | COMPLAINANT <input type="checkbox"/> VICTIM # | | NAME (LAST, FIRST, MIDDLE) Butler, Trent | | | | | | | | | | RELATIONSHIP TO SUBJECT #1 Friend #2 #3 | | RESIDENT J | | RACE W | | SEX M | | AGE 17 | | DOB 1/23/98 | | ETH N | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> SUBJECT # 2 | | HEIGHT WEIGHT HAIR EYES FACIAL HAIR SCARS TATTOOS GLASSES CLOTHING PHYSICAL PECULIARITIES ETC 509 160 BRO BRO N/a | | | | | | | | | | DRIVERS LIC / NO & STATE XXXXXXXXXX | | SOCIAL SECURITY # Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> WITNESS # | | ADDRESS # 114 | | | | | | | | | | STREET NAME Old Dominion Rd | | | | | | | | | | CITY N. Charleston | | STATE SC | | ZIP CODE 29418 | | DAY PHONE H | | EVENING PHONE H | | | | | | | | | | | |
| | <input type="checkbox"/> WANTED | | <input type="checkbox"/> VISIBLE INJURY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> COMPLAINT OF NON-VISIBLE INJURIES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | | | | <input type="checkbox"/> USING ALCOHOL UNK <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> TWO MAN VEHICLE <input type="checkbox"/> DETECTIVE SPLASHT <input type="checkbox"/> ALONE <input type="checkbox"/> ONE MAN VEHICLE <input type="checkbox"/> OTHER <input type="checkbox"/> ASSISTED | | | | | | | | | |
| | <input type="checkbox"/> WARRANT | | OCCUPATION Student | | | | | | | | | | EMPLOYER Unknown | | | | | | | | | | ALIAS N/a | | | | | | | | | | NIC # | | | | | | | | | |
| | <input type="checkbox"/> ARREST | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |
| | <input type="checkbox"/> RUNAWAY | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |
| | <input type="checkbox"/> MISSING PERSON | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |
| | <input type="checkbox"/> MISSING PERSON | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |
| | <input type="checkbox"/> MISSING PERSON | | (A) CHARGE | | | | | | | | | | (C) CHARGE | | | | | | | | | | (B) CHARGE | | | | | | | | | | (D) CHARGE | | | | | | | | | |

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

See Page #1

| | | | | | | | | | | | | | |
|--|--|--|-------------------|--|----------------------|---|--------------------------------------|---|--|-------------------|--|----------------------|--|
| SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | ACTIVE <input checked="" 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 <input type="checkbox"/> | | | | | |
| 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. W. Collins | | | DATE 11/1/2015 | | BADGE NUMBER 8565 | | APPROVING OFFICER Lt. M. Anderson | | | DATE 11/1/2015 | | BADGE NUMBER 9336 | |
| FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | OFFICER | | | |