

Assign - Will & Philip

INCIDENT REPORT

SC010000		DISPATCH NUMBER 2016-006297		ORIGINAL CASE NUMBER N/A		PAGE 1 OF 1 PAGES		SHERIFF		NCIC ENTRY		ING.		EA							
EVENT	1. Investigation			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 Jail		TYPE VICTIM									
	2. N/A					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		N/A		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL INST <input type="checkbox"/> GOVERNMENT									
	3. N/A					<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		N/A		<input type="checkbox"/> RELIG. ORG <input type="checkbox"/> SOC./PUB. <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> POLICE OFF.									
INCIDENT LOCATION: 4045 Bridgeview Dr N. Charleston SC						ZIP CODE 29405		WEAPON TYPE N/A													
BEGINNING INCIDENT DATE 4/2/16		24 HR. CLOCK 0700		ENDING INCIDENT DATE 4/2/16		24 HR. CLOCK 1200		DISP. DATE 4/21/16		DISP. TIME 1130		TIME ARRIVED 1130		DEPART TIME 1200		TRACT # 172-A					
COMPLAINANT	NAME: (LAST, FIRST, MIDDLE) Charleston County Sheriff's Office			RELATIONSHIP TO SUBJECT			RESIDENT		RACE		SEX		AGE		DOB		ETI				
	HEIGHT		WEIGHT		HAIR XXX		EYES XXX		FACIAL HAIR, SCARS, TATOOS, 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 #													
VICTIM #	NAME: (LAST, FIRST, MIDDLE) Unknown			RELATIONSHIP TO SUBJECT			RESIDENT		RACE		SEX		AGE		DOB		ETI				
	HEIGHT		WEIGHT		HAIR XXX		EYES XXX		FACIAL HAIR, SCARS, TATOOS, 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		<input type="checkbox"/> 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-WAY VEHICLE		<input type="checkbox"/> DETECTIVE SPLASH		<input type="checkbox"/> ALONE							
EXPLAIN OCCUPATION			EMPLOYER			ALIAS		NIC #													
SUBJ. ID	<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> VICTIM # <input type="checkbox"/> SUSPECT # <input checked="" type="checkbox"/> SUBJECT # 1 <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) Pending			RELATIONSHIP TO SUBJECT			RESIDENT		RACE		SEX		AGE		DOB		ETI	
	HEIGHT		WEIGHT		HAIR XXX		EYES XXX		FACIAL HAIR, SCARS, TATOOS, 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		<input type="checkbox"/> 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-WAY VEHICLE		<input type="checkbox"/> DETECTIVE SPLASH		<input type="checkbox"/> ALONE							
EXPLAIN OCCUPATION			EMPLOYER			ALIAS		NIC #													
ARREST	(A) CHARGE N/A			(C) CHARGE																	
	(B) CHARGE N/A			(D) CHARGE																	
NARRATIVE	(N. Charleston) On the above date Detectives initiated an investigation at the jail. This case is active and ongoing.																				
	PROPERTY EST.	TYPE (GROUP)		N/A												TOTAL VALUE		JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY			
		STOLEN																N/A			
		DAMAGED																			
		BURNED																			
RECOVERED																N/A					
SEIZED																					
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												
	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) J. P. Montz			DATE 4/21/16		BADGE NUMBER 9823		APPROVING OFFICER Sgt. J. Zealberg			DATE 4/21/16		BADGE NUMBER 8779								
FOLLOW-UP INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO																					

**CHARLESTON COUNTY SHERIFF'S OFFICE**  
 3505 PINEHAVEN DRIVE, CHARLESTON, S.C. 29405-7789 (843) 202-1700

**ARREST AND**  **SUPPLEMENTAL BOOKING REPORT**

J. Al Cannon,  
Sher

<b>SC0100000</b>	TIME 1515	CURRENT DATE 4-26-16	DISPATCH NO. 2011-006297	ORIGINAL CASE NO.	TRACT #
DEFENDANT NAME (LAST, FIRST, MIDDLE) <b>Brown, Victoria Lynette</b>					
AGE 22	ETH N	HEIGHT 509	WEIGHT 155	HAIR BLK	RACE B
ADDRESS (NUMBER AND STREET) 3969 Plumbranch Avenue			CITY North Charleston	STATE SC	ZIP CODE 29418
ALIAS None		PLACE OF BIRTH Charleston	DRIVERS LICENSE NUMBER, # & STATE [REDACTED] (SC)		
EMPLOYER OR OCCUPATION Trinity Services		NEXT OF KIN Corl Caldwell	ADDRESS (CITY AND STATE) Same		PHONE NUMBER 843-861-3667
TRANSPORTING OFFICERS NAME		NUMBER	ARRESTING OFFICER Moniz	NUMBER 9623	AGENCY CCSO
ARRESTEE ARRESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WEAPON TYPE <input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL-AUTO					
JUVENILE DISPOSITION 1. <input type="checkbox"/> HANDED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY			EXAMINED BY HOSPITAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		VEHICLE TOWED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
* HOLDING FOR ANOTHER AGENT, CHECK CHARGE A, B, C					
CHARGE I.D.	A		B		C
ADDITIONAL CASE NO.'S					
CHARGE	Sexual Misconduct w/ an Inmate				
STATUTE	44-23-1150				
BOND AMOUNT	TBS				
WARRANT/TICKET #	2016A1010201916				
BOND HEARING DATE	4-26-16	6pm	DUTY		
DATE & TIME OF TRVL/MAGISTRATE	4-26-16	5	C		

# 1538450

THE UNDERSIGNED HEREBY COMITS TO YOUR CUSTODY THE ABOVE INDIVIDUAL AND SWEARS THAT THE INFORMATION CONTAINED IN THIS SUPPLEMENTAL ARREST & BOOKING REPORT IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.					
DATE F.P.	TIME F.P.	SIGNATURE		PHOTO ID #	DATE OF PHOTO
4/26/16	3:17	[Signature]			
CONDITION AT TIME OF ARRESTION fair	SEARCHING OFFICER Keid	SUPERVISOR REVIEW AND SIGN			
EXPLAIN LOCAL PRIOR ARREST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WANTED ON WARRANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MISCELLANEOUS			
ATTORNEY	PERSON TO CALL IN EMERGENCY	ADDRESS		PHONE NUMBER	
SENTENCE TO DAYS	AND/OR	FINE AMOUNT	COURT	EXPIRATION OF SENTENCE	
A.					
B.					
C.					
HOW STATE RELEASED: <input type="checkbox"/> BOND <input type="checkbox"/> FINE AMOUNTS		SURETY BOND / COMPANY RECEIPT NO.		EXPIRATION OF SENTENCE <input type="checkbox"/> BY CLERK OF COURT <input type="checkbox"/> REL. AT	
TRANSFERRED OR RELEASED TO:		AGENCY:		DATE	TIME
		OFFICER:		DATE	TIME
RELEASING OFFICER			SUPERVISOR REVIEW AND SIGN		

Charleston County Sheriff's Office  
Criminal Investigations Division  
Phone (843) 554-2475



3691 Leeds Avenue  
Charleston Heights, SC 29405  
FAX (843) 554-9744

STATE OF SOUTH CAROLINA  
COUNTY OF CHARLESTON

AFFIDAVIT

OCA # 2016-006297

Personally appeared before me, a magistrate of this County, one Detective J. P. Moniz, who, first being duly sworn, deposes and says that

VICTORIA LINNETTE BROWN

did within this County and State on or about the 2nd day of April, 2016, violate the criminal laws of the State of South Carolina in the following particulars:

**DESCRIPTION OF OFFENSE**  
**SEXUAL MISCONDUCT WITH AN INMATE**  
**44-23-1150**

The affiant states that there is probable cause to believe that the defendant named above did commit the crime(s) set forth, and that such probable cause is based on the following facts:

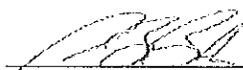
That on or about April 2, 2016, while at the Charleston County Detention Center at 3841 Leeds Avenue, in the North Charleston section of the County and State aforesaid, the above named defendant, **VICTORIA LINNETTE BROWN**, did commit the offense of violation section 44-23-1150 of the South Carolina Code of Laws, 1976 as amended, **SEXUAL MISCONDUCT WITH AN INMATE**, in that she did willfully, unlawfully, and feloniously commit a sexual act with one [REDACTED] (who was a current inmate) inside the kitchen cooler inside the detention center.

That on April 25, 2016, Detective P. Moniz and Detective W. Muirheid interviewed the victim, at which time he gave a recorded statement naming and identifying the defendant as the actor, whom he had vaginal intercourse with. The victim stated that he and the defendant committed the sexual intercourse inside the walk-in cooler while he was an inmate worker in the detention center's kitchen.

On April 26, 2016, Detectives P. Moniz and Detective W. Muirheid interviewed the defendant. After being advised of her rights per Miranda, the defendant admitted to having sexual intercourse with the victim inside the walk-in cooler inside the jail while she was employed by Charleston County as a contractor/production supervisor.

This information was revealed to Detective P. Moniz and Detective W. Muirheid through the statement of the victim and the investigation of detectives of the Charleston County Sheriff's Office, who are all witnesses to prove the same against the form and dignity of the State.

Sworn to and Subscribed before me  
this 26 day of April, 2016

  
Signature of Judge

  
Charleston County Sheriff's Office  
3691 Leeds Avenue,  
North Charleston, SC 29405

ARREST WARRANT

2016A1010201916

STATE OF SOUTH CAROLINA  
 County/  Municipality of  
Charleston

THE STATE  
against

Victoria Linnette Brown  
Address: 3969 Plumbranch Ave  
North Charleston, SC 29418-8527

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_  
Sex: F Race: B Height: 5 9 Weight: 154  
DL State: SC DL #: \_\_\_\_\_

DOB: 11/1/1993 Agency ORI #: SC0100000  
Prosecuting Agency: Charleston County Sheriff  
Prosecuting Officer: John Philip Moniz - 0185

Offense: Sex / First degree sexual misconduct with inmate of  
correctional facility or patient or trainee of state  
Offense Code: 0461  
Code/Ordinance Sec: 44-23-1150 (c)(1)

This warrant is CERTIFIED FOR SERVICE in the  
 County/  Municipality of \_\_\_\_\_  
is to be arrested and brought before me to be  
dealt with according to the law. (L.S.)

Date: \_\_\_\_\_  
Signature of Judge

RETURN  
A copy of this arrest warrant was delivered to  
defendant Victoria Brown  
on 4-26-16

Signature of Constable/Law Enforcement Officer  
RETURN WARRANT TO:  
General Sessions  
Charleston County Judicial Center  
100 Broad Street, Suite 106  
Charleston, SC 29401

ORIGINAL ORIGINAL

STATE OF SOUTH CAROLINA  
 County/  Municipality of  
Charleston

AFFIDAVIT

ORIGINAL

Form Approved by  
S.C. Attorney General  
April 21, 2003  
SCCA 516

Personally appeared before me the affiant John Philip Moniz  
being duly sworn deposes and says that defendant Victoria Linnette Brown  
did within this county and state on or about 4/26/2016 violate the criminal laws of the  
State of South Carolina (or ordinance of  County/  Municipality of Charleston)  
in the following particulars:

DESCRIPTION OF OFFENSE: Sex / First degree sexual misconduct with inmate of correctional facility or patient or trainee of state  
mental health facility

I further state that there is probable cause to believe that the defendant named above did commit  
the crime set forth and that probable cause is based on the following facts:  
see affidavit

Signature of Affiant

STATE OF SOUTH CAROLINA  
 County/  Municipality of  
Charleston  
Affiant's Address 3691 Leeds Avenue  
North Charleston, SC 29405-  
Affiant's Telephone (843)202-1700

ARREST WARRANT

TO ANY LAW ENFORCEMENT OFFICER OF THIS STATE OR MUNICIPALITY OR ANY CONSTABLE OF THIS COUNTY:

It appearing from the above affidavit that there are reasonable grounds to believe that  
on or about 4/26/2016 defendant Victoria Linnette Brown  
did violate the criminal laws of the State of South Carolina (or ordinance of Charleston) as set forth below:

DESCRIPTION OF OFFENSE: Sex / First degree sexual misconduct with inmate of correctional facility or patient or trainee of state  
mental health facility  
Having found probable cause and the above affiant having sworn before me, you are empowered and directed to arrest the said defendant and bring him or  
her before me forthwith to be dealt with according to law. A copy of this Arrest Warrant shall be delivered to the defendant at the time of its execution, or as  
soon thereafter as is practicable  
Sworn to and subscribed before me  
on 4/26/2016

Signature of Issuing Judge  
Priscilla Bridges Baldwin  
Judge Code: 5749  
Judge's Address 3831 Leeds Avenue, Ste 200  
North Charleston, SC 29405-7469  
Judge's Telephone (843)746-9822  
Issuing Court  Magistrate  Municipal  Circuit

ORIGINAL ORIGINAL ORIGINAL ORIGINAL