



South Carolina Office of the Governor CRIME VICTIMS' OMBUDSMAN

Office of the Crime Victims' Ombudsman
1205 Pendleton Street, Room 463
Columbia, SC 29201



Complaint Form

Section 1 - Victim Information

LEONA	CROUCH	/
(Victim's Name) First	Last	MI
22 Buckingham Way	TAYLORS	SC 29687
(Mailing Address) Street	City	State Zip
864-616-4947		
Contact Telephone Number		

Section 2 - Complainant Information (Complete only if different than above)

(Victim's Name) First	Last	MI
(Mailing Address) Street	Relationship to Victim	
(Mailing Address) City	State Zip	Contact Telephone Number

Section 3 - Crime Information

MICHAEL	CROUCH	J
(Suspect's Name) First	Last	MI
CRIMINAL	Husband	
Type of Crime/Charges	Suspect's Relationship to Victim, if any	
	GREENVILLE	
Date of Crime	County In Which Crime Occurred	
GREENVILLE COUNTY	C2011-08849.2	JEREMY YOUNG
Law Enforcement Agency Contacted	Case Number and/or Warrant Number	Name of Investigating Officer

Section 4 - Complaint Information

What agency complaint is against: SOVA - ATTORNEY "GEORGE K. LYALL" - Judge Ford

Victims' right(s) you feel were violated: Judge Contis

How you would like the Office of the Crime Victims' Ombudsman to help:

My husband (Mike Crouch) got away with beating me up! The trial simply got dismissed because the arresting officer didn't show up. Judge Ford said	To investigate any fraud that took place. It is unethical what was allowed to happen!
--	---

THERE WAS NO OTHER RECOURSE,
LATER FOUND OUT, THE TRIAL COULD HAVE BEEN BROUGHT BACK INTO ACTION

Section 8 - Statement of Complaint

Please provide as much detailed information about the crime and your complaint as possible. Use additional paper if necessary. You may also attach any other documentation you feel is necessary to the inquiry. Be sure to include what agency/entity your complaint is against.

My Complaint is with Judge Contis for denying my Order of Protection because I said to a bunch of high + drunk boys, that if I had a gun I'd shoot him. That was stupid words coming out of my mouth, my first AMMENDMENT Right. This was the beginning of this entire process of CDV to just being ALLOWED to happen. I got beat up + the pictures AND MEDICAL history PROVES this.

② Judge Ford + State Attorney, GEORGE K. LYALL dismissed the case because "HERMAN COX" EXERCISED Apetition. to the courts to dismiss the case because THE OFFICER ^{ARRESTING} did not show up for trial. OFFICER JEREMY YOUNGINGNER was out for surgery AND it was known in advance.

③ VICTIMS Advocate was USELESS. I FIGURED EVERYTHING OUT ON MY OWN.

☒ Check here if your statement continues on attached pages.

I certify that the information set forth herein is true and correct.

Trina Crouch without recourse VCC 30D
Signature

4/22/2013
Date

The South Carolina Governor's Office of the Crime Victims' Ombudsman (CVO) cannot conduct an inquiry into your complaint unless the complaint form is completed, signed and submitted either by mail: Office of the Crime Victims' Ombudsman, 1205 Pendleton Street, Room 463, Columbia, SC 29201 or by fax: (803) 734-1428. The CVO does not accept complaints by email.

Section 5 - Victim Service Provider/Victim Advocate

Have you spoken with an advocate? ☒ YES ☐ NO

Ashley

Advocate's Name

Sheriff's Office

Advocate's Agency

Section 6 - Referral Service

☐ Law Enforcement Victim Advocate

☐ Solicitor's Office Victim Advocate

☐ Courts

☐ State Agency

☐ Law Enforcement

☐ Solicitor's Office

☐ Constituent Services

☐ Faith-based

☐ Non-profit Organization

☐ Internet

Safe Harbor

☐ Other

Section 7 - Consent to Investigate

In order to conduct an inquiry into your complaint, the CVO shall forward copies of your complaint to the person, program, and agency against whom you make the allegation, and conduct an inquiry into the allegation stated in the complaint. In carrying out the inquiry, the CVO is authorized to request and receive information and documents from the complainant, elements of the criminal and juvenile justice systems, and victim assistance programs that are pertinent to the inquiry. Following each inquiry, the CVO shall issue a report verbally or in writing to the complainant and the persons or agencies that are the object of the complaint and recommendations that in the ombudsman's opinion will assist all parties. The persons or agencies that are the subject of the complaint shall respond, within a reasonable time, to the CVO regarding actions taken, if any, as a result of the CVO's report and recommendations.

By signing below, you are giving your consent to the CVO to disclose this information to the agency stated in your complaint.

I understand that upon receipt of this form, The South Carolina Governor's Office of the Crime Victims' Ombudsman will conduct an inquiry into my complaint and I hereby consent to such an investigation.

I certify that I have read and understood all of the above statements.

Trona Branch, without recourse UCC 308

Signature

4/21/2013

Date

SECTION 16-3-1640. Confidentiality of information and files.

Information and files requested and received by the ombudsman are confidential and retain their confidential status at all times.

Please return pages 1-3 of this form to:

Office of the Crime Victims' Ombudsman, 1205 Pendleton Street, Room 463, Columbia, SC 29201.

GHS UNIVERSITIY MEDICAL GROUP
PO BOX 602642
CHARLOTTE, NC 28260-2642

7105-3485



RETURN SERVICE REQUESTED

DATE OF THIS NOTICE	BALANCE DUE	ACCT.#
04/11/2013	\$221.11	IID 1437038

SHOW AMOUNT
PAID HERE \$

7105-3485*TRCOMP63B000549

LEONA CROUCH
22 BUCKINGHAM WAY
TAYLORS, SC 29687-3940

GHS UNIVERSITY MEDICAL GROUP
PO BOX 602642
CHARLOTTE, NC 28260-2642

00000000000000001437038 00014 0000022111 0

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
110050 (12/01)

FINAL NOTICE

Dear LEONA CROUCH;

04/11/2013

We have made numerous attempts to contact you regarding your account for services provided by . Your current balance for these services is now over 90 days delinquent. You may also have other outstanding balances from more recent office visits or procedures.

Our Financial policy is to transfer all accounts that are over 90 days delinquent to our collection agency. Therefore, we are preparing your account for collections at this time. As a result, your account is also being reviewed by your physician and you may be discharged from care if this balance is not taken care of immediately.

To avoid this account being transferred to collections, you have 10 business days from the date of this letter to pay your balance in full, or make satisfactory arrangements to bring this past due account current. Any accounts transferred to collections can be reported on your personal credit file and can have an adverse affect on your credit score.

Please disregard this notice if you have paid this account in full within the past three weeks. You can contact us at (864)-454-2000 or toll free at 1-(888)-284-6024 if you should have questions concerning this balance. Your prompt attention to this notice is greatly appreciated.

Sincerely,

March 15 received @ state
Kathy received the signed consent



Transmission Report

Date/Time
Local ID 1

05-03-2013
8037340396

03:46:58

Transmit Header Text
Local Name 1

SC Governor's Office

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"



State of South Carolina Office of the Governor

NIKKI R. HALEY
GOVERNOR

OFFICE OF EXECUTIVE
POLICY AND PROGRAMS

FAX

Date: 5/2/2013
To: SOVA
Fax #: 4- 2261
From: Lena Grant
Pages: 2 (including cover sheet)

Comments.

Notice of Confidentiality: The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual(s) or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this fax is strictly prohibited. If you have received this fax in error, please notify us immediately by telephone and return the original message to us at the address below. Thank you.

Office of the Crime Victims Ombudsman
1205 Pendleton Street
Columbia, South Carolina 29201
Telephone: (803) 734-0367
Fax: (803) 734-1428
Email: ovc@ncpp.sc.gov
Website: www.ncpp.sc.gov/ovc

Total Pages Scanned : 2

Total Pages Confirmed : 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	867	8037342261	03:46:02 05-03-2013	00:00:18	2/2	1	EC	HS	CP31200

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

STATE OF SOUTH CAROLINA)

IN THE FAMILY COURT
13th JUDICIAL CIRCUIT

COUNTY OF Greenville)

Leann Crouch)

Petitioner)

vs.)

Michael J Crouch)

Respondent.)

PETITION FOR ORDER OF PROTECTION
(For Use in Family Court)

2011-DR-23-

2941

Docket No. _____

Respondent's SSN: _____

Respondent's Date of Birth: _____

Respondent's Race: White

Respondent's Sex: Male

I ask this court to issue an Order of Protection, because:

1. This is the county where this case should be handled, since (check one):

- ☒ a. The alleged act of abuse occurred in this county.
☐ b. The person who caused the abuse lives in this county.
☐ c. The person who caused the abuse and I last lived together in this county.

2. The person who caused the abuse lives at 206 Bordeaux Drive (street address) in or near the town or city of Simpsonville, which is in Greenville County, and the State of South Carolina.

3. The person who was abused was (check one or both, and supply information):

- ☒ a. Leann Crouch, who is the person asking for an Order of Protection; (☐ and/☐ or),
☐ b. _____, who is a child under 18 years old who lives with me.

4. That the abuser and the victim (check one or more):

- ☒ are husband and wife ☐ were formerly husband and wife
☒ have a child/children in common, who is/are: Over the age of 18
☐ are living together ☒ were formerly living together
☐ are household or family members pursuant to S.C. Code Section 20-4-20(a)(2)

5. The abuse happened at (address/location) 206 Bordeaux Dr Simpsonville SC 29111, at 11:00 (☐ a.m./☒ p.m.), when the Respondent did this: Michael Crouch pulled her arms behind her back, forced petitioner to lie down in the fetal position

6. Have there been prior convictions of domestic violence or prior orders of protection? Yes ☐ No ☒. If yes, please state date: (/ /).

7. I ask this court to grant the following temporary relief (check as many as apply and supply information)

- ☒ a. issue an order of protection which prohibits and forbids Respondent from abusing, threatening to abuse, or molesting, or engaging in any other conduct that would place Petitioner in reasonable fear of bodily injury.
☒ b. issue an order of protection which restrains and prohibits Respondent from using, attempting to use, or threatening to use physical force against Petitioner that would reasonably be expected to cause bodily injury.
☒ c. issue an Order of Protection which restrains, prohibits, and forbids Respondent

STATE OF SOUTH CAROLINA,
COUNTY OF Greenville

IN THE FAMILY COURT

Leona Crouch

Petitioner

13th

JUDICIAL CIRCUIT

vs.

Michael J. Crouch

Respondent.

MOTION AND AFFIDAVIT FOR
EMERGENCY HEARING
(Protection From Domestic Abuse Act)
FILE NO. **2011-DR-23-**

2941

I, LEONA CROUCH being duly sworn, state that I am (the Petitioner)
(making this Petition on behalf of the Petitioner) and that the Petitioner is in immediate and
present danger of bodily injury as shown by the following facts:

ON Monday, June 29, 2011 at 11p.m. I tried to get into our bedroom door was locked so I started banging on it to get in, he opened door I flew in got tackled and was tortured with the pulling of my ARMS behind my back, switching to squeezing my wrists, I was pinned down in a fetal position, with this torture of squeezing, then he WAS going to push his stump into my stomach. My daughter (4y) was present kept telling him to stop let me up, he would scream shut up, & torture again.

Therefore, I am requesting an emergency hearing.

Sworn to and Subscribed before me
this 05 day of July, 2011.

[Signature]
Notary Public for South Carolina

Leona Crouch
Signature of Petitioner or Person Making
Petition on Behalf of Petitioner

My Commission expires 12-3-2020

ORDER

Request for emergency hearing granted.

July 5, 2011
Greenville S.C.

Robert N. Jenkins, Sr.
(Judge of Family Court) (Magistrate)
Greenville County, S.C.

from communicating or attempting to communicate with Petitioner in any way, and from entering or attempting to enter the home of the victim, place of employment, education, or other location as the Court may order.

- ☐ d. issue an order granting Petitioner temporary custody of the following minor child(ren).

Name	Date of Birth	Address

- ☐ grant reasonable visitation or ☐ deny visitation.

- ☐ e. issue an order granting Petitioner temporary child support
(Financial Declaration [Form SCCA 430] MUST be completed and attached).

- ☒ f. issue an order granting Petitioner temporary financial support
(Financial Declaration [Form SCCA 430] MUST be completed and attached).

- ☒ g. issue an order granting Petitioner temporary exclusive use and possession of the home and furnishings.

- ☒ h. issue an order which forbids Respondent from transferring, selling, destroying, encumbering, or otherwise disposing of real or personal property belonging to Petitioner or jointly owned.

- ☐ i. issue an order which gives Petitioner assistance from law enforcement in that Petitioner will be accompanied:

☐ (1) in removing Personal property from _____ (Street Address) in _____ (City) _____ (County), South Carolina.

☐ (2) in placing Petitioner in possession of the home and furnishings at _____ (Street Address) in _____ (City) _____ (County), South Carolina.

- ☐ j. issue an order reimbursing Petitioner for costs and attorney's fees.

- ☐ k. hold a hearing within 15 days of the date of filing these papers.

- ☒ l. hold an emergency hearing within 24 hours.

- ☐ m. issue an order granting Petitioner the following additional requests: _____

Sworn to and Subscribed before me
this 5th day of July, 2011

[Signature]
Notary Public for South Carolina

[Signature]

Signature of Petitioner or
Person on Behalf of Petitioner under 18 years
old

My Commission expires

12-3-2012

NOTICE TO RESPONDENT: YOU HAVE THE RIGHT TO EMPLOY COUNSEL TO REPRESENT YOU.



Greenville County Sheriff's Office
STEVE LOFTIS, SHERIFF
AN ACCREDITED LAW ENFORCEMENT AGENCY



July 11, 2011

Ms. Leona Crouch
22 Buckingham Way
Taylors, SC 29687

RE: SOVA Application

Dear Ms. Crouch:

Enclosed is the SOVA application we discussed on today regarding getting help with medical bills related to the incident on June 27, 2011. As a victim of a violent crime you may be eligible for financial assistance not covered by insurance through the State Office of Victim Assistance (SOVA). SOVA helps with certain types of crime related expenses up to a combined total of \$15,000. If extraordinary circumstances exists where severe injuries occurred then you may apply for additional compensation.

I have completed the majority of the application. The highlighted portions of the application will need to be completed and the application signed. I have also highlighted the address at the top of the application where the application needs to be mailed. Please read the enclosed supplemental material carefully which explains what documents need to be included with the application.

The Office of the Governor investigates each case individually and compensation is either awarded or denied based on their findings. All bills and/or invoices should be sent to the Governor's Office at the same address.

If you have questions and/or concerns, please feel free to contact me at (864) 467-4607.

Sincerely,

5300

Carolyn Mars
Victim Advocate



State of South Carolina
Office of the Governor

NIKKI R. HALEY
GOVERNOR

OFFICE OF EXECUTIVE
POLICY AND PROGRAMS

October 19, 2011

Mrs. Leona Crouch
206 Bordeaux Drive
Simpsonville, SC 29680

RE: Claim #: C2011-088492
Leona Crouch

Dear Mrs. Crouch:

The State Office of Victim Assistance (SOVA) has deemed that your claim meets the eligibility standards pursuant to South Carolina Laws governing the Crime Victim's Compensation Fund. Because SOVA is the **payer of last resort**, prior to reviewing your claim for reimbursement of any compensable expense incurred, it will be forwarded to our Restitution Section to address all potential restitution/subrogation recovery issues. If you have not already done so, please submit any compensable bills relating to your claim to this office. Please be advised that for compensable medical and counseling expenses, **ONLY your itemized/detailed bills, UB92, UB04 or HCFA/CMS 1500 medical claim forms will be processed for payment consideration.**

In addition, please keep in mind that Section 16-3-1170(4) of the South Carolina Code of Laws states that the claimant or award recipient must fully cooperate with all law enforcement agencies and with SOVA. This also pertains to the prosecution of the defendant in court.

Should you have any questions regarding your claim, contact our office at 1-800-220-5370 or locally at 734-1900. Please provide your claim number when calling, sending letters or documents.

Thank you for your patience and assistance.

Sincerely,

Genita L. Snipes
Genita L. Snipes
Eligibility Services Manager

VICTIMS' COMPENSATION • VICTIM/WITNESS ASSISTANCE • TRAINING • INFORMATION • REFERRALS

STATE OFFICE OF VICTIM ASSISTANCE
1205 PENDLETON STREET, EDGAR A. BROWN BUILDING, ROOM 401
COLUMBIA, SC 29201 (803) 734-1900
WWW.SOVA.SC.GOV



State of South Carolina Office of the Governor

NIKKI R. HALEY
GOVERNOR

OFFICE OF EXECUTIVE
POLICY AND PROGRAMS

October 26, 2011

Mrs. Leona Crouch
206 Bordeaux Drive
Simpsonville, SC 29680

Re: Claim # C2011-088492

Dear Mrs. Crouch:

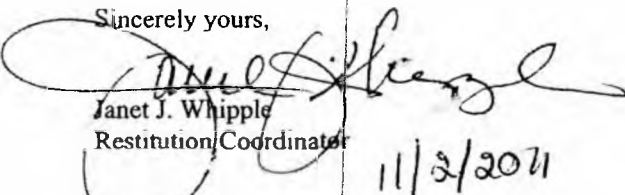
The State Office of Victim Assistance (SOVA) is very concerned about those who have been victimized and now find themselves faced with the task of putting the pieces of their lives back together. SOVA is dedicated to providing financial assistance to victims of crime, as in your claim.

In order for us to continue providing financial assistance, the compensation fund must be replenished through the process of restitution recovery. It is extremely important for you to assist SOVA with your court proceedings. SOVA has implemented new policies and procedures which will request restitution from the courts. When you attend court, it is very important for you to inform the courts that SOVA is providing financial assistance to you in this matter and have restitution ordered to SOVA.

Pursuant to section 16-3-1170(4) of the South Carolina Code of Laws, the award recipient must fully cooperate with all law enforcement agencies and with the State Office of Victim Assistance. Please know that the recovery of restitution not only makes the offender pay for their crimes, but it also assists in securing the funding for future victims.

If you have any additional questions regarding this matter, please contact our office at 1-800-220-5370 or (803) 734-1900.

Sincerely yours,


Janet J. Whipple
Restitution Coordinator

c: Larry L. Harris

11/2/2011

went home early

VICTIMS' COMPENSATION • VICTIM/WITNESS ASSISTANCE • TRAINING • INFORMATION • REFERRALS

STATE OFFICE OF VICTIM ASSISTANCE
1205 PENDLETON STREET, EDGAR A. BROWN BUILDING, ROOM 401
COLUMBIA, SC 29201 (803) 734-1900
WWW.SOVA.SC.GOV

State Office of Victim Assistance • 1205 Pendleton St., Brown Building Room 401, Columbia, SC 29201 • 1(800) 220-5370 or (803) 734-1900

Use a separate form for each person filing a claim.

SECTION 1 Person Receiving Services

Victim or family member requesting assistance.

Check one: ☐ Mr. ☒ Mrs. ☐ Ms. Full Legal Name of Individual Receiving Services/Benefits Leona Crouch

Social Security # [REDACTED] Date of Birth [REDACTED] Sex: ☐ Male ☒ Female

The person receiving services is the ☒ Victim (as identified on the incident report upon which this claim is based)

OR the Victim's ☐ Spouse ☐ Parent ☐ Sibling ☐ Child Other [REDACTED]

Check services requested: ☒ Medical ☐ Counseling ☐ Lost Wages / Support ☐ Burial Other [REDACTED]

Please call a local victim advocate or our office for help with completing this form.

SECTION 2 Victim Information

The Victim is the same person listed as a victim on the law enforcement incident report

Check one: ☐ Mr. ☒ Mrs. ☐ Ms. Name as it appears on the incident report Leona Crouch

Social Security # [REDACTED] Date of Birth [REDACTED] Victim is: ☐ deceased ☐ incompetent ☐ under 17 ☐ disabled

Home Mailing Address (city, state, zip) 206 Bordeaux Drive, Simpsonville, SC 29680

Home phone # [REDACTED] Other contact #(s) (i.e. work, cell, fax, e-mail) 864-616-4947

(For statistical purposes only and is optional) Sex: Female ☒ Male ☐

Race: Caucasian ☒ African American ☐ Hispanic ☐ Native American ☐ Asian or Pacific Islander ☐ Other [REDACTED]

SECTION 3 Claimant Information

Complete only if: The Claimant is the adult assuming responsibility for the crime-related bills and/or the adult that has physical custody of a minor

Check one: ☐ Mr. ☒ Mrs. ☐ Ms. Full Legal Name Leona Crouch

Relationship to Victim Self Social Security # [REDACTED] Date of Birth [REDACTED]

Home Mailing Address (city, state, zip) 206 Bordeaux Drive, Simpsonville, SC 29680

Home phone # [REDACTED] Other contact #(s) (i.e. work, cell, fax, e-mail) 864-616-4947

SECTION 4 Crime Information

Attach a copy of the law enforcement incident report.

If law enforcement was not contacted, an incident report was not written within 48 hours of the crime, or if you are not filing this claim with SOVA within 180 days of the crime, please explain why:

Incident was reported 6/27/2011 both parties stated no intent to harm. On 7/1/2011 Victim called officer to tell him the whole story. Charges were then filed.

Date of Crime 06/27/2011 Date Reported 07/01/2011 Law Enforcement Agency Greenville County Sheriff Office

Address of Crime 206 Bordeaux Drive City/County Simpsonville/Greenville State SC

Incident Report # 11-093658 Name(s) of Offender(s) Michael John Crouch

Was suspect arrested? ☒ Yes ☐ No Type of Crime and injury sustained: CDV 1st/Several bruises and sprained shoulder

Relationship of Offender(s) to Victim Husband Warrant #(s) I-434777 Has the case gone to court? ☐ Yes ☒ No

Please indicate the type of court: ☒ Magistrate ☐ Municipal ☐ General Sessions ☐ PT

If yes, how much restitution was ordered ☐ None or Amount Ordered \$ [REDACTED] Amount Paid to Date \$ [REDACTED]

STATE OF SOUTH CAROLINA
COUNTY/CITY OF GREENVILLE

THE STATE OF SOUTH CAROLINA

vs.

Michael John Crouch
22 Buckingham Way
Taylors, SC 29687

Defendant

AKA

IN THE MAGISTRATE/MUNICIPAL COURT
ORDER FOR DESTRUCTION OF ARREST RECORDS

Race W Sex M

DOB [REDACTED] SSN [REDACTED]

SID # SC02007122

Charges were disposed of in the court indicated below:

☒ Magistrate ☐ Municipal

IT APPEARS that, pursuant to Sections 17-22-950 and 17-1-40 of the South Carolina Code of Laws, the defendant is entitled to have all records relating to this offense expunged and destroyed at no cost to the defendant. Summary Court expungements pursuant to S.C. Code of Laws Section 17-22-950 have been preapproved by SLED.

Date of Arrest/Service 6/27/2011 Place of Arrest/Service Greenville County, S.C.

Case # (s) / Case Description(s): 1434777/Domestic / Criminal Domestic Violence - 1st offense

The above charge(s) is eligible for expungement because it is a summary level offense and:

On: 6/26/2012

☐ The charge was dismissed.

☒ The charge was *not* proessed.

☐ The defendant was found not guilty.

☐ The defendant was charged pursuant to Section 34-11-90, made restitution, and paid the administrative fee to the County resulting in a dismissal.

IT IS ORDERED that all records relating to such arrest/court summons and subsequent discharge pursuant to the above-referenced section be dismissed, expunged and immediately destroyed and that no evidence of such records pertaining to such charge shall be retained by any municipal, county or state agency except nonpublic information retained by SC Law Enforcement Division (SLED).

I CERTIFY THIS TO BE A
TRUE AND VALID COURT COPY.

DATE 7/10/12

SIGNED [Signature]

Signed this 10th day of July, 2012

[Signature]
Dean E Ford Summary Court Judge

[Signature]
Arresting Officer / Prosecutor / Affiant (circle one)
(To Verify Accuracy of Disposition)

Expunged by SLED by: _____ Date: _____ (For SLED internal use only)



Greenville Proaxis Therapy
727 SE Main Street
Simpsonville, SC USA 29681
Phone: (864) 454-6670
Fax: (864) 454-6675

Acct #: 0005032
Physician: TIM DANCY
Phy Phone: (864) 454-7422
Phy Fax: (864) 454-6605
Clinician: Annalisa Na
Case Mgr:
Inj. Date: Jun 28, 2011
Surg. Date:
Visits: 1
Cxl/Ns: 0

Patient: **LEONA CROUCH**
Visit Date: **Jul 22, 2011**
DOB: Sep 23, 1960
SSN: XXX-XX-XXXX
FSC: Commercial Insurance
Payor: UNITED HEALTH CARE
Pol/Claim#: 05409950168
Name of Insured:
Employer:

Initial Evaluation

Diagnoses Spine

7231 CERVICALGIA
71958 JT STIFFNESS NEC-OTH JT
72887 MUSCLE WEAKNESS-GENERAL

General Information

History of Injury:

- Pt is 50 y.o female who reports active lifestyle including working out 3-5x's per week. Pt reports domestic violence by her husband on 6.28.11 resulting in bilateral tingling sensation in her hands compounded with cervical and thoracic pain. Pt complains of rib pain; however, denies pain with expiration or inhalation. Pt denies history of spinal issues or other PMH. Pt co-owns a Skating Park and has a second job in the Moving Industry which requires repetitive and heavy lifting.

Initial Evaluation:

- Date 07/22/2011

Subjective Examination

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.

ADL / Functional Status: Current status:

- Recreation / Athletics: Unable to perform. (work out at the gym). Work status: has to modify work tasks.

Chief Complaint: Pain:

- Current Severity: 9/10. Severity at Best: 5/10. Severity at Worst: 9/10.

Client Knowledge/Awareness of:

- Home Exercise Program: Lacks appropriate program.

Questionnaires: Additional:

- Test Name ODI
- Date 07/22/2011
- Assessment Initial
- Raw Score 22

Objective Examination

Muscle Testing: Upper Extremity MMT:

- | | Left | Right |
|----------------------------|------|-------|
| Shoulder Abduction | -4/5 | 4/5 |
| Shoulder Flexion | -4/5 | 4/5 |
| Shoulder External Rotation | -4/5 | +4/5 |
| Elbow Flexion | +4/5 | +4/5 |

• Wrist Flexion	-4/5	-4/5
• Finger Abduction	-4/5	-4/5
• Thumb Extension	-4/5	-4/5

Range of Motion: Cervical Degrees:

• Active Extension	35 Degrees
• Active Flexion	58 Degrees
• Active Side Bend Left	23 Degrees
• Active Side Bend Right	35 Degrees

Reflex/Sensory Integrity: Deep Tendon Reflexes:

	Left	Right
• Achilles Tendon (S1)	3+ - Brisk	3+ - Brisk
• Biceps Brachii (C5-6)	3+ - Brisk	3+ - Brisk
• Brachioradialis (C6)	3+ - Brisk	3+ - Brisk
• Triceps Brachii (C7-8)	3+ - Brisk	3+ - Brisk

Special Tests: Cervical:

• Traction	Left decrease subjective discomfort Aggravates Symptoms
• Vertical Spinal Loading	

Treatments

Manual Interventions: Vertebral Joint Segments:

- Cervical Spine

Time Elapsed: 10 Minutes, Body Position: supine, Pressure:
 Oscillatory, Technique 1: Unilateral P-A, Charge As: Manual
 Therapy Techniques, Billing Code: 97140.

- Thoracic Spine

Time Elapsed: 10 Minutes, Body Position: Prone, Pressure:
 Oscillatory, Technique 1: Central P-A, Charge As: Manual Therapy
 Techniques, Billing Code: 97140.

Manual Interventions: Upper Quarter Soft Tissue:

- Trapezius

Time Elapsed: 8 Minutes, Charge As: Manual Therapy Techniques,
 Billing Code: 97140.

Pt./Family Education:

- Daily Education

Taught to: Patient, Family: Not Included, Learning Assessment: Basic
 Concept, Barriers to Learning: None Identified, Teaching Method:
 Demonstration, Response to Teaching: Able to Demo, Pt/Family
 Perception: Important to Learn

- Exercise Rationale

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise, Billing
 Code: 97110.

- Pathology/Involved Anatomy

Time Elapsed: 5 Minutes, Charge As: Therapeutic Exercise, Billing
 Code: 97110.

- Written Home Exercise Program

Time Elapsed: 4 Minutes, Activity: Provided & Reviewed,
 Description: Diagnosis Specific, Charge As: Therapeutic Exercise,
 Billing Code: 97110.

Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address

the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The expected length of this episode of skilled therapy services required to address the patient's condition is estimated to be 6 weeks. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session. The client tolerated today's treatment/therapeutic activity with moderate complaints of pain and difficulty.

Reviewed goals, progress and HEP with client.

Impairments Identified:

- Pt presented with decreased shoulder girdle strength including scapular stabilizers compounded with decreased mobility of the upper trapezius. Pt also demonstrates decreased mobility at the cervicothoracic joint and through mid-thoracic joint. Pt will benefit from manual mobilization of the cervical spine, thoracic spine, and soft tissue in order to decrease discomfort. Pt will also benefit from progressive strengthening program in order to maximize return to pre-morbid levels of lifting which is required for her work.

Recommendations:

- Continue with current rehabilitation program.

Treatment Emphasis to focus on:

- Pain relief. Range of Motion/Mobility Improvements. Muscle Function Improvements. Education.
- Maximizing function related to:
 - Recreational activity. Functional activities. Work performance.

Problems & Goals

Problem #1 Client Knowledge/Awareness of: Home Exercise Program: Lacks appropriate program.

STG Achieve by Aug 05, 2011.

Client Education:

- Independent Home Exercise/Self Care Program.

Problem #2 Questionnaires: Additional.

STG Achieve by Aug 12, 2011.

Questionnaire Improvements: Disability Index:

- | | |
|-------------|-----------------------|
| • Test Name | Neck Disability Index |
| • Raw Score | 17 |

Problem #3 ADL / Functional Status: Current status: Recreation / Athletics: Unable to perform. (work out at the gym).

LTG Achieve by Sep 02, 2011.

Functional Improvements In:

- Athletic Capacity, Returning to: Unrestricted/Symptom Free Activity.

Problem #4 ADL / Functional Status: Current status: Work status: has to modify work tasks.

LTG Achieve by Sep 02, 2011.

Functional Improvements In:

- Work Capacity, Returning to: Full Time/Unrestricted Duty.

Problem #5 Muscle Testing: Upper Extremity MMT.

LTG Achieve by Sep 02, 2011.

Musculoskeletal Improvements In: Upper	Left	Right
Extremity Strength to:		
• Gross Assessment	+4/5	5/5



Acct #: 0005032
Patient: **LEONA CROUCH**

Visit Date: **Jul 22, 2011**

Plan

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

Amount, Frequency and Duration:

- Frequency and Duration: It is recommended that the client attend rehabilitative therapy for 2 visits a week with an expected duration of 6 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Recommendations:

- Continue with current program.

Therapeutic Contents:

- Active Assistive Range of Motion Activities. Active Range of Motion Activities. Joint Mobilization Techniques. Home Exercise Program. Manual Range of Motion Activities. Manual Therapy Techniques. Stretching/Flexibility Activities. Soft Tissue Mobilization Techniques. Therapeutic Activities. Therapeutic Exercise. all as tolerated/needed

A handwritten signature in black ink, appearing to read 'Annalisa Na', written over a horizontal line.

Annalisa Na, PT(SC Lic: 5965)



UNIVERSITY MEDICAL GROUP

CROUCH, LEONA

50 Y old Female, DOB: [REDACTED]

206 BORDEAUX DRIVE, SIMPSONVILLE, SC-29680

Home: 864-616-4947

Guarantor: CROUCH, LEONA Insurance: GOLDEN RULE

INSURANCE CO Payer ID: 0

External Visit ID: 118931112

Appointment Facility: Steadman Hawkins-HillCrest (SH)

07/14/2011

Progress Notes: Timothy Dancy, MD

Current Medications

Xanax tablet 0.5 mg 1 tab(s) 3 times a day

Past Medical History

hepatitis C

Surgical History

c-section

Family History

Family: HTN, heart disease, diabetes, RA

Social History

no Alcohol .
no Smoking .
no Recreational drug use.

Allergies

N.K.D.A.

Review of SystemsCONSTITUTIONAL:

Fever NO. Weight Loss NO. Weight Gain NO. Fatigue NO. Chills NO. Night Sweats NO.

CARDIOVASCULAR:

Chest Pain NO. Irregular Heart Beat NO. Poor Circulation NO. Leg/feet swelling NO. Leg/foot ulcer NO.

GENITOURINARY:

Blood in urine NO. Pain in urinating NO. Unable to urinate NO. Bladder Infection NO. Frequent Urination NO. Difficulty with urination NO.

NEUROLOGICAL:

Paralysis NO. Frequent Headaches NO. Seizures NO. CVA/ITA NO. Syncope NO. Anxiety/Depression NO. Tremors NO. Speech Problems NO. Feeling of hopelessness NO. Sleep disturbance NO. Vision Changes NO.

-EYES:

Decreased Vision NO. Cataracts NO.

Reason for Appointment

1. SHN BIL SHOULDER/NECK/ARM
2. Left Shoulder Pain

History of Present IllnessHistory of Present Illness:

Denies : Sports Activity:.

What: Bilateral shoulders. When: 2 weeks. Where: neck, posterior shoulders and upper back. How:

Husband attacked patient and held both arms behind her back for 25 minutes

. Pain: satisfactorily controlled Severity: pain = 8 aching burning constant. Prior Treatment: Dr. Leeke sent notes.

HPI:

50 year old female who was assaulted by her husband several weeks ago. He held her down onto her right side and squeezed her arms behind her. He also was forcing her neck to the right hand side, which is the side she was laying on. She did not feel any crack, pop or tear initially. She did not notice any immediate bruising in her neck or back or ribs. She did have some bruising on her forearms where he was squeezing her. This lasted about 25 minutes until the police arrived. Since then, she has had gradually worsening pain in her neck and upper back with difficulty moving her head, especially sideways. There is occasional numbness going down into her arms. It still hurts on her right sided ribs when she tries to do a sit-up. No pain with breathing. No shortness of breath.

Vital Signs

Temp (F) 98.7, Ht 60, Wt lbs 102, BMI 19.92, HR 60.

ExaminationGeneral:

General Appearance: Well and in no acute distress. Cardiovascular: Regular rhythm by palpation of distal pulse, normal color and temperature, no concerning varicosities on symptomatic side. Lungs: Breathing easily. Psychiatric: Well-oriented with a normal mood and affect.

SHCC - Imaging Studies:

Patient: CROUCH, LEONA DOB: [REDACTED] Progress Note: Timothy Dancy, MD 07/14/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

RESPIRATORY:

COPD NO. Asthma NO. Persistent
Cough NO. Shortness of Breath NO.
Wheezing NO. Pneumonia NO.

ENT:

Recent loss of hearing NO. Sinusitis NO.
Headache NO.

GASTROINTESTINAL:

GERD NO. PUD/Gastritis NO. Liver
Problems NO. Stomach Pain NO.
Diarrhea NO. Abdominal Pain NO.
Nausea/Vomiting NO. Black tar-like or
bloody stool NO.

SKIN:

Rash or itching NO. Dryness of Skin NO.
Ulcer NO. Cancer NO. Open sores NO. New
Moles NO. Poor wound healing NO. Skin
Infection NO.

PSYCHIATRIC:

Depression NO. Bipolar Disease NO.

ENDOCRINE:

Diabetes NO. Thyroid disease NO. Heat
intolerance NO. Cold intolerance NO.

HEME/LYMP:

Anemia NO. Bleeding Problems NO.
Blood Transfusion NO. Bruises NO.

ALLERGIC/IMMUNOLOGIC:

Seasonal NO. Iodine NO. Food
Allergies NO.

MUSCULOSKELETAL:

Joint Swelling or Stiffness **yes**. Muscle
aches **yes**. Joint Pain NO. Pain in multiple
joints **yes**. Weakness NO.

AP and lateral of the C-spine show loss of cervical lordosis but no fracture. There are some mild arthritic changes on the anterior portion with some spurring, but no loss of disc height.

Bilateral Shoulder/Arm:

The shoulders have full range of motion with minimal pain. There is 5/5 strength in shoulder abduction and external rotation without pain. Right ribs have tenderness along the 8th, 9th and 10th, but no palpable step-off. She has no pain with deep breathing.

SHCC SM Spine:

C-spine shows normal flexion but side bending and rotation are limited to 45 degrees bilaterally. She is tender over the C-spine mildly but much more so over the paraspinals and left trapezius. There is palpable spasm in the left trapezius. The right trapezius has mild diffuse tenderness. T-spine also shows some diffuse paraspinal tenderness. There is no pain with axial loading of the C-spine.

The lumbar spine shows diffuse tenderness along the paraspinals but not over the spinals. She has full flexion and extension of the lumbar spine without pain.

Assessments**1. Muscle Spasms - 728.85 (Primary)**

Left trapezius strain and rib contusion.

Diffuse muscle spasm in her neck, upper back and lower back.

Treatment**1. Muscle Spasms**

We will get her into physical therapy for the neck and upper back muscles. This should gradually resolve with that. I gave her a trigger point injection in her left trapezius today to help with that muscle spasm. She will follow-up in four to six weeks to make sure she is improving.

Her husband was claiming the upper back spasm was from her trying to beat down a hollow wooden door. However, she would have more injuries to the hand or forearm if that were the case. (Dictated but not read) TD/vz.

2. Others

Cont all current medications as directed by prescribing physician(s).

ProceduresInjection:

Injection After verbal consent obtained including a discussion of the risks, benefits, and alternatives, the patient wishes to proceed. Complications discussed include but not limited to: pain, infection, steroid flare, fat necrosis, skin discoloration, and injury to blood vessels or nerves. The anatomic site was sterilized with alcohol/betadine solution and under sterile conditions the anatomic site was injected with a solution of local anesthetic. The patient tolerated the procedure without immediate complications. Patient is instructed to call the office if any signs or symptoms of infection occur including significant increase in pain, warmth, redness or drainage at the injection site, Left Trigger Point Injection.

Diagnostic Imaging

Cervical Spine, 2-3 views

Preventive Medicine

MED RECONCILIATION: Pt. Ed: Current Meds Verified: Current meds/immunizations reviewed, including purpose with pt.. Med Recon list given to pt/family. Pt advised to discard old med lists and provide all providers with current list at each visit and carry list with them in case of emergency.

Procedure Codes

72040 C-SPINE (2 VIEWS) X-RAY

20552 Trigger Point Injection 1-2

Follow Up

4-6 weeks

7 Dancy

Electronically signed by Timothy Dancy on 07/18/2011 at 09:13 AM EDT

Sign off status: Completed

Steadman Hawkins-HillCrest (SH)
727 S.E. Main Street
Simpsonville, SC 29681
Tel: 864-454-7422
Fax: 864-454-6605

Patient: CROUCH, LEONA DOB: [REDACTED] Progress Note: Timothy Dancy, MD 07/14/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Date: 7-11
Patrol Area: 04
Deputy: J. Vangilder #170 537

Case #: 11-093658
Incident Type: Criminal Domestic Violence
Suspect(s): Michael John Couch

**GREENVILLE COUNTY SHERIFF'S OFFICE
VICTIM / WITNESS ASSISTANCE PROGRAM**

VICTIM'S NAME: Leona Couch
MAILING ADDRESS: 206 Boulevard Dr PHONE: (H): 864-616-4947 M
Simpsonville SC 29680 (W): _____

Alternate/Emergency Contact Information (Next of Kin).

Name: _____ Relationship: _____

Phone #'s _____
(Home) (Work) (Mobile) (Pager)

* I WISH TO BE PRESENT AT THE BOND HEARING. YES _____ NO ✓
* I WISH TO BE INFORMED OF ALL PROCEEDINGS. YES ✓ NO _____

X Leona Couch
(Victim's Signature)

RIGHTS OF CRIME VICTIMS

*To be treated with fairness, respect and dignity throughout the criminal and juvenile justice process. Victims have a right to be informed of their constitutional rights. * To be reasonably informed when the accused or convicted person is arrested, released, or has escaped. *To be informed of all criminal proceedings, and to be present at those proceedings, when the accused also has the right to be present, for the disposal of charges. *To submit a written or oral statement at all hearings affecting bond or bail of the accused. * To be heard at any proceeding involving a post-arrest decision, a plea, or sentencing. * To be reasonably protected from the accused or persons acting on his/her behalf throughout the criminal justice process. *The right to confer with the prosecution after the accused has been charged, or before the trial, or before the disposition of the charges. The victim must be informed of the disposition. * After the conclusion of the criminal investigation, the victim has the right to reasonable access to all documents relating to the crime committed against them before trial. *To receive prompt and full restitution from the convicted person or persons. *To be informed of any proceeding for any post-conviction action or hearing and to be present at any hearing. *To a reasonable disposition and a prompt and final conclusion of their case.

RESPONSIBILITIES OF CRIME VICTIMS

In order to exercise his/her rights and/or receive services, a victim shall provide, as appropriate, his/her:
♦ legal name ♦ current mailing address ♦ telephone number

To: LAW ENFORCEMENT, THE PROSECUTING AGENCY, THE SUMMARY COURT JUDGE, THE DEPARTMENT OF JUVENILE JUSTICE, AND/OR THE ATTORNEY GENERAL.

The victim must inform the appropriate agency of his/her desire to participate in the criminal justice process.

TO RECEIVE VICTIM SERVICES, OR INFORMATION ON VICTIM COMPENSATION, CONTACT:

Greenville County Sheriff's Office

Victim Services Unit

(864) 467-4622 or

(864) 467-4607 or

(864) 467-4609 (Español)

Monday - Friday, 8:00 a.m. - 4:30 p.m.

Lieutenant Peterson 250-5541

WHITE-RECORDS

YELLOW-VICTIM

GREEN-WARRANT

BLUE-DETENTION

PINK-ESPAÑOL

Greenville County Sheriff's Office

4 McGee St.
Greenville, South Carolina 29601

VICTIM/WITNESS STATEMENT

Case Number

11-093658

Date

7-1-11

I, Leona Crouch, do hereby give freely and voluntarily this statement to
J. Younger #1170 E27 and _____ who have identified themselves to
me to be Deputies of the Greenville County Sheriff's Office, Greenville, South Carolina.

I am 50 years old and I reside at 206 Bordeaux Dr Simpsonville, SC 29680
I came home and went to go in my bedroom and the door was locked. I was upset
that the door was locked and I couldn't get in. I was leaning my back against the
door and was trying to force it open by pushing it. My husband Michael opened the
door as I was about to try to push it open again. I came in to the room about
six feet and Michael grabbed me with both of his hands and took me to the ground.
Michael was using his weight to hold me down and wouldn't let me up. While he was
holding me down he started squeezing my wrists with his hands as hard as he could
causing extreme pain. My daughter Lucy started screaming at him to get off of me
but he kept telling her to shut up. Michael was about to crush me with his leg in my
stomach but he stopped when my daughter started screaming. Michael also grabbed both
of my arms back and was trying to squeeze them together causing extreme shoulder
pain which I later found out was sprained. Michael kept alternating between squeezing
my wrists and squeezing my arms together. The next day, I could barely move my body
and I am in extreme pain. I have bruises on my right shoulder and my right hip. On
my right elbow I have another bruise and scab from rubbing against the carpet. I
believe that if my daughter wasn't there Michael may have killed me. Cont → C.C.

I have read the above statement of LOF 2 pages and it is true and correct as best as I recall.

WITNESS:

Leona Crouch July 1, 2011

I have received a copy of this statement.

Leona Crouch July 1, 2011

Sworn before me this _____ day of _____, _____

NOTARY PUBLIC FOR SOUTH CAROLINA

Greenville County Sheriff's Office

4 McGee St.
Greenville, South Carolina 29601

VICTIM/WITNESS STATEMENT

Case Number 11-093658
Date 7-1-11

I, Leona Crouch, do hereby give freely and voluntarily this statement to
J. Yangier #1170 E27 and _____ who have identified themselves to
me to be Deputies of the Greenville County Sheriff's Office, Greenville, South Carolina.

L.C.
I am 50 years old and I reside at 206 Bordeaux Dr Simpsonville, SC 29680
Michael and I have been married for twenty-five years and have lived together the
entire time. Michael and I also have two children in common. I am currently
afraid of Michael for my safety and the safety of my children. I believe
that should these violent outbursts continue that Michael may seriously injure or
kill me or my children. After the incident I also found a handful of hair on the
carpet that must have been pulled out while I was being dragged. L.C.

END OF STATEMENT

I have read the above statement of 20 E27 pages and it is true and correct as best as I recall.

WITNESS:

J. Yangier #1170 E27

Leona Crouch July 1, 2011
I have received a copy of this statement.

Leona Crouch July 1, 2011

Sworn before me this _____ day of _____, _____

NOTARY PUBLIC FOR SOUTH CAROLINA

TRESPASS NOTICE

(Notice of No Trespassing)

Greenville County Sheriff's Office
4 McGee Street Greenville, SC

July, 5, 2011

Date

TO: Michael John Crouch
name of person on notice of no trespass

206 Bordeaux DR.
street address

SIMPSONVILLE, SC 29680
city, state, zip code

This letter is to notify you that you are hereby placed on TRESPASS NOTICE on any and all property, which I own located at:

206 Bordeaux DR.	22 Buckingham Way	No Name Skatepark
Simpsonville, SC	TAYLORS, SC	1524 Roper Mountain Rd
29680	29687	GREENVILLE, SC 29615

If you fail to honor this notice and return to my property, you will be charged with TRESPASSING AFTER NOTICE (S.C. Code 16-11-600).

Irona Crouch
Property owner signature

July 5, 2011
Date

864-616-4947 C.

CASE # 11-093658

Mail this notice certified mail, with restricted delivery, return receipt requested.
Keep the receipt and a copy of this letter for your file.

Property Owner – Read page two (2) for important instructions.

- Greenville County Department of Public Safety**
Criminal Justice Support—Property Report

ONLINE

GREENVILLE COUNTY SHERIFF'S OFFICE

Incident Report

Agency I.D.
SC0230000

Offense

SLED
Sub-Code

RTA

EC5 07/03/2011 17:46:21

Case Number

11000093658

Adult/Juv

EVENT	INCIDENT TYPE				OFFENSE COMPLETED	FORCED ENTRY	PREMISE TYPE				UNITS ENTERED	TYPE VICTIM								
	1246 - Criminal Domestic Violence 1st				Y	N	20 - Residence/Home				0	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Financial Inst. <input type="checkbox"/> Government <input type="checkbox"/> Religious Org. <input type="checkbox"/> Soc / Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Officer								
	Incident Location (Subdivision, MBI Village, Apartment & Number, Street Name & Number)						Closest Intersection				Zip Code									
	206 Bordeaux Dr Simpsonville SC						Marseille Dr				29680									
VICTIM	Incident Date	Time	To	Date	Time	Weapon Type	Time Arrived	Time Completed	Patrol District											
	06/27/2011	22:45		06/27/2011	23:05	40	23:04	00:29	04C											
	[Redacted]				Resident	Race	Sex	Age	Business Phone				[Redacted]							
	[Redacted]				J	W	F	24	[Redacted]				04C							
SUBJECT	Crouch, Leona				SE	J	N	W	F	50	Primary Phone (864)616-4947				Mobile Phone (864)616-4947					
	Address 206 Bordeaux Dr				City Simpsonville				State South Carolina				Zip Code 29680	Patrol District 04C						
	Visible Injury (Vict 1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Explain: Several Bruises, Sprained Shoulder																			
	Complaint of any Non-Visible Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No																			
NARRATIVE	Victim (No.1) Using Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk Type:																			
	Two-Man Veh <input type="checkbox"/> One Man Veh <input type="checkbox"/> Detective/SPLASMT <input type="checkbox"/> Other <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> Jurisdiction:																			
	<input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Runaway <input checked="" type="checkbox"/> Wanted <input checked="" type="checkbox"/> Warrant <input type="checkbox"/> Arrest <input type="checkbox"/> Missing																			
	Subject's Name (Last, first, Middle) Crouch, Michael John Ethnicity N Race W Sex M Age 52 Date of Birth 11/28/1958 Height 510 Weight 172 Hair Gry Eyes Blu Address 206 Bordeaux Dr Facial Hair, Scars, Tattoos, Glasses, Clothing, Physical Peculiarities, Etc. City Simpsonville State SC Zip Code 29680 Patrol District 04C Subject (No.1) Using Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk Arrested Near Offense Scene <input type="checkbox"/> Yes <input type="checkbox"/> No Total Arrested 0 Date/Time of Arrest 06/27/2011 23:00 Arrestee Armed <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon Type Arrested on Current Offense <input type="checkbox"/> Cleared By Arrest on Prior Offense Juvenile Disposition <input type="checkbox"/> Handled Released <input type="checkbox"/> Referred To Other Authority <input type="checkbox"/> On View Arrest <input type="checkbox"/> Summoned <input type="checkbox"/> Custody																			
VEHICLE	Charge				Warrant Number				Ticket Number											
	Criminal Domestic Violence - 1st				1434777															
	Arrest Location																			
	Gang Affiliation: NG - Not Gang Related																			
PROPERTY	I arrived at the incident location in response to a disturbance.																			
	Jurisdiction of Theft :																			
	Jurisdiction of Recovery :																			
	<input type="checkbox"/> Towed <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Suspect <input type="checkbox"/> Victim																			
ADMIN	Status				Property Type				Quantity		Property Make		Color		Description		Serial # / CAN		Value	
ADMIN	Subject Identified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Subject Located <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Active <input type="checkbox"/> Admin Closed <input type="checkbox"/> Unfounded				<input type="checkbox"/> Arrested Under 18 <input type="checkbox"/> Arrested 18 and Over				<input type="checkbox"/> Ex-Cleared Under 18 <input type="checkbox"/> Ex-Cleared 18 and Over			
	Reason For Exceptional Clearance <input type="checkbox"/> Offender Death <input type="checkbox"/> No Prosecution <input type="checkbox"/> Victim Declines Cooperation <input type="checkbox"/> Extradition Denied <input type="checkbox"/> Juvenile No Arrest																			
	Reporting Officer(s)		Date		Unit#/Star#		Approving Officer				Date		Unit#/Star#							
	Det. JK Young/Iner		07/01/2011		E27 / 1170		SGT J.D. BOYD				07/03/2011		E03 / 00029							
Follow Up Investigation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SUPPORT														07/03/2011		100000				

STATE OF SOUTH CAROLINA
COUNTY/CITY OF Greenville

Leona Crouch
206 Bordeaux Dr
Simpsonville, SC 29680

SUMMARY COURT NOTIFICATION

STATE VS.	Michael John Crouch
TICKET #(S)	I434777
CHARGE	Domestic / Criminal Domestic Violence - 1st offense

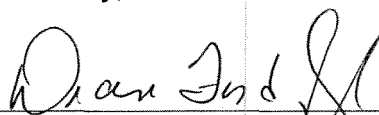

Dear Sir/Madam:

Court records indicate that you are a victim in the above referenced case. A Bench Trial is now scheduled for **July 26, 2011 at 9:00 AM** in the **Greenville COUNTY/CITY Fairview/Austin Summary Court, 205 North Maple Street, Suite 4, Simpsonville, SC.**

You are being notified of this hearing as required by the laws of the State of South Carolina, State Statute 16-3-1535.

If you have any questions, feel free to contact the Court.

Sincerely,


Fairview/Austin Summary Court 

Greenville COUNTY/CITY Fairview/Austin Summary Court
205 North Maple Street, Suite 4,
Simpsonville, SC 29681
PHONE (864) 963-3457 FAX -

July 7, 2011

*8/23 Carol - not this Friday, sometime in the future.
8/26/*

STATE OF SOUTH CAROLINA
COUNTY/CITY OF GREENVILLE

Leona Crouch
22 Buckingham Way
Taylors, SC 29687

SUMMARY COURT SUMMONS

You are hereby summoned to be and appear in the **Summary Court, 205 N. Maple Street Suite 4 Fairview / Austin, on June 26, 2012 at 11:00 AM**, to serve as a defendant/defense counsel/witness in the Jury Trial of **State vs. Michael John Crouch**, Case Number: **I434777**, Charge: **Domestic / Criminal Domestic Violen 1st**.

Failure of a witness or victim to appear at this hearing may result in dismissal of the case.



Honorable Dean Eugene Ford

Greenville County/City
Fairview / Austin Summary Court
205 N. Maple Street Suite 4
Simpsonville, SC 29681
Office: (864) 963-3457 Fax: (864) 963-0029

May 31, 2012

STATE OF SOUTH CAROLINA


COUNTY/CITY OF GREENVILLE

Leona Crouch
206 Bordeaux Dr
Simpsonville, SC 29680

SUMMARY COURT SUMMONS

You are hereby summoned to be and appear in the **Summary Court, 205 N. Maple Street Suite 4 Fairview / Austin, on May 8, 2012 at 3:00 PM**, to serve as a defendant/defense counsel/witness in the Jury Trial of **State vs. Michael John Crouch**, Case Number: **I434777**, Charge: **Domestic / Criminal Domestic Violen 1st**.

Failure of a witness or victim to appear at this hearing may result in dismissal of the case.



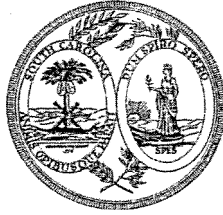
Honorable Dean Eugene Ford

Greenville County/City
Fairview / Austin Summary Court
205 N. Maple Street Suite 4
Simpsonville, SC 29681
Office: (864) 963-3457 Fax: (864) 963-0029

April 11, 2012

State of South Carolina
Solicitor, Thirteenth Judicial Circuit

Telephone: 864-467-8647
Telefax: 864-467-8610



Greenville County Courthouse
305 E. North Street, Suite 325
Greenville, SC 29601-2185

Solicitor
W. WALTER WILKINS

April 19, 2012

Leona Crouch
206 Bordeaux Dr
Simpsonville, SC 29680

Re: State of South Carolina vs Michael John Crouch
Ticket: I434777

Dear Ms. Crouch:

Please note that the Jury Trial scheduled for Tuesday, May 8, 2012 at 3:00 p.m. at Judge Ford's office has been moved to Thursday, May 10, 2012 at 1:00 p.m. If you have any questions feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Denton Matthews" followed by a stylized flourish.

Denton Matthews
Assistant Solicitor
Thirteenth Judicial Circuit

CDM/mbr

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)
)

IN THE MAGISTRATE COURT
CRIMINAL PROSECUTION

STATE OF SOUTH CAROLINA)
)

I434777
WARRANT NUMBER(S)

NOTICE

Lyles

MICHAEL JOHN CROUCH)
DEFENDANT.)
)

The pretrial in the above-referenced matter will be held as follows:

Address: Fairview / Austin Summary Court	Date: 3/13/12
205 N. Maple Street Suite 4	Time: 11:00 AM
Simpsonville, SC 29681	

The pretrial is the only opportunity to negotiate with the State. If it is determined at the pre-trial that a jury trial is required, your case will be set for jury trial. In order to schedule a jury trial for a convenient date and time, it is important that you attend the pretrial and bring your calendar. If you are an attorney that has a conflict with a court that takes priority over Magistrate's Court that would prohibit you from attending the pretrial, please call C. Denton Matthews at the Thirteenth Circuit Solicitor's office at (864) 467-8647. All pretrial issues (i.e. plea negotiations, discovery, scheduling, etc.) will be addressed at the pretrial conference. **DO NOT CALL TO RESCHEDULE** Failure of a witness or victim to appear at this hearing may result in dismissal of the case.

Date: February 10, 2012

Solicitor W. Walter Wilkins

Leona Crouch
22 Buckingham Way
Taylors, SC 29687

Britany Kelly - Secretary



South Carolina Attorney General Victim Impact Statement

Case: State v. 11-093658

Please complete both sides of the attached Victim Impact Statement and return it in the envelope provided within two weeks.

The Victim Impact Statement is designed to reflect the impact the crime has had on you or your family. The statement will become part of the Court record and will follow the defendant through the criminal justice system. If you indicate on the statement your desire for notifications of post-trial matters, the statement will be forwarded to the appropriate agencies to ensure future notifications.

Thank you for taking time to complete this form. Your information is valuable throughout the criminal justice process. Please retain this information sheet for your records.

PLEASE NOTE:

It is your responsibility to notify our Office of any changes in your contact information.

The South Carolina Attorney General
Victim Services Division
P.O. Box 11549
Columbia, SC 29211
(800) 213-5652

Once the case is completed, it is your responsibility to notify the following appropriate agencies of any changes in your contact information:

The South Carolina Department of Corrections
Victim Services Division
P.O. Box 217787
Columbia, SC 29221
(800) 835-0304

The South Carolina Department of Probation, Parole, & Pardon Services
Victim Services Division
P.O. Box 50666
Columbia, SC 29205
(888) 551-4118

Please retain this sheet for your records



South Carolina Attorney General Victim Impact Statement

CASE INFORMATION

Case: State v. Michael John Crouch
Charge: CDV - first offense
Warrant: 21-434777 Indictment: EXPUNGEMENT -
Attached

VICTIM INFORMATION

Victim Name: LEONA CROUCH M ☐ F ☒
Contact Person: LEONA CROUCH Relationship: Wife
Mailing Address: 22 Buckingham Way
City: TAYLORS State: SC Zip: 29687
Home phone: _____ Work phone: _____
Cell phone: 864-616-4947 Other phone: _____
E-mail Address: AK

NOTIFICATION REQUEST

Please check one of the following three statements:

- ☐ I absolutely want to be present for a guilty plea or other proceeding concerning this case.
- ☐ I would like to be present if it is convenient, but this is not absolutely necessary.
- ☐ I will come if I am needed, but do not care to be present otherwise.

Please check one of the following statements:

- ☐ I would like to be notified by the appropriate agencies of all post-trial proceedings involving the offender including, but not limited to appeals, probation, parole, etc.
- ☐ I do not want to be notified about post-trial proceedings involving the offender.

Please turn to the back of this form and complete accordingly

CRIME IMPACT

Please answer the following questions as appropriate to your case: (use an additional sheet if needed)

If and how has the crime affected you? (financially, mentally, physically, etc.)

I HAVE LOST EVERYTHING I EVER OWNED, MY BUSINESS, MY JOB.
I STILL HAVE TO DEAL WITH PAIN IN MY NECK, BACK OF SHOULDERS.
CANNOT EXERCISE LIKE I USED TO.

Have you noticed any change in yourself since this happened? This might include changes in your personal habits, the way you deal with others, or the amount of tension or nervousness you feel.

I HAVE BEEN COMPLETELY VICTIMIZED BY THE SYSTEM
AND BACK DOOR CORRUPTION

Describe any physical injuries you suffered and medical treatment received as a result of the crime.

Attached

Have you received any counseling or psychological services because of the crime?

I WENT TO CAROLINA COMPASS

Did you suffer monetary loss due to the crime? If so, please summarize the loss below.

Medical Expenses:

Attached - paid by SOVA

Counseling:

CAROLINA COMPASS - FREE

Lost Wages:

\$800.00

Property Loss:

My home + personal property, business, + job

Funeral Expenses:

✓

Other:

My Family

Did you recover any monetary loss? If so summarize below:

Recovery from insurance:

YES

Victim Compensation (SOVA):

YES

SIGNATURE REQUIRED

Thank you for taking time to complete this impact statement. Please sign indicating the statement was given truthfully and voluntarily:

Lana Peruch with the resources vcc
Name of Victim / Contact person 308

4/22/2013
Date