

CHARLESTON COUNTY SHERIFF'S OFFICE
 3691 LEEDS AVENUE, NORTH CHARLESTON, SC 29405-7402 (843) 202-1700

ARREST AND **SUPPLEMENTAL BOOKING REPORT**

J. Al Cannon, Jr.
Sheriff

SC0100000	TIME 0435	CURRENT DATE 10/30/2015	DISPATCH NO. 2015-016981	ORIGINAL CASE NO.	TRACT #
DEFENDANT NAME (LAST, FIRST, MIDDLE) Hoisington, Matthew Paul				RACE W	SEX M
				DATE OF BIRTH 08/10/84	
AGE 31	ETH N	HEIGHT 604	WEIGHT 270	HAIR GRY	EYES BLU
ADDRESS (NUMBER AND STREET) 626 Bantry Circle		CITY Charleston		STATE SC	ZIP CODE 29414
ALIAS		PLACE OF BIRTH Augusta, GA	DRIVER'S LICENSE NUMBER/I.D. # & STATE 1119-0377		
EMPLOYER OR OCCUPATION Unknown		NEXT OF KIN Unknown		ADDRESS (CITY AND STATE) Unknown	
TRANSPORTING OFFICERS NAME		NUMBER	ARRESTING OFFICER B. M. Roy	NUMBER 9611	AGENCY CCSO
ARRESTEE ARMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WEAPON TYPE <input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> FULL-AUTO					
JUVENILE DISPOSITION 1. <input type="checkbox"/> HANDLED, RELEASED 2. <input type="checkbox"/> REFERRED TO OTHER AUTHORITY			EXAMINED BY HOSPITAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
			VEHICLE TOWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TOWED BY:		
IF HOLDING FOR ANOTHER AGENCY, CIRCLE CHARGE A, B, C					
CHARGE I.D.	A		B		C
ADDITIONAL CASE NO.'S					
CHARGE	Felony DUI		None		None
STATUTE	56-5-2945				
BOND AMOUNT	TBS				
WARRANT/TICKET #	4102P0198870				
BOND/HEARING DATE	10/30/2015	1400	TBD		
DATE & TIME OF TRIAL/MAGISTRATE	GSC	GSC	GSC		
See Incident Report.					
THE UNDERSIGNED HEREBY COMMITS 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. SIGNATURE _____					
DATE F.P.	TIME F.P.	I.D. TECHNICIAN		PHOTO ID #	DATE OF PHOTO
DATE	TIME	SEARCHING OFFICER		SUPERVISOR REVIEW AND SIGN	
CONDITION AT TIME OF ADMISSION			HOW LONG IN CHAS.	RELIGION	EDUCATION
EXPLAIN			MISCELLANEOUS		
LOCAL PRIOR ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO		WANTED ON WARRANT <input type="checkbox"/> YES <input type="checkbox"/> NO			
ATTORNEY		PERSON TO CALL IN EMERGENCY		ADDRESS	PHONE NUMBER
SENTENCE TO DAYS		AND/OR	FINE AMOUNT	COURT	EXPIRATION OF SENTENCE
A.					
B.					
C.					
HOW INMATE RELEASED: <input type="checkbox"/> BOND <input type="checkbox"/> FINE AMOUNTS <input type="checkbox"/> SURETY BOND / COMPANY <input type="checkbox"/> EXPIRATION OF SENTENCE					
TRANSFERRED OR RELEASED TO:			RECEIPT NO.	<input type="checkbox"/> BY CLERK OF COURT <input type="checkbox"/> REL. AT	DATE TIME
AGENCY:			OFFICER:	DATE	TIME
RELEASING OFFICER				SUPERVISOR REVIEW AND SIGN	

CHARGE

REMARKS

I.D. OFF

BOOKING OFFICER

DISPOSITION

DUTY SGT.