

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

CHARGE	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		SOCIAL SECURITY NUMBER [REDACTED]		VISIBLE SCARS AND MARKS		NCIC I.D. NUMBER			
	ADDRESS (NUMBER AND STREET) 626 Bantry Circle						CITY Charleston		STATE SC		ZIP CODE 29414		RESIDENT J		PHONE NUMBER					
	ALIAS				PLACE OF BIRTH Augusta, GA				DRIVERS LICENSE NUMBER/I.D. # & STATE [REDACTED]											
	EMPLOYER OR OCCUPATION Unknown				NEXT OF KIN Unknown				ADDRESS (CITY AND STATE) Unknown				PHONE NUMBER							
	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														<input checked="" type="checkbox"/> ON VIEW ARREST <input type="checkbox"/> SUMMONED <input type="checkbox"/> CUSTODY					
	JUVENILE DISPOSITION 1. <input type="checkbox"/> HANDLED, RELEASED 2. <input 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																			
REMARKS	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.																			
	I.D. OFF	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.																				
DISPOSITION	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																			
	RECEIPT NO. <input type="checkbox"/> BY CLERK OF COURT <input type="checkbox"/> REL. AT																			
	DATE TIME																			
	TRANSFERRED OR RELEASED TO:																			
	DATE TIME																			
	AGENCY: OFFICER:																			
	RELEASING OFFICER																			
	SUPERVISOR REVIEW AND SIGN																			
	DUTY SGT.																			

CCSO-104

2/17/99