

NORTH CHARLESTON POLICE  
SC0100800

# INCIDENT REPORT

INFORMATION ONLY

CASE NUMBER  
2015039351

NCIC  
INQ. No  ENT. No

INCIDENT TYPE				COMPLETED	FORCED ENTRY	PREMISE TYPE	UNITS ENTERED	TYPE VICTIM						
1. FAILURE TO STOP FOR BLUE LIGHTS FAILURE TO STOP FOR BLUE LIGHTS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HIGHWAY/ROAD/ALLEY		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business <input type="checkbox"/> Financial Inst <input type="checkbox"/> Government <input type="checkbox"/> Relig. Orgn. <input type="checkbox"/> Soc./Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Police Off.						
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO									
INCIDENT LOCATION (SUBDIVISION, APARTMENT AND NUMBER, STREET NAME AND NUMBER) Rivers Av / Dorchester ROAD, NORTH CHARLESTON, SC						ZIP CODE 29405	WEAPON TYPE							
INCIDENT DATE	24 HR. CLOCK	TO	DATE	24 HR. CLOCK	DISPATCH DATE	DISPATCH TIME	TIME ARRIVED	DEPART. TIME	LOCATION NO.					
12/15/2015	17:35		12/15/2015	17:40	12/15/2015	17:35	17:35	20:00	002					
COMPLAINANT'S NAME (LAST, FIRST, MIDDLE)			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
									/					
ADDRESS						CITY	STATE	ZIP CODE	LOCATION NO.					
VICTIM'S NAME (LAST, FIRST, MIDDLE) SOCIETY			RELATIONSHIP TO SUBJECT			RESIDENT	RACE	SEX	AGE	ETH	DAYTIME PHONE	EVENING PHONE		
						U	U	U	/ 99	U	843-554-5700	843-554-5700		
HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.										
	0													
ADDRESS						CITY	STATE	ZIP CODE	LOCATION NO.					
2600 CITY HALL LN						NORTH CHARLESTON	SC	29408-						
VIOLENCE (VICT.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- _____ COMPLAINT OF ANY NON-VIOLENCE INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>														
VICTIM(S) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE: _____														
TWO MAN VEH. <input type="checkbox"/> ONE MAN VEH. <input type="checkbox"/> DETECTIVE PLASMT. <input type="checkbox"/> OTHER <input type="checkbox"/> ALONE <input type="checkbox"/> ASSISTED <input type="checkbox"/> *J-This Jurisdiction. S-State. O-Out of State. U-Unknown.														
<input checked="" type="checkbox"/> SUSPECT	NAME (LAST, FIRST, MIDDLE) MACK, CASEY, DERVON ANTWON					RACE	SEX	AGE	ETH.	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> RUNAWAY						B	M	34 /	N	08/18/1981	601	140	BLK	BRO
<input type="checkbox"/> WANTED	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.					RELATED OFFENSE(S) TRA		DAYTIME PHONE	EVENING PHONE					
<input type="checkbox"/> WARRANT														
<input type="checkbox"/> ARREST	ADDRESS 4772 SANDERS AVENUE					CITY	STATE	ZIP CODE	LOCATION NO.					
<input type="checkbox"/> JAIL						NORTH CHARLESTON	SC	29406-						
<input type="checkbox"/> SUMMONS	SUBJECT(S) USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>					DATE/TIME OF OFFENSE 12/15/2015 5:35:00 PM		DATE/TIME OF ARREST						
DAY OF THE WEEK					HOW REPORTED	A= OFFICER DISPATCHED ON CALL		D= COMPLAINT WRITTEN IN		DIFF. FACTOR	A= RESISTANCE/HOSTILITY		E= COMPLAINANT FRE-QUENTLY INTOXICATED	
S M T W T F S U N K						B= REPORT TAKEN BY PHONE		E= OFFICER INITIATED			B= WEAPONS		F= DOMESTIC	
						C= COMPLAINANT WALKED IN		F= OTHER			C= UNFOUNDED CALLS		N= NORMAL	
Failure to Stop for Blue Lights														
<p>On 12/15/2015 at approximately 1736 hours, I (Ptl Rothhaus) and Pfc. Pierce were a double unit and were in the area of 2125 Aberdeen looking for a individual wanted for Point &amp; Presenting firearm and Burglary 1st. Pfc. Pierce informed me that that suspect has a Dodge Charger registered in his name. I passed Bamberg on Aberdeen. I saw a Dodge Charger traveling on Bamberg. I made a right onto Rivers, made a right onto Heim, and made another right onto Bamberg. I observed the charger travelling at a low rate of speed but could not see into the vehicle, due to the tint being dark. I advised Pfc. Pierce of the vehicles tag and to run it through records to see if it would come back to our wanted subject</p> <p>I observed the charger make a right onto helm and I continued down Bamberg, making a left onto Aberdeen Avenue. I was able to get</p>														
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY						JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY								
PROPERTY LIST														
TYPE (GROUP)											TOTAL VALUE			
STOLEN														
DAMAGED														
BURNED														
RECOVERED														
SEIZED														
SUBJECT IDENTIFIED		SUBJECT LOCATED		S. F.	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> ADM. CLOSED		<input type="checkbox"/> ARRESTED UNDER 18		<input type="checkbox"/> EX-CLEAR UNDER 18					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> UNFOUNDED		<input type="checkbox"/> ARRESTED 18 AND OVER		<input type="checkbox"/> EX-CLEAR 18 AND OVER					
REASON FOR EXCEPTIONAL CLEARANCE														
1. <input type="checkbox"/> OFFENDER DEATH 2. <input type="checkbox"/> NO PROSECUTION PROSECUTION 3. <input type="checkbox"/> EXTRADITION DENIED. DENIED. 4. <input type="checkbox"/> VICTIM DECLINES COOPERATION 5. <input type="checkbox"/> JUVENILE NO CUSTODY.														
REPORTING OFFICER(S)			DATE	UNIT NUMBER	APPROVING OFFICER			DATE	UNIT NUMBER					
ROTHHAUS, CHRISTIAN L			12/15/2015 5:37:50 PM	281	PIERCE, J				54					
FOLLOWUP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO														

## ADDITIONAL NARRATIVE

Agency Name: NORTH CHARLESTON POLICE DEPARTMENT	ORI #: SC0100800	Report Date/Time: 12/15/2015 17:35	OCA #: 2015039351
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Failure to Stop for Blue Lights

behind the vehicle on Meeting and the charger seemed to accelerate. The charger made a right onto Melbourne, accelerating at a high rate of speed, passing a vehicle on a one lane road and disregarded a stop sign while making a right onto Rivers. I made a right onto Rivers Avenue and observed the dark in color Charger in the median driving at a high rate of speed. I activated my blue lights (Unit #454), siren and attempted to catch up to the fleeing vehicle.

I notified dispatch at Rivers and Gullah that I was in a pursuit on the dark in color charger. The Dodge Charger continued down Rivers Avenue in the median, at a high rate of speed, disregarding the red traffic devices at McMillan Ave and Cosgrove Ave while on Rivers. Pfc Pierce advised dispatch that the Charger was approaching the King St. Extension and heading towards the City. As we were coming to the top of the bridge, I lost sight of the Charger, and in the distance observed a vehicle spin out of control. I then noticed smoke forming a little further to the left side of the roadway. Once we drove closer I observed that our suspect made contact with several others.

I exited my vehicle and noticed that Pfc. Pierce went to the passenger side and made contact with the passenger, Collin Brown. I proceeded to the rear of the driver side window, but could not see inside the vehicle due to smoke and dust in the air. I went to the rear driver's side window and used my stinger flashlight to breakout the window and attempt to make contact with the suspect. Casey Mack I could see a figure slouched over the steering wheel and not responding to my commands. At that time Ptl. Claytor advised me the vehicle's engine compartment was on fire. I ran to my patrol vehicle, retrieved my fire extinguisher, and was able to put the fire out with the extinguisher. I advised dispatch that we needed multiple ambulances for several individuals with injuries, including the suspect. At that time NCFD, CCEMS, and CCSO arrived on scene and took over the accident scene. The suspect and passenger were both transported to MUSC for their injuries. Warrants will be obtained pending the investigation.

AGENCY : NORTH CHARLESTON  
 ORI # : SC0100800  
 Report Date/Time : 12/15/2015 17:35  
 Incident # : 2015039351

**INCIDENT REPORT  
 ADDITIONAL OTHERS**

PERSON TYPE OTHER	NAME (LAST, FIRST, MIDDLE) BROWN, COLLIN, TRIO				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE B	SEX M	AGE 31 /	D.O.B. 10/16/1984	ETH N
	HEIGHT 505	WEIGHT 180	HAIR BLD	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S)		
	ADDRESS 3566 DUNMOVIN DR.				CITY JOHN'S ISLAND	STATE SC	ZIP CODE 29455-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-											COMPLAINT OF ANY NON-VISIBLE INJURES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE OTHER	NAME (LAST, FIRST, MIDDLE) LINCOLN, BRENDA, JOYCE				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT J	RACE B	SEX F	AGE 54 /	D.O.B. 12/11/1981	ETH N
	HEIGHT 503	WEIGHT 138	HAIR BRO	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S)		
	ADDRESS 2285 COSGROVE				CITY NORTH CHARLESTON	STATE SC	ZIP CODE 29406-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-											COMPLAINT OF ANY NON-VISIBLE INJURES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE OTHER	NAME (LAST, FIRST, MIDDLE) WEST, JEROME, STANLEY				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT	RACE B	SEX M	AGE 62 /	D.O.B. 08/03/1953	ETH N
	HEIGHT 602	WEIGHT 325	HAIR BLK	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S)		
	ADDRESS 7678 NORTHHAVEN DR				CITY N CHAS	STATE SC	ZIP CODE 29420-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-											COMPLAINT OF ANY NON-VISIBLE INJURES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE OTHER	NAME (LAST, FIRST, MIDDLE) DAVIS, JAMES, JR				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE B	SEX M	AGE 74 /	D.O.B. 10/14/1941	ETH N
	HEIGHT	WEIGHT	HAIR 8	EYES UNK	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S)		
	ADDRESS 488 COAXUM Road				CITY MT PLEASANT	STATE SC	ZIP CODE 29464-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-											COMPLAINT OF ANY NON-VISIBLE INJURES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE OTHER	NAME (LAST, FIRST, MIDDLE) MIDDLETON, STANLEY, ERIC				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT S	RACE B	SEX M	AGE 59 /	D.O.B. 01/18/1958	ETH N
	HEIGHT 600	WEIGHT 180	HAIR 4	EYES 2	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S)		
	ADDRESS 37 ASHTON Street B				CITY CHAS	STATE SC	ZIP CODE 29412-	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-											COMPLAINT OF ANY NON-VISIBLE INJURES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													

PERSON TYPE OTHER	NAME (LAST, FIRST, MIDDLE) WELDON, CESAR				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT J	RACE	SEX	AGE	D.O.B.	ETH N
	HEIGHT	WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S)		
	ADDRESS 1414 FOXWOOD DRIVE				CITY N CHAS	STATE SC	ZIP CODE	LOCATION NO.	DAYTIME PHONE	EVENING PHONE			
VISIBLE INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN-											COMPLAINT OF ANY NON-VISIBLE INJURES: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
USING: ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/> TYPE:													