

NORTH CHARLESTON POLICE  
SC0100800

# INCIDENT REPORT

INFORMATION  
ONLY

CASE NUMBER  
2015039351

NCIC  
INQ. Yes No  
ENTO. 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 checked="" type="checkbox"/> Individual <input 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 12/15/2015	24 HR. CLOCK 17:35	TO	DATE 12/15/2015	24 HR. CLOCK 17:40	DISPATCH DATE 12/15/2015	DISPATCH TIME 17:35	TIME ARRIVED 17:35	DEPART. TIME 20:00						
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			
HEIGHT			WEIGHT	HAIR	EYES	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.								
ADDRESS			CITY		STATE	ZIP CODE		LOCATION NO.						
VIOLENCE (VCT.1) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN-			COMPLAINANT OF ANY NON-VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO											
VICTIM NO. 1 USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.			DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. 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	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.				RELATED OFFENSE(S) TRA		DAYTIME PHONE		EVENING PHONE					
<input type="checkbox"/> WANTED	ADDRESS				CITY		STATE	ZIP CODE		LOCATION NO.				
<input type="checkbox"/> ARREST	SUBJECT NO. 1 USING ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.				ARRESTED NEAR OFFENSE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE/TIME OF OFFENSE 12/15/2015 5:35:00 PM		DATE/TIME OF ARREST					
<input type="checkbox"/> JAIL	DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. TYPE:				TOTAL # ARRESTED									
<input type="checkbox"/> SUMMONS	DAY OF THE WEEK				HOW REPORTED		A= OFFICER DISPATCHED ON CALL B= REPORT TAKEN BY PHONE C= COMPLAINANT WALKED IN		D= COMPLAINT WRITTEN IN E= OFFICER INITIATED F= OTHER		DIFF. FACTOR		A= RESISTANCE/HOSTILITY B= WEAPONS C= UNFOUNDED CALLS D= MENTAL SUBJECT	E= COMPLAINANT FRE- QUENTLY INTOXICATED F= DOMESTIC N= NORMAL
Failure to Stop for Blue Lights														
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 & 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 Helm, 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														
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														
JURISDICTION OF THEFT LAW ENFORCEMENT AGENCY					JURISDICTION OF RECOVERY LAW ENFORCEMENT AGENCY									
TYPE (GROUP)												TOTAL VALUE		
STOLEN														
DAMAGED														
BURNED														
RECOVERED														
SEIZED														
SUBJECT IDENTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUBJECT LOCATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		S. F.		<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 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) ROTHHAUS, CHRISTIAN L		DATE 12/15/2015 5:37:50 PM		UNIT NUMBER 281		APPROVING OFFICER		DATE		UNIT NUMBER 54				
PIERCE, J		12/15/2015 5:35:00 PM		253		FOLLOWUP INVESTIGATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER						

## 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 <input type="checkbox"/> H <input type="checkbox"/> B	EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B			
VISBLEINURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISBLEINURES: <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 <input checked="" type="checkbox"/> H <input type="checkbox"/> B	EVENING PHONE <input checked="" type="checkbox"/> H <input type="checkbox"/> B			
VISBLEINURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISBLEINURES: <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 <input type="checkbox"/> H <input type="checkbox"/> B	EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B			
VISBLEINURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISBLEINURES: <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 <input type="checkbox"/> H <input type="checkbox"/> B	EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B			
VISBLEINURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISBLEINURES: <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. 01/18/1956	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 <input type="checkbox"/> H <input type="checkbox"/> B	EVENING PHONE <input type="checkbox"/> H <input type="checkbox"/> B			
VISBLEINURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISBLEINURES: <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, CEASAR				RELATIONSHIP SUBJECT #1 #2 #3			RESIDENT J	RACE B	SEX M	AGE 30 /	D.O.B. 11/20/1985	ETH N
	HEIGHT 505	WEIGHT 180	HAIR BRO	EYES BRO	FACIAL HAIR, SCARS, TATTOOS, GLASSES, CLOTHING, PHYSICAL PECULIARITIES, ETC.						RELATED OFFENSE(S)		
	ADDRESS 1414 BOXWOOD AVE				CITY N CHAS	STATE SC	ZIP CODE 29405	LOCATION NO.	DAYTIME PHONE 843-744-2304 <input checked="" type="checkbox"/> H <input type="checkbox"/> B	EVENING PHONE 843-613-0885 <input checked="" type="checkbox"/> H <input type="checkbox"/> B			
VISBLEINURY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN- COMPLAINT OF ANY NON-VISBLEINURES: <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:													